

General Dental Practice Inspection (Announced)

**Aneurin Bevan University
Health Board, Ringland
Dental Centre**

20 April 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Ringland Dental Centre at 43-44 Ringland Shopping Centre, Newport, NP19 9HQ within the area served by Aneurin Bevan University Health Board on 20 April 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

Ringland Dental Centre provides services to approximately 3970 patients in the Ringland area of Newport. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board.

Ringland Dental Centre is a mixed practice providing both private and NHS dental services. Approximately 96% of services provided are through the NHS.

The practice employs a staff team which includes one principal dentist, one associate dentist and one dentist completing their post qualifying foundation training, four dental nurses and one receptionist. A range of services are provided, including preventative and cosmetic dentistry.

4. Summary

HIW explored how Ringland Dental Centre 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 gave them detailed information about their treatment. The practice invited patient feedback to improve services.

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities and record keeping were exceptionally high. We found that appropriate, robust arrangements were in place for radiographic equipment, medical emergencies, emergency drugs, waste disposal and decontamination.

We found that the practice was being run with the intention of supporting staff to provide patient centred services and ensuring patients received safe care and treatment. Improvements were needed to aspects of appraisals, child and adult protection policies and complaints arrangements. Overall however, we found a committed staff team who told us they felt well supported in their roles and robust monitoring and administrative systems.

We found the practice provided a safe 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 gave them 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. The patients had been registered at the practice between two weeks to 20 years.

All patients told us they were satisfied with the treatment they had received at the practice and all patients said they were made to feel welcome by staff. Some patients told us they did experience a delay in being seen by the dentist but it was only between 5-15minutes and not a regular occurrence. A sample of patient comments included the following:

“Very professional staff. All my anxieties regarding treatment were addressed and I was reassured”

“Generally a lovely welcome when you come in and they do the best to help you out”.

“...made to feel welcome and valued”

“...made me feel very comfortable on my visit”

“Clean practice”

“I was always nervous of going to dentists but here I feel relaxed and am not scared anymore”.

“Brilliant service and brilliant treatment given”.

“The right level of professionalism and friendly service”

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;

“...allow me to give my own opinion”.

“...kept up to date with what was happening”

“Dentist went through each step of the appointment including discussing x rays which I have never had before”.

“All treatment explained clearly”.

The large majority of patients knew how to access out of hours services. We checked the practice’s answerphone message outside of office hours and found that out of hours information was recorded for patients’ information.

The practice offered both routine and emergency appointments. The practice was open Monday to Friday from 9am to 5pm with an hour and fifteen minutes for lunch.

Patients indicated that they were satisfied with services, had no complaints and the majority of patients knew how to make a complaint, should the need arise. We saw that the complaints procedure was displayed in waiting areas.

We saw that patients were invited to give comments to the practice in the practice information leaflet. The practice also carried out patient surveys annually as part of being a training practice. Staff told us they did not capture informal feedback anywhere or use this kind of feedback to analyse trends or patterns to improve the service. We suggested that the practice could maintain a log of informal comments as part of their method of obtaining patient feedback.

Patient records and our questionnaires confirmed patients were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment. All patients were also provided with a written treatment plan.

There was a range of health promotional material available and the dental team signposted patients to the most relevant information for them. One patient commented they received *“...lots of advice about looking after my teeth”*. Practice information leaflets were available to patients and gave a summary of useful information about the practice.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities and record keeping were exceptionally high. We found that appropriate, robust arrangements were in place for radiographic equipment, medical emergencies, 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.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic equipment and had carried out quality assurance audits for radiographic equipment. This meant there were systems in place to ensure the safe use and ongoing monitoring of radiographic equipment.

Resuscitation and First Aid

We found there was a resuscitation policy in place and all staff had received up to date CPR/resuscitation training. One member of staff was the appointed First Aider on site and had completed recent first aid training. Staff had access to appropriate resuscitation equipment in the event of medical emergencies (collapse). This meant staff were trained and equipped to manage medical emergencies.

Emergency drugs

Emergency drugs were stored securely in a well positioned and safe location. Emergency drugs were well organised which meant staff would be able to find the drugs they required easily and quickly. There was a system in place for monitoring drugs' expiry dates and all drugs seen were in date. 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.

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 an up to date policy and procedure in place for the safe handling of mercury.

Decontamination of instruments and compliance with WHTM01-05 (revision 1)

The practice did not have a single dedicated room for the cleaning and sterilisation of dental instruments due to physical restrictions on space. Staff used individual surgeries to begin the decontamination process, and used appropriate sealed equipment to carry instruments to a designated area in another room, to finish the decontamination process. We saw that the principal dentist had plans in place to move towards a dedicated decontamination room in the future which would be in line with best practice.

Staff demonstrated the decontamination process they followed and we saw that in each surgery and the other room used for decontamination, there were separate designated areas and storage for clean and dirty instruments. Dedicated hand washing sinks were available in surgeries and appropriate personal protective equipment for staff was available. All instruments were bagged following sterilisation and dated with an expiry date. All instruments checked were within date and a system was in place for checking this. This meant suitable processes were in place to protect patients from cross infection.

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

We found that all staff conducting decontamination procedures had received appropriate training to demonstrate competency in their duties.

We saw that the practice had conducted audits of its infection control requirements. This meant there were systems in place to monitor ongoing compliance with infection control requirements and to ensure equipment was clean and safe for patient use.

Clinical facilities

Clinical facilities in the practice had recently been refurbished and two surgeries contained brand new fittings and equipment. We looked at the clinical facilities in each of the surgeries and found them to be exceptionally clean and tidy with all relevant equipment for the safety of patients and staff. X-ray equipment was set up to be safely used.

There were sufficient dental instruments, all in excellent condition, stored safely within surgeries. We found a large supply of disposable items and protective equipment available for use by staff.

We saw documentation that showed equipment was maintained and inspected in line with requirements.

Overall we found clinical facilities to be of an exceptionally high standard.

Patient records

We looked in detail at a sample of patient records. Overall, the patient records at the practice were excellent, with thorough and detailed recording of patient care and treatment.

We found recording of medical histories was consistent in patient notes and medical histories were updated at every visit. We suggested the practice could combine the initial medical history and updated medical history onto one form to ensure countersignatures were valid across the patient's whole medical history.

We found that dentists obtained and recorded patients' consent to treatment. We also found dentists recorded treatment planning and treatment options consistently.

We saw that patients' social history was taken into account and, where appropriate, dentists offered smoking cessation advice. Dentists made appropriate referrals to other health professionals when needed, for example, in the event of suspected cancer, and these were monitored to ensure the referral had taken place.

Overall we were assured that dentists worked with the intention of providing a high quality, ethical service and standards of record keeping at the practice were very high.

Management and Leadership

We found that the practice was being run with the intention of supporting staff to provide patient centred services and ensuring patients received safe care and treatment. Improvements were needed to aspects of appraisals, child and adult protection policies and complaints arrangements. Overall however, we found a committed staff team who told us they felt well supported in their roles and robust monitoring and administrative systems.

Staff

The practice was family run and the current owner had taken over in 2009. The practice provided approximately 96% of NHS services. A practice manager was responsible for the day to day running of the practice. The practice manager was not present on the day of the inspection. 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. All dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years, in line with the regulations for private dentistry. Appropriate pre employment checks had been carried out for the rest of the dental team.

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. However, staff told us that new team members had not always been adequately supported during induction when starting employment at the practice. We explored this with the principal dentist who told us there were special circumstances during a specific time period where management were not able to support new staff members as much as they normally would. Staff told us they had learned from this experience and felt assured all new starters would now be adequately supported by management and the wider team. We saw an induction template had been implemented and saw this had been completed for one new staff member. We suggested the practice continue to develop and strengthen their induction processes.

We saw minutes from team meetings and staff told us that meetings were held regularly. We saw that a range of relevant topics were discussed and team members brought their own concerns and topics to be considered. We saw examples of how some practices had changed as a result of discussions in team meetings. This meant the team had a more formal place to raise concerns and learning happened as a result to improve the practice.

Staff members told us they had regular appraisals. Written records of appraisals were not available for us to see on the day of the inspection.

Improvement needed

The practice should ensure that records of staff appraisals are maintained and accessible for the individual staff members.

Child and Adult Protection

We found that staff had completed training in the protection of vulnerable adults and child protection. A child protection policy was in place although this did not include local contact details. There were guidance documents available for protection of vulnerable adults (POVA) procedures but a localised POVA policy and procedure was not in place.

Improvement needed

The practice must ensure there is a POVA policy in place and that all staff are aware of it. POVA and child protection policies should include local contact details for ease of access if needed to make a referral.

Complaints

We looked at the complaints procedure in detail and found it was compliant with 'Putting Things Right'⁴ NHS requirements, except for the inclusion of Community Health Council (CHC) details. Under these requirements CHC details should be available in complaints information to explain how patients can access complaints advocacy. The complaints procedure did not cover the separate arrangements for private patients as specified under the Private Dentistry (Wales) Regulations 2008.

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'.

Improvement needed

The practice must ensure they include the separate complaints arrangements for private patients and that patients can easily access information about these arrangements. The practice must add the CHC contact details to the complaints information for patients.

Staff we spoke with on the day told us complaints were recorded although they had not received any recent complaints. Verbal and informal comments and concerns were not recorded. We saw blank log sheets for recording complaints, but no evidence of a central log and ongoing records being kept.

Improvement needed

The practice must ensure that formal and informal complaints, concerns and patient feedback are recorded centrally and should consider how to use this source of information as a way to improve the practice.

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

The practice was a member of the British Dental Association (BDA) best practice (quality assurance) programme. We saw that peer reviews and audits had taken place at the practice. This meant the practice had systems in place to monitor the quality of services they provided to ensure continual improvement.

Policies and Procedures

Overall, we found the practice had a range of relevant policies, procedures and maintenance certificates in place which had been recently reviewed and updated. Staff had signed policies to show that they had read and understood them.

Quality of Environment

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

The practice was located in the Ringland area of Newport. The practice had three surgeries all on the ground floor. Free car parking was available nearby.

The practice was located on the first floor of an open air shopping centre and could be accessed by ramps from the ground floor. The entrance to the practice was wheelchair accessible and staff told us they booked wheelchair users into the surgery closest to reception for ease of access.

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

A range of patient information was on display both externally and internally. There was a sign outside the practice with the names and qualifications of all dentists, opening hours and emergency numbers for patients' use. Price lists for both NHS and private patients were clearly displayed in the reception area.

The practice had a toilet available for patient use. This was not wheelchair accessible and staff told us patients were made aware of this. We discussed this with the principal dentist who told us there were physical and environmental constraints which meant it had not been possible to make the toilet accessible. A separate staff toilet was also available. These were visibly clean and contained suitable hand washing facilities to prevent cross infection.

The waiting area was a suitable size for the number of surgeries. Staff told us the space around reception could become very busy but they were aware of how to maintain patient confidentiality in these circumstances. The receptionist was able to monitor on the system if appointments were running late and told us they advised patients in these cases. The waiting room contained reading materials and a range of advice and health promotional posters and leaflets.

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

The practice had both paper and electronic records. Paper records were locked away and electronic records were automatically backed up. This meant the practice took suitable precautions to protect patient information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified 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 Ringland 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: Ringland Dental Centre

Date of Inspection: 20 April 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	None			
	Delivery of Health and Care Standards			
	None			
	Management and Leadership			
12	The practice should ensure that records of staff appraisals are maintained and accessible for the individual staff members. [Health and Care Standards 2015 Standard 7.1, GDC Standards 6.6.1]			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
12	<p>The practice must ensure there is a POVA policy in place and that all staff are aware of it. POVA and child protection policies should include local contact details for ease of access if needed to make a referral.</p> <p>[General Dental Council Standards 8.5; Health and Care Standards 2015 Standard 2.7]</p>			
13	<p>The practice must ensure they include the separate complaints arrangements for private patients and that patients can easily access information about these arrangements. The practice must add the CHC contact details to the complaints information for patients.</p> <p>[Private Dentistry (Wales) Regulations 2008, 2011, Putting Things Right 2011]</p>			
13	<p>The practice must ensure that formal and informal complaints, concerns and patient feedback are recorded centrally and should consider how to use this source of information as a way to improve the practice.</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 2015 Standard 6.3, GDC Standards 5.1.6, 5.1.7]			
Quality of Environment				
	None			

Practice Representative:

Name (print):

Title:

Date: