

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,

The Water Street Dental Practice

18 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to The Water Street Dental Practice at 13 Water Street, Carmarthen SA31 1PY within the area served by Hywel Dda University Health Board on 18 February 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales¹.

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
- 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 Water Street Dental Practice provides services to mainly private patients with some NHS patients, in the Carmarthen region. 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, two hygienists, five nurses (who also work on reception) and one financial manager.

A range of services are provided. These include:

- General dental services
- Crowns and bridges
- Dentures.

HIW understands that The Water Street Dental Practice 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 Water Street Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Overall, patients told us that they were very satisfied with the standard of care at the practice and received sufficient information about their treatment. Patients we spoke with and patient questionnaires were positive about most areas of care.

We were assured that care and treatment was planned and consistently delivered in a way that was intended to ensure patients safety and welfare.

On the day of the inspection, we were assured that the practice was being effectively and efficiently run with robust systems in place to ensure patients safety.

Patients using the practice and staff can be assured that the building is safe, is very well maintained and provides a very comfortable environment for patients to receive treatment.

5. Findings

Patient Experience

Overall, patients told us that they were very satisfied with the standard of care at the practice and received sufficient information about their treatment. Patients we spoke with and patient questionnaires were positive about most areas of care.

Prior to the inspection, we asked the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In addition, we spoke with a small number of patients who were receiving treatment on the day of the inspection (three people).

Twenty questionnaires were returned, however one patient did not agree for HIW to use the comments in this report, therefore we considered nineteen questionnaires. The patients who completed the questionnaires and those spoken with had been using the service for between four months and 40 years. All 22 people indicated that the practice team made them feel welcome with half suggesting they were made to feel “*very welcome*”.

All patients felt that they were given enough information regarding their treatment. Examination of a sample of patient records and conversations with the dentists confirmed that treatment options were discussed with patients; with treatment plans, options for treatment or patient preference being recorded in the patient’s notes.

The practice was not involved in the NHS out of hours service as this was led by the health board. There was an automated message connected to the practice telephone line, which gave information on the out of hours contact details. There was also a sign with the contact number in the front window.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. This meant that patients could be confident that there was a system in place to try to ensure they were seen quickly when required. Patients stated that they were satisfied with the system although half had experienced a delay in their appointment time; 35% stated that they occasionally had to wait with 15% did not have to wait. Patient comments included the following:

“Not an acceptable delay.”

“Yes approximately 30 minutes.”

“Occasionally ! But normally on time.”

“Most waiting time is 30 to 40 minutes and sometimes more.”

“Yes every visit.”

“Not very often, only short delay if there is one.”

Improvement needed

The practice is advised to explore the issue regarding waiting times and consider areas which can be improved.

There was a practice information leaflet available which gave basic information. This document needs to be reviewed to ensure it has the correct information regarding:

- Organisations to contact in the event a patient had a concern
- What services the practice offers
- Clear information about whether the practice is NHS, private or both
- Make sure that General Dental Council registration numbers are included.

Improvement needed

The practice needs to ensure that the practice leaflet is in line with the General Dental Council guidance on advertising.

There was clear signage at the front of the premises indicating the opening times for the practice for patient information.

Staff told us that the practice had systems to regularly assess patients' views and act upon them such as; a suggestion box, patient surveys and the annual NHS patient questionnaire. This meant that the practice took into account the views of patients when planning delivery of service. This was a proactive approach to ensuring the service provided was meeting the needs of its population. It was evident that there was positive engagement with the patient using the service. We were given examples of suggested changes such as; more children's books, a water machine and to change the music more often.

We looked at the patients notes and found that oral health promotion, cancer screening and smoking cessation advice were recorded. We also saw oral health promotion posters in the reception and waiting areas. The dentists offered computer print outs on cancer screening and smoking cessation advice when indicated.

A complaints policy was available and visible to patients in the reception area. It was fully compliant with the NHS complaints procedure known as 'Putting Things Right'². We also noted that neither the HIW nor the Community Health Council (CHC) addresses were on the policy for patients to contact should the need arise. When we asked patients if they would know how to make a complaint or raise a concern, more than half said they would know. Those that were not sure made statements such as, "*I'd ask the dentist*" or "*I'd find out if needed*".

All patients said they were very satisfied with the service they received. In addition to the questions asked, some patients made positive comments and suggestions about their experiences which include:

"A very professional and friendly practice."

"Very happy – I love my dentist and his team."

"My dentist and her staff have always provided me with an exemplary service."

"I have great faith in my dentist. Everyone is always friendly and have plenty of time for you."

"The best dental surgery I have ever known."

"Very professional service. Always made to feel welcomed and well informed about both work required and work completed. Very satisfied."

² Putting things Right is the integrated processes for the raising, investigation of and learning from concerns (complaints). Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales

Delivery of Standards for Health Services in Wales

We were assured that care and treatment was planned and consistently delivered in a way that was intended to ensure patients safety and welfare.

Patient records

Records were kept at the practice on a computer database, with some information being held in paper records. Scrutiny of a sample of 15 dental records (i.e. five patient records for each dentist working at the practice) indicated that patients' needs were assessed, and care and treatment was planned and recorded robustly. There were some concerns regarding the dentists not always countersigning patient medical histories and not consistently updating them on each new treatment. We also identified a lack of records for social histories, such as smoking and alcohol consumption which affect oral health. With regard to treatment plans, we saw consistency between the dentists with everyone evidencing planning, decision making and consent to treatment. We could not be assured that patients were recalled within the National Institute for Health and Care Excellence (NICE)³ guidelines because they were not recorded.

Where patients had received radiographs (x-rays), we saw evidence that each dentist was recording clinical evaluation of the x-ray to ensure that the quality of the image was adequate. We saw evidence of regular audits to ensure safe and effective practice.

Improvement needed

The practice needs to ensure that the dentists are signing the medical history record and that social histories and that recall times are recorded against NICE guidance.

We discussed the quality of recording with the dentists and found overall that satisfactory systems were in place. We saw that dentists were writing their

³ The NICE dental recall clinical guideline helps clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients.

clinical reports rather than relying on templates. This individualises the notes and captures information specific to each patient. Further discussion with the dentists revealed that there were regular clinical audits and reviews to help ensure the quality of the service provided.

Drug storage and emergency equipment

Exploration of how emergency drugs were kept at the practice revealed that they were securely stored. We also found that there were suitable arrangements in place to ensure that expired drugs were promptly replaced. We also saw that individual emergency drugs and the accompanying guidance was colour coded for ease of access in an emergency. This is an example of noteworthy practice.

There was a dedicated first aider and the first aid kit was stored within easy reach. Equipment required in the case of an emergency was available with certain items stored in each surgery as well as within the first aid kit.

The practice was a dispensing practice and we saw that drugs and prescriptions were stored securely. Drug expiry dates were checked and all were correct.

Decontamination

We looked at procedures in place concerning decontamination of instruments and found that there were appropriate measures in place, including a dedicated decontamination room. There were clear processes in place and we saw clear demarcation of clean and unclean zones. We found evidence of suitable record keeping and maintenance for the cleaning equipment used.

We saw and staff confirmed that there were routine, quarterly audits (checks) in relation to infection control requirements which were in accordance with the Welsh Health Technical Memorandum (WHTM 01-05)⁴.

⁴ <http://wales.gov.uk/topics/health/cmo/professionals/dental/publication/cdo-letters/decontamination2/?lang=en>. The WHTM 01-5 document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Radiographic equipment

There were no concerns regarding the radiation protection file. There was a named radiation protection adviser; identification and demarcation of controlled areas; a record of dose investigation levels and a quality assurance system regarding the image quality. We also saw the radiation equipment check certification.

Management and Leadership

On the day of the inspection, we were assured that the practice was being effectively and efficiently run with robust systems in place to ensure patients safety.

The practice provided mainly private dental care and treatment with some NHS patients. At the time of our inspection, the principle dentist was responsible for the day-to-day running of the practice.

We found that the practice was well run with the service underpinned by relevant written policies and procedures to ensure patient care and treatment was delivered safely. Staff were able to access these policies within the practice to check their understanding and ensure they were taking correct action. Policies had review dates to ensure that the information was current.

Staff told us they felt well supported in their roles by the principle dentist and also the other dentists and would be comfortable raising any work related concerns they may have with any of the three. There was evidence of cohesive and effective team working.

New staff were offered an induction programme and a period of 'buddying' to ensure there was adequate support in the initial commencement of their employment.

We looked at a sample of staff training records. These confirmed staff had access to a range of training opportunities relevant to their role.

At the time of our inspection, all staff had valid Disclosure and Barring Service certificates, required by the regulations for private dentistry⁵ and proof of satisfactory immunisations. We discussed occupational health support for staff with the principle dentist, who stated that there was a contract with Hywel Dda University Health Board. However, this had not been formalised. It was agreed that the principle dentist would speak with the health board and request written confirmation.

⁵ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

We saw that there was a well established staff team; some having worked at the practice for many years. This meant that patients received care from staff who were familiar to them.

The principle dentist told us that all staff attended regular monthly staff meetings and this was confirmed by staff meeting minutes. This was an opportunity to raise any issues of concern about the services being provided; convey new/relevant information to the dental team, and discuss outcomes from patient questionnaires and audits. This was evidence of a progressive practice that was accepting of criticism and was improving from lessons learned.

We looked at a variety of maintenance certificates held at the practice which showed there were suitable systems and management process in place to ensure that all equipment was inspected in a timely way and in accordance with mandatory requirements.

We saw that the indemnity insurance and the dentists' HIW certificates for private dentistry were visible to patients. The certificates needed updating and this had already been instigated by the principle dentist.

Quality of Environment

Patients using the practice and staff can be assured that the building is safe, is very well maintained, and provides a very comfortable environment for patients to receive treatment.

The Water Street Dental Practice is an established practice situated in Carmarthen town centre. There is no dedicated car parking, and no parking spaces along the side roads near to where the practice is situated. There are public car parks within walking distance.

Patients with mobility difficulties are able to access the practice building because there are no steps and the doorway is of sufficient width to allow a wheelchair user access. In addition, the patient treatment rooms/surgeries are situated on the ground floor. The practice has carefully considered its facilities to ensure they are accessible and they have previously used hoists to assist patients into the dental chair.

A tour of the building confirmed the practice was very well maintained internally and externally. There were two toilets, one facility with ease of access for wheelchair users. Fire extinguishers were placed in strategic places and had been serviced regularly.

The waiting areas, surgeries and circulation areas were very clean, tidy and satisfactorily lit and ventilated.

Appropriate arrangements were seen to be in place for the safe storage and security of paper and electronic records with a satisfactory back-up system for electronic records. Security precautions were also in place to prevent unauthorised access to areas of the building not used by patients. There was also a discrete alarm between the reception desk and the dental surgeries to enable assistance in an emergency.

Only the names and qualifications of two out of the three dentists working at the practice were displayed and there was no staff identification board available for patients to recognise the staff who were delivering the treatment.

Improvement needed

There must be a list of all dentist, their qualifications and registration numbers visible externally.

The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable.

There were contracts in place for the removal of clinical and non-hazardous waste and the bags and bins were stored securely. This ensures a safe environment for patients to access and for staff to work.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of three areas. 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 The Water Street Dental Practice 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 Water Street Dental Practice

Date of Inspection: 18 February 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
Page 7	The practice is advised to explore the issue regarding waiting times and consider areas which can be improved. Standards for Health Services in Wales – Doing Well, Doing Better 2007 (8a).	Strategies to achieve this are in hand	H.King	2 Weeks
Page 7	The practice needs to ensure that the practice leaflet is in line with the General Dental Council Guidance on Advertising. Standards for Health Services in Wales – Doing Well, Doing Better 2007 (18b,d); General Dental Council Standard (1.3.3)	Implementation has been initiated	H.King	Ongoing
Delivery of Standards for Health Services in Wales				
Page 9	The practice needs to ensure that the dentists			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	are signing the medical history record and that social histories and that recall times are recorded against NICE guidance. Standards for Health Services in Wales – Doing Well, Doing Better 2007 (7a); General Dental Council Standard (4.1.1)			
Management and Leadership				
	No Improvement needed on this occasion.			
Quality of Environment				
Page 13	There must be a list of all dentist, their qualifications and registration numbers visible externally. Standards for Health Services in Wales – Doing Well, Doing Better 2007 (18d,25a); General Dental Council (6.1.5).	Name Plate ordered from provider, awaiting delivery	H.King	3 weeks
Page 14	The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable. Standards for Health Services in Wales – Doing Well, Doing Better 2007 (18d,25a); General Dental Council (6.1.5).	Alterations made to existing notice	H.King	Complete

Practice Representative:

Name (print): Hilary S.M. King

Title: Mrs

Date: 01/04/2015