

**General Dental Practice
Inspection (Announced)**
Hywel Dda University
Health Board,
Quay Street Dental Centre.

7 July 2015

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In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Quay Street Dental Centre at The Candle Store, Quay Street, Haverfordwest, Pembrokeshire SA61 1BB within the area served by Hywel Dda University Health Board on 7 July 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)
- 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

Quay Street Dental Centre is part of the IDH group and provides predominantly NHS, with some private services to patients in the Haverfordwest area of Pembrokeshire. 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 includes three dentists, one hygienist, six nurses, one practice manager and two receptionists.

A range of services are provided. These include:

- Diagnosis and prevention
- Fillings
- Extractions
- Crowns and Bridges
- Supply and repair of dentures
- Prescription and supply of dental medicines
- Some cosmetic treatment

4. Summary

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

Overall, patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was positive.

Overall, we found care and treatment was planned and delivered safely to patients. We found that although the dental surgeries were clean, tidy and well-organised, when we opened drawers in each of the three dental surgeries they were visibly unclean and unhygienic. We saw evidence that indicated that the care provided was of a satisfactory standard.

The practice had a range of relevant policies and procedures in place which aimed to guide staff and ensure the provision of safe care to patients. We saw that the practice was being efficiently run and staff worked effectively together. There was a professional and cohesive team.

We found the practice was clean and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.

5. Findings

Patient Experience

Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was positive.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. 19 patient questionnaires were completed prior to the date of inspection. We also spoke to two patients on the day of inspection. Patient feedback was consistently positive. Nearly all patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. One patient stated *“on the whole [satisfied] but not so impressed with dental technicians”*. Most patients told us they had not experienced any delay in being seen by the dentists.

Patient comments included the following:

“The text a day or two before appointment is very helpful – I’m sure both ways.”

“Everybody at the practice is friendly and helpful.”

“Always a welcome on arrival. Kept informed of what’s happening, always reassured of the treatment given.”

“The practice is very good and all the staff are helpful and friendly.”

“I would like enough time with a dentist to ask questions... I would like more info about dental care at home... also I’d like to have access to more modern dentures on the NHS...”

“I have always found ALL staff very courteous and helpful.”

Two thirds of patients said they knew how to access out of hours dental services and we saw a sign in the practice window with the emergency contact number. We also read the information within the practice’s patient leaflet and were able to confirm there was an emergency contact number provided via the practice’s answer phone message. This ensured that patients had a number of ways to access emergency information.

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's notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis, enabling patients to be seen quickly if required.

There were practice information leaflets available in the reception area. There was also a website which included relevant information for patients and was clear and easy to navigate.

The practice had a range of health promotion information available in the waiting areas, including smoking cessation and mouth cancer awareness.

The practice had a system in place for seeking patient views on a regular basis. We discussed those arrangements with the practice manager who informed us that they had been undertaking regular audits and we saw questionnaires available on the reception desk for ease of completion by patients when they attended the practice.

When asked about making complaints, almost a third of patients told us they did not know how to make a complaint. We saw that both the NHS and private patient complaints process was displayed in the practice, however the NHS process needed to include the local Community Health Council (CHC) contact details and the private complaint process needed to include HIW contact details.

Improvement needed

The CHC and HIW contact details must be included in the relevant complaint processes.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered safely to patients. We found that although the dental surgeries were clean, tidy and well-organised, when we opened drawers in each of the three dental surgeries they were visibly unclean and unhygienic. We saw evidence that indicated that the care provided was of a satisfactory standard.

Clinical facilities

We looked at the clinical facilities of all four surgeries at the practice (although only three were currently in use) and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well-organised. All surfaces were free from clutter to enable effective cleaning. However on opening drawers we found that surgery three had a loose drawer and some drawers in each of the three dental surgeries were unclean and unhygienic.

Improvement needed

All areas within the surgeries should be clean and hygienic?.

We saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

We were told that both compressors (device to supply clean air to power dental hand pieces and various other dental tools) were maintained and inspected in line with requirements; however there was no daily record of checking the on/off switch and the servicing certificate expired in August 2014.

Improvement needed

The practice must to develop a robust system for recording daily compressor checks and servicing must be undertaken within the set timescales.

Decontamination of instruments

The practice did not have a dedicated room for the cleaning and sterilisation of dental instruments. Due to the limited space within the building there was currently no plan to develop such a room.

Improvement needed

The practice needs to develop a plan for working towards a dedicated decontamination room.

However we found there were suitable processes in place to prevent patients from cross infection. We discussed the need to adopt best practice in terms of date stamping the packaging used for sterilised equipment. Specifically, the practice should ensure that packaging contains the date when instruments were sterilised and the date of expiry to ensure that staff are guided in their safe use. The practice manager stated that this practice would be adopted in the future.

There was an infection control policy in place. We also saw that there were suitable log books completed for the daily testing and maintenance of cleaning equipment. All logbooks had been completed to a high standard. This meant the practice had a good system for ensuring instrument cleaning equipment was working correctly.

We saw evidence that staff had completed training with regard to decontamination and infection control. In addition, the practice had conducted an infection control audit and had used the audit tool developed by Cardiff University, as recommended by the Wales specific WHTM 01-05 guidelines.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

Radiographic (X-ray) equipment

We found that there were adequate arrangements in place for the safe use of radiographic (X-ray) equipment, although we suggested individual quality assurance log books for each X-ray be kept in each surgery. Relevant documentation including safety checks, maintenance and testing were available in respect of X-ray equipment although the serial numbers were not recorded on certificates correctly. We discussed this with the practice manager, area manager and clinical director during the inspection and were assured that this would be addressed with the relevant maintenance company. We saw evidence that most qualified clinical staff had completed appropriate training relating to the use of ionising radiation (X-rays). One dentist however had not undertaken refresher training within the timescales prescribed by the relevant regulations.. HIW therefore sent an immediate assurance letter to the dental provider/owner on the 7 July 2015 and received a satisfactory response on 9 July 2015. (See Annexe A). We looked at the radiation protection file, which included details about the X-ray equipment and procedures for staff to follow and it contained all relevant information.

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. We saw certified evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies. This meant that in the event of a medical incident, staff had the necessary skills and access to life saving equipment and drugs to respond promptly. There was also an appointed first aider who had not received the required training.

Improvement needed

Identified First Aiders must receive the required training.

Patient records

We looked in detail at a sample of nine patient records. Treatment procedures and options were explained to patients verbally and recorded in the patients notes. All patients received treatment plans however not all aspects of the individualised electronic records were fully completed. The following areas need addressing;

- Basic Periodontal Examinations⁴ were not seen in all dental records
- Social history records were inconsistent
- Smoking cessation advise was not recorded?
- Dentists were not consistently recalling patients for on-going appointments in line with recognised guidance
- There was very little grading of the X-rays in a manner fit for audit purposes

⁴ The **Basic Periodontal Examination** is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need

Improvement needed

The practice needs to audit patients' records to improve record keeping in the highlighted areas.

Management and Leadership

The practice had a range of relevant policies and procedures in place which aimed to guide staff and ensure the provision of safe care to patients. We saw that the practice was being efficiently run and staff worked effectively together. There was a professional and cohesive team.

Quay Street Dental Centre has been part of the IDH group since 2007. The day-to-day management was the responsibility of the practice manager. We saw the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles, had a clear understanding of their responsibilities and felt supported by the practice manager.

We found the practice had a range of relevant policies, procedures and equipment maintenance certificates in place and there was a suitable system to ensure these certificates were regularly reviewed.

The practice manager told us that there were regular staff meetings and we saw examples of recent notes recorded at such meetings which detailed discussions and actions required. Staff told us they were encouraged to raise any concerns during those meetings, and would also feel comfortable in raising concerns with the practice manager at any time.

Staff appraisals were undertaken six monthly; to ensure the competency of staff and identify any training or development needs.

We looked at the clinical governance arrangements in place at the practice. We saw evidence of a range of audits. This meant that the practice had suitable systems in place to monitor the quality and safety of the care provided.

We looked at staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We also saw evidence that all staff had employment contracts in place.

We saw examples of personal continued professional development (training) completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. This meant patients could be assured they were treated by staff who had appropriate skills and up-to-date training and who were confident and acquainted with their place of work.

At the time of our inspection, all dentists had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry.

The practice had suitable arrangements for the recording of accidents and incidents. Suitable arrangements for occupational health support were also in place via the IDH group. However we advised the practice manager of the need to contact the local health board to ensure staff had access to local occupational health services. We saw records to show that all clinical staff had received appropriate vaccinations to protect them, and patients, from blood-borne viruses.

We found there were suitable arrangements for recording and responding to formal concerns (complaints) although verbal and informal concerns were not currently being recorded. We saw that all concern correspondence was kept together centrally separate to patient records.

Improvement needed

The practice must record verbal and informal concerns in line with the 'Putting Things Right' 2011 guidance⁵.

⁵ Regulations aimed at streamlining the handling of NHS concerns.

Quality of Environment

We found the practice was clean and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.

The practice is located in the town centre of Haverfordwest. The practice has four dental surgeries, one on the ground floor and three on the first floor. The practice does not have dedicated patient car parking, but short term 'on road' parking was available close to the practice.

Access to the practice was suitable for wheelchair users and door frames throughout the ground floor of the practice were suitably wide to allow access for wheelchairs. There was no lift to the first floor, but wheelchair users would receive treatment in the ground floor surgery.

A tour of the building confirmed the practice was well maintained internally and externally. The practice was clean, tidy and satisfactorily lit throughout. It provided a very pleasant environment for patients to receive treatment. The reception and waiting area were of a suitable size for the number of dental surgeries at the premises.

The practice had a patient toilet which, although fully accessible and clean (with suitable hand washing facilities for infection control), did require redecoration.

There was a sign outside the practice with the opening hours and emergency contact number. The names, qualifications and the General Dental Council (GDC) registration numbers of dentists were displayed outside. However one dentist had recently left the practice and therefore the name needed to be removed. A list of all staff, their designation and GDC registration was visible inside the premises. Price lists were also displayed in the reception area.

In accordance with the Private Dentistry (Wales) Regulations 2008, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice.

The fire exits were signposted and fire extinguishers had been appropriately inspected. We saw evidence that there were measures and systems in place to protect staff and patients in the event of a fire. We also found there were suitable arrangements to prevent unauthorised access to the building.

Patient records and information were stored securely and electronic records were backed-up daily onto an external device. This meant the practice had

taken measures to ensure the safety and security of patients and their information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Patient Experience, 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 Quay Street Dental Centre 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Quay Street Dental Centre

Date of Inspection: 7 July 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
Page 7	The CHC and HIW contact details must be included in the relevant complaint processes. [Putting Things Right 2011 NHS guidance; The Private Dentistry (Wales) Regulations 2008].	Both CHC and HIW address are now displayed on the complaint process in reception.		Completed
Delivery of Health and Care Standards				
Page 8	All areas within the surgeries should be clean and hygienic. [Health and Care Standards 2.9; GDC 1.5; Workplace (Health, Safety and Welfare)	Going forward if a surgery is not in use all staff are aware that surgery's should be kept clean and hygienic in line with htm 01-05. Weekly spot checks will be conducted by the PM to ensure standards are maintained. This will be		

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Regulations 1992].	documented within the surgery checklists at each check for monitoring purposes		
Page 8	The practice needs to develop a plan for working towards a dedicated decontamination room. [Welsh Health Technical Memorandum 01-05].			
Page 8	The practice must to develop a robust system for recording daily compressor checks and servicing must be undertaken within the set timescales. [Pressure Systems and Transportable Gas Container Regulations 1989; Pressure Systems Safety Regulations 2000].	The practice checks the compressor by using a isolation switch to turn on and off and this is recorded in are surgery check list.		Complete
Page 9	All staff who undertake Radiographs, must have a current Ionising Radiation training certificate (within the last 5 years). [Ionising and Radiation (Medical Equipment) Regulations 2000].	Traian Ichim completed and on-line course for 5 hours CPD on the 7 th July 2015.		
Page 10	Identified First Aiders must receive the	First aiders went on course on the 5 th aug waiting		Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	required training. [Health and Safety Executive 2010].	certificates staff.		
Page 11	The practice needs to audit patients' records to improve record keeping in the highlighted areas. [Health and Care Standards 3.3, 3.5; GDC Standard 4].	On the 5 th august, card audits are conducted every 6month and addressed to clinicians and discussed in practice meeting. Clinical support manager is visiting the clinicians on Wednesday the 9 th to discuss issues from inspection.		Completed
Management and Leadership				
Page 13	The practice must record verbal and informal concerns. ['Putting Things Right' 2011 NHS guidance].	Dentists have reviewed guidelines and will be conducting another card audit in a months' time to see the improvement.		1 month
Quality of Environment				
	No Improvement needed			

Practice Representative:

Name (print): Kerry Harding

Title: Practice Manager

Date: 7th September 2015