

**General Dental Practice
Inspection (Announced)**
Cardiff and Vale University
Health Board, Porthkerry
Dental Centre

5 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at Porthkerry Dental Centre, 2 Porthkerry Road, Barry, Vale of Glamorgan, CF62 7AX within the area served by Cardiff and Vale University Health Board on 5 May 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 any relevant professional standards and guidance.

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

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>

- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- Completed 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

Porthkerry Dental Centre provides services to patients in the Barry area of the Vale of Glamorgan. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

Porthkerry Dental Centre is a mixed practice providing both private and NHS dental services.

The dental centre employs a staff team which includes a principal dentist, four other dentists, six dental nurses, two receptionists, two dental hygienists and a practice manager.

Porthkerry Dental Centre is an established independent surgery. The principal dentist is actively involved in the day-to-day running and management of the dental surgery and works closely with the practice manager; some other members of the dental team having clear individual responsibility for aspects of the day to day running of the service.

A range of dental services are provided. These include:

- Examinations and advice
- Preventative and Periodontal (gum) treatment
- Fillings
- Extractions
- Cosmetic dentistry-Dental implants, Crowns, Veneers
- Cerec 3D-inlays and crowns in one visit
- Dentures and repairs
- Orthodontics.

Porthkerry Dental Centre is also a training practice that supports newly qualified dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer.

4. Summary

HIW explored how Porthkerry Dental Centre met the standards of care set out in the Health and Care Standards April 2015.

Patients, who returned completed questionnaires, indicated they were very satisfied with the service provided by the staff team. Conversations with a small number of patients on the day of inspection further provided positive comments about the care and treatment they had received at the dental centre.

Detailed information about Porthkerry Dental Centre was provided within the practice website as well as the patient leaflet which was readily available in patient waiting rooms.

We found staff adopted a professional and helpful approach when speaking to patients via the telephone and on a face to face basis.

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 centre was established and well run by the principal dentist, practice manager and a team of 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 and had access to a range of appropriate training opportunities.

The dental centre premises provided a safe environment for patients to receive treatment. All areas within the building were clean, welcoming, fresh and tidy.

There were no areas identified for improvement at this inspection as prompt remedial action was taken by the dental centre in response to the issues raised with regard to their complaint process and procedure.

5. Findings

Patient Experience

Patients, who returned completed questionnaires, indicated they were very satisfied with the service provided by the staff team. Conversations with a small number of patients on the day of inspection further provided positive comments about the care and treatment they had received at the dental centre.

Detailed information about Porthkerry Dental Centre was provided within the practice website as well as the patient leaflet which was readily available in patient waiting rooms.

We found staff adopted a professional and helpful approach when speaking to patients via the telephone and on a face to face basis.

During the two weeks prior to our inspection, patients who attended the practice were invited to complete HIW questionnaires. As a result, we received 13 completed questionnaires. We were also provided with nine completed questionnaires which had been developed by the dental centre. All patients who provided comments indicated they were very satisfied with the service they had received from the practice, were made to feel welcome by the staff team and had been given enough information about their treatment.

Comments received within HIW questionnaires included:

'The staff are all very friendly and you are made to feel very comfortable and at ease during any treatments. I have lost my fear of coming to a dentist surgery since coming here'

'The staff that work at porthkerry dental practice are very helpful and always happy'

'Always friendly and approachable'

Responses received within the 22 completed HIW/practice based questionnaires revealed that seven patients had experienced a delay in being seen on the day of their appointment. Staff described that a process was in place for informing patients should their dentist or hygienist be running late or unexpectedly absent. Further conversation with the practice manager regarding appointment delays indicated that the dental centre was in the process of reviewing how appointments were distributed between dental practitioners. This was with a view to addressing the amount of time patients sometimes have to wait to be seen on the day of their appointment.

We found that patients had opportunities to provide feedback on the care and treatment they had received. For example, we saw the positive results of the annual survey undertaken at the dental centre during 2014 to obtain patients' views on services provided. We were also told that the practice team made every effort to determine whether patients were satisfied with their care and treatment prior to leaving the practice, on a day to day basis.

When asked about making complaints, three patients who completed a HIW questionnaire indicated they knew how to raise any complaints they may have. However 10 patients who completed a questionnaire indicated that they did not know how to make a complaint about the dental services they received. We saw that a complaints procedure/poster was displayed in relation to NHS and private patients at the practice reception. However, neither the practice policy, nor procedure contained details of NHS patients' rights to seek support and advice (about their concerns) from the local Community Health Council (CHC).

We also found that the information on display for private patients did not make any reference to the timescales within which the practice would be expected to acknowledge, or resolve their complaints. In addition, the wording on the poster was noted to be small which meant that some patients may find it difficult to read. The above matters were discussed with the practice manager who revised the information on display during the inspection. The size of the wording of the information to be displayed was also made bigger to assist patients to understand their rights to raise concerns and what they should expect thereafter.

The practice had a detailed website, the content of which was about to be updated to include details of current members of the dental team (together with their General Dental Council numbers). This meant patients had access to relevant information to help them to make decisions about their dental care and treatment.

There was a flexible appointment system in place and we found patients could book appointments both in advance and on an emergency basis. This meant people could be confident; (when they experienced pain) there was a system in place to try to ensure they were seen quickly.

Two patients who completed HIW questionnaires stated that it was difficult to park close to the practice on occasions. Further comments provided by patients on the service they have received at this practice included:

'I am very satisfied with the treatment that I receive here'

'The dentist and receptionists are always very informative and answer any queries we have'

'Everyone kind and helpful and very accessible'

We saw a display of health promotion material on the landing between the ground and first floor of the premises which provided patients with useful information about the content of sugar in a range of drinks. There were also leaflets available for families which contained information in English and Welsh about mouth and dental care for children under three years old.

Delivery of Health and Care Standards

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 most of the relevant staff members. Conversation with the practice manager revealed that the dental centre was in the process of seeking appropriate IR(ME)R⁴ training for three members of staff. We observed that the radiation protection file was detailed and explicit with regard to the use of X-ray equipment. It was also evident that dentists had generally 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 was graded and recorded. We saw that signs regarding the presence of a radiation hazard were present at the entrance to each of the four surgeries at the dental centre.

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

The dental centre had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. There were also suitable weekly checks in place to ensure that all emergency equipment was ready for use. We were able to confirm that staff had received recent and relevant training in cardiopulmonary resuscitation (CPR) /emergency resuscitation. In addition, two reception staff had received training in the use of first aid to ensure that there was always someone working at the dental centre with such skills.

We found that emergency drugs were securely stored and there were suitable weekly checks in place to ensure that drugs were replaced ahead of their expiry dates.

⁴ Ionising Radiation (Medical Exposure) Regulations 2000 otherwise referred to as (IR(ME)R 2000).

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the dental centre had a well established and thorough approach to this aspect of service provision.

We saw that there was a daily maintenance programme in place with regard to the equipment used to clean 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 baths⁵ remained effective, the results of which were recorded. Daily checks were also undertaken to ensure the effective operation of the three autoclaves⁶.

Conversation with a dental nurse led to a full and satisfactory description of the decontamination process in place. Whilst there was no dedicated decontamination room at the premises, we found that there was an appropriate approach to the segregation of clean and dirty instruments in each of the dental surgeries to minimise the risk of cross contamination. We also found that there were suitable arrangements in place to transport dental instruments between dental surgeries as there was no space for an autoclave in one of the four rooms.

We saw that staff were provided with disposable gloves and aprons and eye protection for use during the course of their work. In addition, eye protection and disposable items were available to protect patients and their clothing. The dental team also welcomed our advice to relocate patients' plastic rinsing cups to an area within one of the dental surgeries which was well away from the 'dirty instrument' area. We found that there was adequate storage for dental instruments and dedicated hand washing facilities in each surgery.

We saw that instruments which were packaged and stored in preparation for re-use contained appropriate 'use by' dates.

All equipment appeared to be in good condition. We also 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. We were also able to confirm that hazardous waste was stored securely whilst awaiting collection.

⁵ An **ultrasonic bath** cleans items using ultrasound (usually from 20–400 kHz) and an appropriate cleaning solvent.

⁶ An **autoclave** is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

We were able to confirm that portable appliance testing was carried out as required to ensure their safe use.

We reviewed a small sample of 16 dental records. As a result, we found overall that patient care entries within each of the records contained sufficient information regarding discussions held about treatment options and how patient consent was obtained. Additionally we found that Basic Periodontal Examination (BPE⁷) scores had been recorded in relation to completed consultations with adults, as required by clinical guidelines.

We found that the dental team made good use of computer templates to record planned patient care and treatment although there was some evidence of over reliance on 'auto notes' (otherwise known as electronic prompts for dentists to complete information). This meant that patients' records were not as individualised as they could be; in accordance with good practice guidelines. We also saw that information recorded about the frequency of X-rays known as bitewings⁸ could have been made clearer, within three records seen.

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

⁷ 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>

⁸ Bitewing X-rays show the upper and lower back teeth and how the teeth touch each other in a single view. These X-rays are used to check for decay between the teeth and to show how well the upper and lower teeth line up. They also show bone loss when severe gum disease or a dental infection is present.

Management and Leadership

The dental centre was established and well run by the principal dentist, practice manager and a team of 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 and had access to a range of appropriate training opportunities.

Porthkerry Dental Centre is an established independent surgery. The principal dentist is actively involved in the day-to-day running and management of the dental surgery and works closely with the practice manager; some other members of the dental team having clear individual responsibility for aspects of the day to day running of the service.

Porthkerry Dental Centre is also a training practice that supports newly qualified dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer.

Overall, we found that the dental centre 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 patient 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 and through discussions with members of the dental team.

We were provided with a copy of an infection control audit which had been completed during 2014 using a recognised tool specifically aligned to the WHTM 01-05 guidance. This had assisted the dental team to self assess their practice against the guidance and to develop an improvement plan as part of the continuous improvement process required. Conversation with the dental team also revealed an emphasis on promoting a safe, good quality service through daily and weekly checks with regard to the use of dental equipment.

We were also provided with copies of completed audits in relation to orthodontic services provided at the dental centre, a patient records and X-ray audit completed in recent years and more recently, an audit to check compliance with the Disability Discrimination Act (January 2015). We were able to confirm that action plans had been developed and acted on following each audit; improvements to service provision having been made as far as possible.

We saw contact details of the local safeguarding teams in relation to adult and child protection within policy documents and all staff had received training with regard to child protection arrangements. Conversation with the practice manager also indicated that staff training with regard to adult protection had been arranged for 17 June 2015.

The nursing and administrative element of the staff team was well established. We were also told that the dental centre 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.

We found that the dental centre had 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.

Dental nursing staff we spoke to told us they felt very well supported in their work. They also told us they, along with the dentists, attended monthly staff meetings where they took 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 dental centre which highlighted the relevant topics and issues discussed by the team.

Examination of training certificates obtained by three staff demonstrated that they had completed training during 2014 and 2015 which included sessions about cardiopulmonary resuscitation (CPR) and disinfection/decontamination of dental instruments. We further found that the practice placed an emphasis on training and development in general; staff being supported to attend relevant training sessions of their own choosing to support them in their work

Conversation with the practice manager confirmed 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 process also offered the opportunity for open discussion about the services provided at the dental centre.

We saw that the dental centre had current evidence of Hepatitis B vaccination for all members of staff. Conversation with the practice manager also confirmed that there were suitable arrangements in place with Cardiff and Vale University Health Board so that immunisations, support and advice could be obtained from the occupational health department as and when required. This means that the dental centre had taken appropriate steps to protect staff and patients from blood borne viruses.

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

HIW certificates were prominently displayed in the reception 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 dental centre premises provided a safe environment for patients to receive treatment. All areas within the building were clean, welcoming, fresh and tidy.

Porthkerry Dental Centre is situated in an established residential area at Porthkerry Road, in close proximity to the town of Barry.

There were no dedicated car parking spaces at the dental centre. However, car parking was possible immediately outside the dental centre and within the surrounding streets.

The ground floor of the dental centre contained the reception area and one dental surgery which enabled patients who use wheelchairs to access dental care and treatment in a safe manner. The remaining three dental surgeries were situated on the first floor of the building; hand rails being provided to assist patients to use the flight of stairs.

We saw that there was one seating area on the ground floor and one on the first floor, the combination of which provided patients with sufficient space to wait, in relation to the number of dental surgeries.

Patients and staff were provided with a toilet which was clearly signposted and located on the first floor. We also saw that the dental centre had created a toilet facility at the ground floor rear of the property which was accessed via a side gate. There was a small step leading to that ground floor toilet, but conversations with staff revealed that patients who used wheelchairs had all been able to use the facility safely, to date. Each of the toilet areas were clean and hygienic and contained suitable hand washing/drying facilities.

Staff were provided with lockable facilities and a changing area on the second floor of the building alongside the practice manager's office. The dental team also had access to a kitchen area on the ground floor.

We saw that the practice had valid documentation with regard to public liability insurance.

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

We found that appropriate measures were in place to prevent unauthorised access to the dental centre.

The name and qualifications of the dentists were clearly displayed on the front of the building together with the telephone number for the practice and out of hours dental services.

6. Next Steps

As there were no areas for improvement identified during this inspection, the practice is not required to complete an improvement plan.