

General Dental Practice Inspection (Announced)

**Abertawe Bro Morgannwg
University Health Board**

Townhill Dental Surgery

30 January 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Townhill Dental Surgery at 16, Graiglwyd Road, Townhill, Swansea, SA2 0UX within the area served by Abertawe Bro Morgannwg University Health Board on 30 January 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
- Completed 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

Townhill Dental Surgery provides services to patients in the Townhill area of Swansea. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. The practice employs a staff team which includes four dentists, five dental nurses and a receptionist.

NHS and private dental services are provided.

4. Summary

HIW explored how Townhill Dental Surgery met the standards of care in the *Doing Well, Doing Better: Standards for Health Services in Wales*.

Patients who provided comments within HIW questionnaires indicated they were very satisfied with the service provided by the practice team.

Overall, we found the practice was being run with the intention to meet the standards. However, we have made recommendations regarding the audit of X-rays, checking of emergency drugs, the arrangements for cleaning and decontamination of instruments and aspects of dental record keeping.

The practice was owned and managed by the principal dentist. The practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. Staff told us communication within the team was good and we saw staff working efficiently as a team.

The practice owner should update the concerns (complaints) procedure so it reflects the *Putting Things Right* arrangements. The dentists providing private dental care services must also ensure the complaints procedure complies with the private dentistry regulations.

The dental practice was visibly well maintained both internally and externally. The areas we saw were clean and tidy and the premises provided a comfortable environment for patients to wait to be seen by their dentist.

5. Findings

Patient Experience

Patients who provided comments within HIW questionnaires indicated they were very satisfied with the service provided by the practice team.

We invited patients who were attending the practice on the day of our visit to complete HIW questionnaires. In total seven completed questionnaires were returned. All patients who provided comments told us they were satisfied with the service they had received from the practice, were made to feel welcome by staff at the practice and had been given enough information about their treatment.

Comments included:

'Lovely surgery.'

'The dental staff always make you welcome and relaxed.'

'...more than satisfied. [with the service received]'

The practice owner explained there was no formal process in place for assessing patient views. However, he confirmed should patients raise any concerns about their experience he would speak to them with the aim of resolving things promptly and to their satisfaction. He provided an example of where patient feedback had resulted in changes being made to make access to the practice building easier.

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

The majority of patients who provided comments within questionnaires told us they were aware of how to contact the out of hours dental services. The contact number was included in the practice leaflet and displayed in the window of the practice premises.

Overall, patients told us they had not experienced any significant delays when waiting to be seen. Staff described that a process was in place for informing patients should their dentist be running late or absent at short notice.

Delivery of Standards for Health Services in Wales

Overall, we found the practice was being run with the intention to meet the standards. However, we have made recommendations regarding the audit of X-rays, checking of emergency drugs, the arrangements for cleaning and decontamination of instruments and aspects of dental record keeping.

We found suitable arrangements were in place for the safe use of radiographic equipment. All mandatory documentation, including safety checks, maintenance and testing and staff training were available and up-to-date. Audits of the image quality of X-rays taken had been completed as part of the quality assurance process; however we found some audit results were missing. We have recommended the practice owner implement a suitable system to check all audits are completed.

Recommendation

The practice owner should make suitable arrangements to ensure audits of X-rays are completed.

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Resuscitation equipment and emergency drugs were available in the event of a patient emergency (collapse) at the practice. This meant that in the event of a patient collapsing, staff had the necessary skills and access to life saving equipment and drugs to respond promptly. However, we found that a drug used to treat a diabetic emergency was out of date. We informed the practice owner of this immediately so a suitable replacement could be obtained. We have also recommended the practice owner review the system in place for checking expiry dates of emergency drugs, so that drugs nearing their expiry date are identified and replaced before they expire.

Recommendation

The practice owner should make suitable arrangements to review the system of checking emergency drugs held at the practice. Changes should be made as necessary to ensure drugs that are nearing their expiry date are identified and replaced before they expire.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We saw waste had been segregated into different coloured bags/containers to indicate correct methods of disposal. These were stored

securely whilst waiting to be collected. We saw written procedures and equipment were in place to deal with mercury spillages safely. Potentially dangerous materials such as gas cylinders and chemicals were stored safely and the practice had an amalgam separator² so amalgam could be disposed of safely.

We considered the arrangements for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05³ (WHTM 01-05).

Arrangements were in place for the cleaning and sterilisation of instruments used in the practice. Whilst the practice had a separate decontamination room, as recommended by WHTM 01-05, this was not being used to process all instruments, with some being sterilised in one of the surgeries. The practice owner should consider making arrangements so that all (appropriate) instruments are cleaned and sterilised in the designated decontamination room to further reduce the risk of cross contamination.

Recommendation

The practice owner should consider making suitable arrangements so that all instruments that require cleaning and sterilising are processed in the designated decontamination room.

We saw that instruments were appropriately bagged and stamped with the date they had to be used by, prior to being stored.

Log books for checking equipment had been maintained and the equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. However, we recommended staff use heavy duty gloves when cleaning instruments to reduce the risk of them being injured when cleaning sharp equipment. We saw evidence that infection control spot check audits had been completed in accordance with WHTM 01-05.

We saw dental moulds being stored loosely in one of the surgeries. If no longer needed, these should either be disposed of, using appropriate methods, or suitably stored and easy to access if still required.

² A device that removes particles of mercury amalgam (found in some dental fillings) from waste water before it enters the sewer system.

³ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Recommendation

The practice owner should make suitable arrangements to either safely dispose of dental moulds or store them depending on whether they are still required.

There were three surgeries, one on the ground floor and two on the first floor of the building. We found these contained relevant equipment to ensure the safety of patients and staff. Personal protective equipment (PPE), such as disposable gloves and eye protection was available for staff to use to help prevent cross infection.

Refillable hand wash containers were being used. These can be a potential source of contamination and should be replaced with wall mounted liquid hand-wash dispensers with disposable cartridges as recommended within WHTM 01-05.

Recommendation

The practice owner should make suitable arrangements to replace refillable hand wash containers in accordance with WHTM 01-05.

The two surgeries on the first floor did not have coving between the wall and floor to prevent water, dust and debris accumulating in corners and crevices, therefore posing a potential infection hazard. We have recommended that the practice owner make suitable arrangements to address this.

Recommendation

The practice owner should make suitable arrangements to prevent water, dust and debris from accumulating in corners and crevices between the walls and floors of the first floor surgeries.

We found some dental materials had past their expiry date for being used and informed staff so these could be removed from use. We recommended that a list be kept of the expiry dates for dental materials used within each surgery at the practice and this be checked regularly. This should ensure dental materials nearing their expiry date are identified so they can be replaced before they expire.

We looked at a sample of twelve patient dental records. This sample considered records for each dentist working at the practice. Paper records only were in use at the practice. Generally, the records we saw had been well maintained to include the reason why patients were attending, the care and treatment provided and the advice given by the dentist.

However, we did identify some areas where improvement was necessary. We found that the records did not always contain notes on the type of soft tissue examination performed and that basic periodontal examination (BPE)⁴ scores had not always been recorded. We also found that confirmation of patients' continued consent to treatment had not been documented and neither had the effectiveness of prescribed medication been recorded.

These aspects of record keeping would demonstrate patients had been assessed and their treatment been planned and delivered in a manner to ensure patient safety and well being. In addition, not all notes had been signed to indicate who had made the written entry. Therefore, we have made a recommendation for the practice owner to ensure patient records are completed fully, taking account of professional record keeping standards.

Recommendation

The practice owner should make suitable arrangements to ensure dental records are maintained in accordance with professional standards for record keeping.

⁴ The BPE is a screening tool which is used by dentists to identify gum disease.

Management and Leadership

The practice was owned and managed by the principal dentist. The practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. Staff told us communication within the team was good and we saw staff working efficiently as a team.

The practice owner should update the concerns (complaints) procedure so it reflects the '*Putting Things Right*' arrangements. The dentists providing private dental care services must also ensure the complaints procedure complies with the private dentistry regulations.

The principal dentist owned and managed the practice. On the basis of our interviews with staff and our observations, we concluded that staff worked efficiently together as a team.

Staff told us they felt well supported in their roles and were able to raise any work related concerns they may have. Whilst we found practice meetings had been held, these had not been on a frequent basis. We were told the small size of the team facilitated regular communication without the need for formal practice team meetings. Staff told us communication within the team was good.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. The sample of policies we considered included dates when they had last been reviewed.

We saw confirmation that all clinical staff were registered with the General Dental Council⁵. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). We found evidence of staff having attended training within the staff records we saw. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

Two of the dentists working at the practice provided private dental services. In accordance with the relevant regulations⁶ for private dentistry, both were

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁶ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009

registered with HIW and their registration certificates were displayed within the practice.

The practice owner confirmed all relevant staff had records available confirming their Hepatitis B vaccinations and immunity.

We looked at a sample of maintenance certificates and schedules. These confirmed that equipment was inspected in accordance with mandatory requirements. Therefore, staff and patients could be assured there were systems in place to ensure equipment was inspected regularly and maintained to ensure it was fit for purpose.

The practice provided both private and NHS care and treatment and had a procedure in place for patients to raise concerns (complaints). However, this needed updating. It incorrectly referred to NHS patients being able to ask for a review by the Independent Review Secretariat. This is out of date and does not form part of the current *Putting Things Right* arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. In addition it did not contain the contact details for the Public Services Ombudsman for Wales as required under the above arrangements. Whilst the contact details for the local community health council and health board were included, these were also out of date.

To comply with the private dentistry regulations in respect of complaints about private dental care, the contact details for Healthcare Inspectorate Wales need to be included on the complaints procedure.

Recommendation

The practice owner should make arrangements to update the practice's concerns (complaints) procedure so it fully reflects the current arrangements set out under 'Putting Things Right'. In addition the contact details of Healthcare Inspectorate Wales need to be included.

Information for patients on how to raise a concern (complaint) was displayed within the waiting room. However, two thirds of the patients who completed questionnaires told us they were not aware of the process to follow. The practice may wish to explore how patients' awareness of the procedure can be improved.

Quality of Environment

The dental practice was visibly well maintained both internally and externally. The areas we saw were clean and tidy and the premises provided a comfortable environment for patients to wait to be seen by their dentist.

The practice provides services from premises in the suburb of Townhill located within the county of Swansea.

Whilst there were no designated car parking spaces available for patients to use, parking was available along the road directly outside the practice. The practice had a large, clear sign making it easy to find from the road. The names and qualifications of staff working at the practice were clearly displayed along with the out of hours telephone number. This meant patients attending the practice when it was closed, would be informed of who to contact for advice.

Access to the practice was suitable for people with mobility difficulties as there were no steps into the practice or within areas on the ground floor.

The practice had separate staff and patient toilets. Both toilets were clean and contained suitable hand washing facilities to prevent cross infection.

The reception and waiting room were on the ground floor. Our observations indicated the size of the waiting area was appropriate given the number of surgeries and patients attending on the day. During a tour of the practice we saw all areas were clean and tidy with suitable lighting, heating and ventilation.

A large range of oral health promotion material was displayed as posters and leaflets. The leaflets were available for patients to take away and read. This meant patients visiting the practice had easy access to a range of information on how to care for their own oral hygiene. Information on the services provided by the practice was also clearly displayed within the reception and waiting room. A practice leaflet was also readily available and contained information on the dental team, opening hours and how to make an appointment. Details of the NHS pricing bands for treatment were displayed along with information on patient eligibility for free treatment. Prices for private dental services were also available. This meant patients visiting the practice had access to information on how much they may have to pay for their dental treatment.

Suitable arrangements were in place to protect patients' privacy when receiving treatment.

We observed the practice to be satisfactorily maintained internally and externally. Security precautions were in place to prevent unauthorised access to non patient areas. Fire exits were clearly signposted for patients and staff and maintenance labels indicated fire extinguishers had been checked within the last 12 months.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in the areas of delivery of *The 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 Townhill Dental Surgery 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: Townhill Dental Surgery

Date of Inspection: 30 January 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	Delivery of Standards for Health Services in Wales			
7	The practice owner should make suitable arrangements to ensure audits of X-rays are completed.	Ensure all dentists are aware of the need to complete audit.	David Jones	1 month
7	The practice owner should make suitable arrangements to review the system of checking emergency drugs held at the practice. Changes should be made as necessary to ensure drugs that are nearing	Already done – Out of date item is no longer required and therefore only needed disposal not replacing.	David Jones	Done

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	their expiry date are identified and replaced before they expire.			
8	The practice owner should consider making suitable arrangements so that all instruments that require cleaning and sterilising are processed in the designated decontamination room.	As explained this matter is already being considered.	David Jones	6 months
9	The practice owner should make suitable arrangements to either safely dispose of dental moulds or store them depending on whether they are still required.	Already stored – moulds in surgery are in use for current patients.	David Jones	-
9	The practice owner should make suitable arrangements to replace refillable hand wash containers in accordance with WHTM 01-05.	Investigate options.	David Jones	3 months
9	The practice owner should make suitable arrangements to prevent water, dust and debris from accumulating in corners and crevices between the walls and floors of the first floor surgeries.	Discuss with contractor when cabinetry is replaced.	David Jones	3 months
10	The practice owner should make suitable arrangements to ensure dental records are maintained in accordance with professional standards for record keeping.	Discuss with dentists their responsibilities with regard to record keeping.	David Jones	Immediate

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Management and Leadership				
12	The practice owner should make arrangements to update the practice's concerns (complaints) procedure so it fully reflects the current arrangements set out under 'Putting Things Right'. In addition the contact details of Healthcare Inspectorate Wales need to be included.	Revert to 'Putting Things Right' instead of a practice –centred complaints procedure.	David Jones	Immediate
Quality of Environment				
	-			

Practice Representative:

Name (print): David Jones.....

Title: Contract Holder.....

Signature: [signed plan provided].....

Date: 10-3-2015.....