

**General Dental Practice
Inspection (Announced)**
Cwm Taf University Health
Board, The Croft Practice
Limited

31 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection of The Croft Practice Limited at Depot Road, Gadlys, Aberdare, CF44 8DL within the area served by Cwm Taf University Health Board on 31 March 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

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

- 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

The Croft Practice Limited provides services to patients in the Aberdare area. The practice forms part of dental services provided within the geographical area known as Cwm Taf University Health Board. The practice employs a staff team which includes two dentists (one of whom is the principal), one dental nurse, a receptionist and a practice manager.

The dental team had worked through a period of change in the past five months; the current owners having purchased the practice during October 2014. Since that time the current owners had made some improvements to the internal practice premises as outlined at inspection and had placed an emphasis on ensuring continuity of dental care and treatment to patients in the local community.

A full range of NHS dental services are provided.

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

4. Summary

HIW explored how The Croft Practice Limited met the standards of care set out in the *Doing Well Doing Better: Standards for Health Services in Wales*.

Without exception patients told us they were very satisfied with the services provided. We also observed the warm and professional way that staff spoke with patients. However, the complaints procedure needs to be improved to ensure patients are informed of their rights and to ensure complaints are handled appropriately.

Overall, patients were cared for by staff who were supported to deliver care and treatment safely to an appropriate standard.

Improvements were identified in relation to an element of staff training, a small number of issues with regard to the use of X-ray equipment and the content of patient records. For example, of the five patients' records seen at this inspection, we found that four medical histories had not been updated or signed by the dentist as is required.

We also found that some improvement was needed with regard to the decontamination process.

Given the number of improvements identified during this inspection, the practice was advised that consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

The principal dentist at The Croft Practice Limited was responsible for the overall management of the practice. She was assisted by the practice manager and a small dedicated team; each person having defined responsibility for aspects of the day to day operation of the service provided. Staff told us that they felt confident in their roles and had access to a range of training opportunities.

We found that the practice was visibly clean and tidy and provided a safe environment for patients to receive treatment.

5. Findings

Patient Experience

Without exception patients told us they were very satisfied with the services provided. We also observed the warm and professional way that staff spoke with patients. However, the complaints procedure needs to be improved to ensure patients are informed of their rights and to ensure complaints are handled appropriately.

We sent HIW questionnaires to the practice and 19 patients had completed these prior to our inspection.

All patients indicated they were very satisfied with the care they had received at the practice and were made to feel welcome by staff. We also observed the warm and professional way that staff spoke with patients on arrival and 5.questionnaire stated they had not experienced any delay in being seen by the dentist on the days of their appointment. A sample of patient comments included the following:

'I have had the best standard of treatment and service'

'Always had excellent service and treatment. No issues'

When we asked patients about treatment information they had received, all stated that the dental team explained the treatment they needed in enough detail. Patients also provided us with additional written comments such as:

'I always get fantastic service'

'First class service at all times'

'Very informative'

Most of the patients who completed one of our questionnaires stated that they knew how to access 'out of hours' dental services. We were also told that the practice's answerphone message contained clear information about how to access 'out of hours' dental care and treatment.

We held discussions with the dental team and were informed that the practice operated a flexible appointments system, with both routine and emergency treatments being made available. The practice was open from 09.00 am until 5.30pm between Monday and Thursday each week; Friday opening hours being 9.00am to 15.30pm.

Although patients indicated that they were satisfied with services provided at the practice and had no complaints, five of the 19 who completed a questionnaire did not know how to make a complaint, should the need arise. We saw that a complaints notice and leaflet were displayed in relation to NHS patients at the practice reception. However, the print within each document was very small. In addition, neither the practice policy, nor procedure, contained details of patients' rights to seek support and advice (about their concerns) from the local Community Health Council (CHC) or the Public Services Ombudsman for Wales.

Improvement Needed

The practice should ensure NHS patients are provided with full and accurate complaints information in an easy to read format. This is in accordance with NHS Standards.

We looked at the complaints (concerns) policy in detail. As a result, we found that the policy did not make any reference to the arrangements in place for the acknowledgement or resolution of concerns/complaints raised by patients who received private dental care and treatment. We also found that the practice did not have any information on display for such patients, as is required.

Improvement Needed

The practice should ensure that complaints information complies with The Private Dentistry (Wales) Regulations 2008 and is clearly displayed for patients.

We found that patients were given the opportunity to provide feedback to the dental team in the form of a suggestion box which was placed at the reception desk. We were also told that staff made every effort to determine whether patients were satisfied with their care and treatment prior to leaving the practice. In addition, the practice manager informed us that the practice intended to conduct a patient survey some time during 2015 to seek patients' views on the services provided as a means of making any improvements needed.

The dental practice did not have a website. A copy of the practice leaflet was displayed in the ground floor waiting area and was also available to patients on request.

We saw that staff were very welcoming and knew patients well within the community the practice served. It was clear that staff took an interest patients' dental care and treatment as well as their general wellbeing, creating a very friendly, inclusive atmosphere.

Delivery of Standards for Health Services in Wales

Overall, patients were cared for by staff who were supported to deliver care and treatment safely to an appropriate standard.

Improvements were identified in relation to an element of staff training, a small number of issues with regard to the use of X-ray equipment and the content of patient records. We also found that some improvement was needed with regard to the decontamination process.

We considered the arrangements in place at the practice for the safe use of X-ray equipment. All mandatory documentation, including safety checks, maintenance and testing were available and up-to-date. Conversation with the dental team revealed that one dentist had not been provided with formal training in accordance with Ionising Radiation (Medical Exposure) 2000 Regulations. Instead, the dental practitioner was being supported to complete on-line training which is not appropriate as initial, formal training.

Improvement Needed

The practice is advised to demonstrate how it will ensure that arrangements are made for appropriate staff to attend ionising radiation training in accordance with IR(ME)R 2000 Regulations.

We discovered that there was no policy in place to guide staff in terms of the need for/frequency of patient X-rays in accordance with current guidelines. This was therefore discussed with the dental team who expressed their willingness to address this matter.

We found that the practice did not have a written plan which identified the X-ray control area within the dental surgery. Given the location of the X-ray machine and the existence of a well used public path immediately outside the practice premises, this matter was brought to the attention of the dental team.

Improvement Needed

The practise is advised of the need to formulate a schematic plan to ensure that staff and members of the public are protected from radiation at all times. This is in accordance with IR(ME)R 2000 regulations and NHS standards.

We saw that written records were kept in terms of the number and quality grading of x rays taken for each patient. However we could not find evidence of

any quality assurance audits which may have led to the identification of improvements needed to this element of patient care

Improvement Needed

The practice is advised of the need to establish a system for audit activity/clinical evaluation of (x ray) image quality as required by IR(ME)R 2000 regulations and NHS standards.

Staff had access to resuscitation equipment and drugs in the event of a patient emergency (collapse) within the dental practice. We saw that regular audits took place to identify and check expiry dates of drugs so replacements could be ordered when needed. Suitable measures were also in place to check the emergency oxygen supply.

The records we saw showed staff had received recent training on how to deal with medical emergencies including how to administer cardiopulmonary resuscitation (CPR). In addition, the dental nurse was the appointed first aider; having completed relevant training on this topic.

Contract documentation was in place for the disposal of hazardous waste. We also saw hazardous waste was stored securely whilst awaiting collection.

We considered the arrangements for the decontamination of instruments used at the practice. The dental nurse told us it was their responsibility to ensure equipment was cleaned after use. The nurse also described the process they used in detail which was considered to be satisfactory, despite the challenges of having to undertake initial cleaning of instruments within the dental surgery.

A separate decontamination room had been created by the current owner of the practice in order to meet WHTM 01-05 requirements². However, whilst the room contained suitable storage facilities and decontamination equipment, there were no sinks available as recommended.

² The WHTM 01-05 document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Improvement Needed

The practice should consider how to provide hand washing and other sink facilities in the decontamination room as a means of meeting the requirements for best practice.

Hand washing facilities were available in other key areas at the practice (such as the dental surgery).

We observed that the practice staff promptly transported used instruments from the dental surgery to the decontamination room in a sealed plastic container (to reduce the risk of cross contamination with other instruments). We also saw that the instruments were transferred to an ultrasonic bath³ for further cleaning prior to sterilisation within an autoclave⁴. We were able to confirm that mandatory records had been maintained in relation to checks associated with the use of the autoclave; however there were no records of specific (protein) checks associated with the operation and use of the ultrasonic bath.

Improvement Needed

The practice is advised of the need to demonstrate how it will ensure the effective operation of the ultrasonic bath in accordance with NHS standards.

We saw that disposable patient cups (offered for rinsing the mouth after treatment) were stored in the 'dirty' instrument area of the dental surgery. This was brought to the attention of the dental team who agreed to relocate the cups to minimise the risk of contamination.

We saw that some dental equipment which was ready for patient use had been sealed in plastic packs after they had been sterilised. The packs were dated and kept in drawers in the dental surgery. We did suggest that the practice considered placing the date of sterilisation as well as the 'use by' date on the packaging for safety purposes.

³ An **ultrasonic bath** cleans items using ultrasound (usually from 20–400 kHz) and an appropriate cleaning solvent.

⁴ An **autoclave** is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

Staff had access to suitable eye protection, disposable gloves as well as aprons, however the dental nurse was not provided with heavy duty gloves for protection. We saw that sharps bins were not overflowing which meant that staff and patients were protected from injury and cross infection.

We found that a thorough audit of the infection prevention and control arrangements had been undertaken during January 2015. Discussion with the dental team highlighted their intention to repeat the audit next year as they have suitable daily, weekly and quarterly checks in place on a continuous basis regarding infection control. The practice team was receptive to our suggestion that checks of the dental water lines should also be recorded every three months.

We looked at a sample of five patient records which were held in paper form only at the practice. Four of those records had been completed at the practice, prior to purchase by the current owner/provider. Generally, we found records to be in need of improvement as they did not provide sufficient information about discussions held with patients about treatment options, treatment plans or costs. Neither did they contain any reference to social history, dental health promotion, or the quality/grading of x rays which supported decisions to proceed with treatment. We further found that there was minimal recording in relation to soft oral tissue examination and limited evidence of X-ray use in support of patient care and treatment. Discussion with the dental team and information within completed HIW patient questionnaires demonstrated that there was a good exchange of verbal information during dental consultations; however, the content of written records was not of a satisfactory standard.

Improvement Needed

The practice is advised of the need to ensure that patients' records contain sufficient detail following dental consultations and treatment. This is in accordance with NHS Standards.

Of the five patients' records seen at this inspection, we found that four medical histories had not been updated or signed by the dentist as is required.

Improvement Needed

The practice is advised of the need to ensure that patients' records contain complete information about patients' medical histories in accordance with NHS standards and professional guidance.

We also advised the practice team of the need to record the expiry date of local anaesthetic used in addition to the batch numbers to ensure that there was a clear audit trail of used anaesthetic. This was because the information would

assist the practice to investigate matters in the rare event that a patient experienced an adverse effect following administration.

We looked at the clinical facilities within the dental surgery and found that there was appropriate equipment in place for the safety of patients and staff.

Management and Leadership

The principal dentist at The Croft Practice Limited was responsible for the overall management of the practice. She was however assisted by the full-time practice manager and a small dedicated team; each person having defined responsibility for aspects of the day to day operation of the service provided. Staff told us they felt confident in their roles and had access to a range of training opportunities.

The practice consisted of a team of five people. Discussions with the principal dentist and other members of the team demonstrated that each person had an agreed area of responsibility for managing aspects of day to day work (for example, the practice manager was responsible for reviewing and updating policies and procedures and other governance arrangements whilst the dental nurse ensured that regular equipment maintenance checks were completed).

Staff told us they felt well supported in their roles. Staff also told us they would be comfortable and confident to raise any work related concerns they may have with the principal dentist or the practice manager.

Staff were able to access relevant policies within the practice which offered them useful information about the provision of safe care to patients. Each of the policies we saw had been reviewed during November 2014 and contained a further review date for 2015. We found that a small number of policies referred to standards and guidelines adopted in England. This was brought to the attention of the practice manager who agreed to ensure that all policies contained information which reflected all Wales standards and guidelines.

We looked at a sample of staff training records. These confirmed staff had access to training opportunities relevant to their role. Records also showed that staff had a contract of employment. We found not all staff had received recent training regarding child and adult protection as recommended by General Dental Council standards.

Improvement Needed

The practice is advised of the need for all staff to be provided with training with regard to the protection of children and vulnerable adults. This is to enable staff to take appropriate action if any concerns about possible abuse, are identified in accordance with All-Wales guidelines.

Staff told us they attended a team meeting every month. We saw notes that had been recorded at such meetings in the past five months and found that the team had discussed topics such as ethical advertising in dentistry, hazards associated with mercury and the practice's approach to screening patient's oral health during their visits.

Staff told us the practice manager had conducted an appraisal with them since the practice was purchased during October 2014. This had provided them with the opportunity to discuss work arrangements, any concerns they had relating to the provision of care to patients and plans for future training.

Conversation with the team and review of completed audit documentation demonstrated that there was an emphasis on conducting relevant checks concerning how services were provided to patients. Examples of audits we saw during this inspection related to infection prevention and control, a practice risk assessment (to identify an environmental hazards) and a record-keeping audit concerning patient care and treatment (which was due to be repeated during May 2015 to determine whether improvements had been made). The principal dentist also described their intention to encourage dentists at this practice to work with dental practitioners at another dental practice they owned. This was with a view to promoting discussion in the near future about ways of reviewing and improving specific aspects of dental services to patients (otherwise known as peer review).

We saw that the HIW certificate relating to the provision of private dentistry was displayed in a prominent area at the practice as is required by the Regulations.⁵

We looked at the records in place concerning Hepatitis B immunisation and found evidence of vaccination and satisfactory blood test results. This means that staff and patients are protected from cross infection in relation to that particular condition. We were also told that the practice had an agreement with the Health Board for any occupational health issues to be addressed (such as support/advice in the event of a needle stick injury).

We were told that the practice had not needed to use agency nurses. This meant that patients continued to receive care from a team that was familiar to them. We also found there was a suitable induction/orientation programme in

⁵ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

place should there be a need to use agency nurses in the future or to increase the existing dental team.

Given the number of improvements identified during this inspection, consideration should be given by the practice provider to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

We found the practice was visibly clean and tidy and provided a safe environment for patients to receive treatment.

The practice is located in a converted detached house on the periphery of Aberdare town centre. There were a small number of dedicated car parking spaces at the practice premises and parking was available at nearby public car parks. Disabled parking was available at the practice.

We noticed that the names and qualifications of the dentists at the practice were displayed on the window at the front of the building, along with the out of hours numbers and opening times.

Access to the practice was suitable for wheelchair users as the doorway into the building was wide enough to allow safe entry. The reception area, integral waiting room and a dental surgery were located on the ground floor. The ground floor was level throughout which meant that patients with mobility difficulties could easily access the area. The first floor was used by staff only and consisted of a kitchen, office and store room.

The practice manager informed us that improvements had been made to the decoration of the internal premises since October 2014 and a dedicated decontamination room had been created to improve the process for cleaning and sterilisation of instruments.

We found that the practice was visibly clean and tidy with suitable heating and lighting. The ground floor waiting room/reception area was light and pleasant.

An easily located patient toilet was provided on the ground floor which had been adapted for people with mobility difficulties. A further toilet (for use by staff) was available on the first floor. Both facilities were seen to be visibly clean, hygienic and contained appropriate equipment such as hand soap and a means of drying hands.

Fire exits were clearly signposted and fire extinguishers located within the practice building had recently been inspected. There were suitable security measures in place to prevent unauthorised access to the premises. We found patient records were stored securely at the dental surgery.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the Patient Experience, The Delivery of 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 Croft Practice Limited 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: The Croft Practice Limited

Date of Inspection: 31 March 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 7	The practice should ensure NHS patients are provided with full and accurate complaints information in an easy to read format. This is in accordance with NHS Standards.			
Page 7	The practice should ensure that complaints information complies with The Private Dentistry (Wales) Regulations 2008 and is clearly displayed for patients.			
	Delivery of Standards for Health Services in Wales			
Page 8	The practice is advised to demonstrate how it			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	will ensure that arrangements are made for appropriate staff to attend ionising radiation training in accordance with IR(ME)R 2000 Regulations.			
Page 8	The practise is advised of the need to formulate a schematic plan to ensure that staff and members of the public are protected from radiation at all times. This is in accordance with IR(ME)R 2000 regulations and NHS Standards.			
Page 9	The practice is advised of the need to establish a system for audit activity/clinical evaluation of (x ray) image quality as required by IR(ME)R 2000 regulations and NHS standards.			
Pages 9 and 10	The practice should consider how to provide hand washing and other sink facilities in the decontamination room as a means of meeting the requirements for best practice.			
Page 10	The practice is advised of the need to demonstrate how it will ensure the effective operation of the ultrasonic bath in accordance			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	with NHS standards.			
Page 11	The practice is advised of the need to ensure that patients' records contain sufficient detail following dental consultations and treatment. This is in accordance with NHS Standards.			
Page 11	The practice is advised of the need to ensure that patients' records contain complete information about patients' medical histories in accordance with NHS Standards and professional guidance.			
Management and Leadership				
Page 13	The practice is advised of the need for all staff to be provided with training with regard to the protection of children and vulnerable adults. This is to enable staff to take appropriate action if any concerns about possible abuse, are identified in accordance with All-Wales guidelines.			
Quality of Environment				
	There were no areas for improvement identified in relation to this theme.			

Practice Representative:

Name (print):

Title:

Date: