

**General Dental Practice
Inspection (Announced)**
Abertawe Bro Morgannwg
University Health Board,
Whitehouse Dental Clinic

28 September 2015

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

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

Or via

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

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Whitehouse Dental Clinic at 14 Coychurch Road, Pencoed, Bridgend, CF35 5NG on 28 September 2015

HIW explored how Whitehouse Dental Clinic met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 5 of this report.

2. Context

Whitehouse Dental Clinic provides services to patients in the Pencoed area of Bridgend. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board

Whitehouse Dental Clinic is a mixed practice providing both private and NHS dental services. Private treatment is offered on a fee per item basis or as part of a monthly payment plan. NHS treatment is available for those patients exempt from paying for treatment.

The practice staff team includes five dentists (including the practice owners), one hygienist, five dental nurses, two receptionists and an administrator.

3. Summary

Whitehouse Dental Clinic provides person centred, dignified care and makes efforts to provide this in a timely manner. The practice provides ways for patients to provide feedback on their experiences with the aim of making improvements. All patients told us they were satisfied with the service provided. The practice was not displaying a price list for private dental services or the procedure on how patients can raise concerns (complaints) about private treatment. We have formally requested that the practice owners address this.

Overall, we found that the practice delivered safe and effective care. Measures were in place to protect patients and staff from preventable healthcare associated infections. We found that equipment used at the practice was in visibly good condition and safe to use. However, we have identified improvement was needed in the recording of checks on sterilising equipment. Clinical facilities (surgeries) were clean and furnished to facilitate effective cleaning. However to further improve this we have formally requested that the practice owners arrange to replace the seal between the wall and floor in these areas. We considered a sample of patients' records and identified some improvements were needed in these to fully meet clinical standards guidance.

We found the leadership at the practice was effective in setting direction and improving standards through fostering a culture of learning and development. We identified some improvement was required around availability of documents required by the regulations for private dentistry and have asked that dentists working at the practice address this.

4. Findings

Quality of the Patient Experience

Whitehouse Dental Clinic provides person centred, dignified care and makes efforts to provide this in a timely manner. The practice provides ways for patients to provide feedback on their experiences with the aim of making improvements. All patients told us they were satisfied with the service provided. The practice was not displaying a price list for private dental services or the procedure on how patients can raise concerns (complaints) about private treatment. We have formally requested that the practice owners address this.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total 20 completed questionnaires were returned. Patient comments included:

'The practice is very caring and supportive...'

'Always receive a very good professional service, wouldn't go anywhere else.'

'Having greater access to gain an appointment, sometimes multi week delays.'

'Extremely satisfied with the service of all staff.'

Dignified care

We found that people were treated with dignity and respect by the practice team. We came to this conclusion because we observed staff being kind to patients and because patients who provided comments within questionnaires and those we spoke to on the day of the inspection made positive comments about the practice team. Patients told us they had been made to feel welcome by the practice staff with some adding their own comments that they had been made to feel very welcome.

The majority of patients told us they had been provided with enough information about their dental care and treatment. The practice provided both NHS (to those patients exempt from paying) and private dental services. A price list for

private dental treatments was not displayed as recommended by the standards¹ set out by the General Dental Council (GDC). The practice owner agreed to make arrangements to do this.

Improvement needed

The practice owners must make suitable arrangements to clearly display a price list setting out the cost of private dental services provided at the practice.

Timely care

The practice makes efforts to ensure that people receive their dental treatment in a timely manner. The majority of patients told us they had not experienced any significant delay in being seen by the dentist on the day of their appointment. Those who had, indicated this was minimal and had not caused them a problem. Staff described the process for informing patients should their dentist or the hygienist be running late or absent.

An emergency contact number was displayed near the entrance of the practice so that patients could access emergency treatment when the practice was closed. This was also included in the practice information leaflet. The majority of patients told us they knew how to access out of hours dental services.

Staying Healthy

Health promotion material was available to help support people to take care of their own oral hygiene needs. Other available information included that on giving up smoking and reducing the risk of a stroke.

Individual Care

The practice recognised its responsibilities under equality and human rights legislation. Arrangements were in place for patients with mobility problems and those who use wheelchairs to access the practice building. The dentists and hygienist worked flexibly and we were told they could see patients in the ground floor surgeries should patients be unable to manage the stairs.

¹ [The GDC Standards for the Dental Team](http://www.gdc-uk.org/Dentalprofessionals/Standards/Pages/home.aspx) sets out the standards of conduct, performance and ethics that govern dental professionals.

The practice had systems to empower people to describe their experiences of using the practice and act on and learn from feedback. The practice had recently introduced suggestion boxes so patients could provide their individual suggestions on how the service may be improved. The practice owner was receptive to our suggestion that the practice regularly audit any comments received to coincide with practice team meetings. This is with a view to consider any comments received at these meetings using a team approach and agree actions for service improvement as appropriate. In addition, the practice had also conducted a patient survey during August 2015. We saw these had been audited and that the feedback was, overall, very positive. The practice team had identified an area for improvement and we saw a plan had been developed to address this and review the action taken.

The practice had written concerns (complaints) procedures for dealing with patients' concerns about both NHS and private dental treatment. These met the current arrangements for raising concerns about NHS care and treatment (known as *Putting Things Right*) and the requirements of the regulations for private dentistry respectively. Whilst details of the procedure for concerns about NHS treatment were clearly displayed at the practice, the procedure covering private treatment was only available on request. We informed the practice owner this should also be displayed so that patients did not have to ask for it. The written procedure covering private treatment required updating to include HIW's correct contact details. The practice owner agreed to take corrective action in response to our findings.

Improvement needed

The practice owners must make suitable arrangements to display details of the practice's concerns (complaints) procedure covering private treatment so that patients do not have to ask for it.

We were told the practice did not have a system to record verbal/informal concerns (complaints) received. We informed the practice owner a system should be implemented to identify and learn from any emerging trends and themes. The practice owner agreed to implement and maintain a suitable recording system.

Delivery of Safe and Effective Care

Overall, we found that the practice delivered safe and effective care. Measures were in place to protect patients and staff from preventable healthcare associated infections. We found that equipment used at the practice was in visibly good condition and safe to use. However, we have identified improvement was needed in the recording of checks on sterilising equipment. Clinical facilities (surgeries) were clean and furnished to facilitate effective cleaning. However to further improve this we have formally requested that the practice owners arrange to replace the seal between the wall and floor in these areas. We considered a sample of patients' records and identified some improvements were needed in these to fully meet clinical standards guidance.

Safe Care

We found arrangements were in place to protect the safety and well being of staff working at and people visiting the practice. The practice building appeared well maintained both internally and externally. Security measures were in place to keep the building secure against unauthorised access.

Contract documentation was in place for the safe transfer and disposal of hazardous and non hazardous waste produced by the practice. We saw waste was being stored securely whilst waiting to be collected by the contractor.

We saw that electrical items had been subject to portable appliance testing (PAT) to ensure they were safe to use. Fire fighting equipment was readily available and had been serviced within the last 12 months.

Measures were in place to protect people from preventable healthcare associated infections. Examples included the following:

- personal protective equipment (PPE) such as disposable gloves and aprons was readily available
- dedicated hand washing and drying facilities were provided in key locations
- suitable arrangements were in place for the safe transportation, effective cleaning and sterilisation (decontamination) and safe storage of dental

instruments as set out with Welsh Health Technical Memorandum 01-05 (revision 1)²

Whilst suitable arrangements were in place, the practice owners were considering relocating the existing decontamination room as part of the future development of the practice. This would allow for the entire decontamination process to be completed in one area and should improve upon the current arrangements. Progressing to this higher standard is recommended within the WHTM 01-05 policy and guidance document.

Cleaning and sterilising equipment being used was visibly in good condition and autoclave³ equipment had up to date safety inspection certificates confirming they were safe to use. Daily checks on equipment were being conducted and logbooks had been maintained. The autoclaves had data logging facilities to provide an automated method of recording the sterilisation cycle of each autoclave. However, these results were not being copied to the logbook or other permanent record to demonstrate the cycle had been validated by the user on a daily basis.

Improvement needed

The practice owners must make arrangements to ensure validation of the sterilisation cycle of each autoclave is recorded daily in accordance with guidance set out within WHTM 01-05.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy and furnished to facilitate effective cleaning. However, to further facilitate effective cleaning and reduce cross infection, the practice owners must make arrangements to replace seals between the walls and floor in these areas to prevent water ingress and debris accumulating.

Improvement needed

The practice owners must ensure the seal is replaced between the walls and floor (or make other suitable arrangements) to prevent water, dust

² [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

and debris from accumulating in crevices between the walls and floor of surgeries.

We found that the practice had arrangements in place for patients to receive the right medication and treatment in the event of an emergency. We found that resuscitation equipment and emergency drugs were available together with a system to ensure they were safe to use in a patient emergency (collapse). However, we found that some airway equipment had passed their expiry date. When this was brought to the practice owner's attention, immediate corrective action was taken. We recommended that such items are included as part of the checking system. The practice owner agreed to do this.

Staff had access to a series of flowcharts describing the action to take should a patient emergency be identified. The practice owners may wish to store these in plastic wallets, together with the drugs to be used to facilitate easier access in an emergency.

Staff we spoke to were aware of their particular roles in the event of a patient emergency. We saw training records that indicated the majority of staff had attended such training in the last 12 months; however we found that one member of staff had attended training outside of this period and therefore the training certificate had expired. We recommended that the staff member seek advice from the training provider on any additional action needed in this regard prior to attending update training. The practice owner agreed to take action to address this.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or at risk. Training records we saw indicated that staff had completed training around safeguarding issues. Staff we spoke to confirmed they felt comfortable raising any work related concerns they may have with senior practice staff.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. The training certificates we saw indicated clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

Effective Care

Conversations with the practice owners demonstrated a commitment to continually improve the service provided at the practice. For example, whilst there was a separate decontamination room, they had identified that relocating

the decontamination room would move towards higher standards as recommended within WHTM 01-05.

The practice had also completed an audit of decontamination procedures and had identified objectives with the aim of making improvements based on best practice. Whilst a recognised tool had been used, this was not specifically aligned to policy and guidance on decontamination procedures in Wales. The practice owners had already identified this and the practice owner told us this tool was going to be used when procedures were re-audited.

We did identify some areas for further improvement in relation to effective care. Whilst the image quality of X-rays had generally been graded and recorded, there was no formal audit system in place. This would assist in the identification of recurring quality issues so adjustments can be made to maintain quality. The practice owner was receptive to our suggestion to implement and maintain a suitable audit system for X-rays taken at the practice.

The patient records we saw had not always been maintained in accordance with clinical standards guidance. We considered a sample of 23 patient dental records and found the quality of record keeping varied between the dentists. Whilst some records were very comprehensive, we identified improvement was needed in others. This related to a lack of recording around the justification for taking and clinical reporting on X-rays and a lack of detail around patient consent, treatment options and planning.

Improvement needed

Dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.

The practice owners should consider a whole practice audit of patient records as part of the practice's overall quality assurance process.

Quality of Management and Leadership

We found the leadership at the practice was effective in setting direction and improving standards through fostering a culture of learning and development. We identified some improvement was required around availability of documents required by the regulations for private dentistry and have asked that dentists working at the practice address this.

The practice owners had responsibility for the overall management of the practice supported by an administrator. Conversations with staff confirmed they felt well supported in their roles and were given opportunities to develop in their roles.

Staff told us they were able to access training relevant to their role and to meet continuing professional development (CPD) needs. The sample of training records we saw supported this. We saw that staff at the practice had received an appraisal of their work within the last year with objectives set and arrangements made to review progress against these. Staff told us communication within the practice team was effective and that regular practice meetings were held. We saw the minutes of a recent meeting which showed evidence that operational matters were discussed. Staff told us they found the practice meetings useful.

We confirmed that all relevant staff were registered with the General Dental Council to practice and had indemnity insurance in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect their own and patients' safety in this regard. Dentists working at the practice provided private dental services and HIW registration certificates were prominently displayed, as required by regulations for private dentistry⁴, for the majority of dentists working at the practice. One dentist did not have a certificate available. The practice owners were already aware of this and gave an assurance that action was being taken to address this. Whilst a certificate was not available, we were able to confirm the dentist was registered with HIW to provide private dental services. In addition, we found that the certificate for another dentist required updating to reflect HIW's current contact details. Informing HIW of changes is the responsibility of individual dentists under the regulations. The practice owner agreed to make arrangements to address this.

⁴ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Improvement needed

Dentists working at the practice and registered with HIW to provide private dental services must make arrangements to prominently display their up to date HIW registration certificates at the practice.

Whilst all dentists had Disclosure and Barring Service (DBS) certificates, some of these had not been issued within the previous three years as required by the regulations for private dentistry. We explained that this was the responsibility of individual dentists. The practice owner assured us that arrangements would be made to obtain up to date DBS certificates.

Improvement needed

Dentists intending to provide private dental services at the practice and who do not have a DBS certificate issued within the last three years must make arrangements to forward a copy of their updated DBS certificate to HIW.

5. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1



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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

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
- 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.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Whitehouse Dental Clinic will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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: Whitehouse Dental Clinic

Date of Inspection: 28 September 2015

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	The practice owners must make suitable arrangements to clearly display a price list setting out the cost of private dental services provided at the practice. [GDC Standards for the Dental Team, Standard 2.4.1]	Standard 4.2	A price list detailing private fees for dental treatment is now displayed in both waiting rooms.	R. Griffiths	Completed
7	The practice owners must make suitable arrangements to display details of the practice's concerns	Regulation 15(2)	The practice's private complaints procedure is now displayed next to the NHS complaints procedure in	R. Griffiths	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	(complaints) procedure covering private treatment so that patients do not have to ask for it. [GDC Standards for the Dental Team, Standard 5.1.5]		the reception area		
Delivery of Safe and Effective Care					
9	The practice owners must make arrangements to ensure validation of the sterilisation cycle of each autoclave is recorded daily in accordance with guidance set out within WHTM 01-05. [WHTM 01-05, Chapter 4]	Standard 2.4	A dedicated laptop has been purchased and the appropriate software installed to record sterilisation logs on a daily basis. These are checked and monitored every morning.	R. Griffiths & nursing staff	Completed
9	The practice owners must ensure the seal is replaced between the walls and floor (or make other suitable arrangements) to prevent water, dust and debris from accumulating in crevices between the walls and floor of surgeries. [WHTM 01-05, Chapter 6]	Regulation 14(6) Standard 2.4	Silicone sealant has been placed at the junction between the walls and floor in the surgeries.	R. Griffiths	Completed
11	Dentists working at the practice must make suitable arrangements to	Standard 3.5	I have received advice from my indemnity organisation as to where	R. Griffiths	On-going audit over the

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.</p> <p>[GDC Standards for the Dental Team, Standard 4.1]</p>		to find appropriate information on record keeping standards and they have given me an audit protocol to follow to complete an audit of record keeping.		<p>next 6/12.</p> <p>Information already disseminated to clinicians.</p>
Quality of Management and Leadership					
13	Dentists working at the practice and registered with HIW to provide private dental services must make arrangements to prominently display their up to date HIW registration certificates at the practice.	Regulation 4	All certificates are now displayed prominently.	R. Griffiths	Completed.
13	Dentists intending to provide private dental services at the practice and who do not have a DBS certificate issued within the last three years must make arrangements to forward a copy of their updated DBS certificate to HIW.	Regulation 13(3)(c) Schedule 2 Para. 2	Enhanced DBS certificates are being requested [VIA UMBRELLA ORGANISATION] for all dentists who do not have an up-to-date certificate. Once these are received they will be forwarded to HIW.	R. Griffiths	Pending receipt of certificates, ASAP. I have been advised this can take up to 10 weeks.

Practice Representative:

Name (print): Rhys Griffiths.....

Title: Principal Dentist.....

Date: 17th November 2015.....