

**General Dental Practice
Inspection (Announced)**
Cardiff and Vale University
Health Board, Wyndham
House Dental Practice

25 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Wyndham House Dental Practice at Boverton Road, Llantwit Major, CF61 1XZ within the area served by Cardiff and Vale University Health Board on 25 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

Wyndham House Dental Practice provides services to patients in the town of Llantwit Major. The practice forms part of dental services provided within the wider geographical area known as Cardiff and Vale University Health Board. The practice employs a staff team which includes four dentists, one orthodontist, one trainee dentist and two hygienists. The dental team also included five dental nurses (one of whom worked as the part-time practice manager and two others as trainee dental nurses) plus two receptionists.

A full range of NHS dental services and private dentistry are provided which includes the following:

- Oral assessment and treatment
- Dental hygiene
- Dental implants
- Orthodontics
- Cosmetic and complex dentistry
- Tooth removal, root fillings, bridges and dentures

Wyndham House 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.

The principal dentist is also a qualified Dental Foundation trainer. As a result, the practice offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

4. Summary

HIW explored how Wyndham House Dental Practice met the standards of care set out in the *Doing Well Doing Better: Standards for Health Services in Wales*.

Patients, who returned completed HIW questionnaires, indicated they were very satisfied with the service provided by the practice team. Detailed information about Wyndham House was provided within the practice website as well as the patient leaflet which was readily available at the reception area.

We found staff adopted a professional and helpful approach when speaking to patients via the telephone and on a face to face basis.

We found the clinical facilities at the practice were of a good standard. Suitable arrangements were in place overall for the safe use of X-rays and to reduce the risk of cross infection.

We saw that the sample of patient records contained consistent and detailed information which was clear, relevant and easy to follow. This demonstrated that care and treatment had been planned to ensure a good standard of care with an emphasis on patients' safety.

Two areas for improvement were identified. These related to the content of the practice radiation protection file and some elements of the decontamination process.

The dental practice was established and well run by the principal dentist who was supported by a practice manager and an enthusiastic and motivated team. The practice had appropriate management systems and processes in place to ensure patients' safety.

The practice premises provided a safe environment for patients to receive treatment. All areas within the building were clean, welcoming, fresh and tidy.

5. Findings

Patient Experience

Patients, who returned completed HIW questionnaires, indicated they were very satisfied with the service provided by the practice team. Detailed information about Wyndham House was provided within the practice website as well as the patient leaflet which was readily available at the reception area.

We found staff adopted a professional and helpful approach when speaking to patients via the telephone and on a face to face basis.

During the two weeks prior to our inspection, patients who attended the practice were invited to complete HIW questionnaires. As a result, we received 19 completed questionnaires. All patients who provided comments indicated they were very satisfied with the service they had received from the practice, were made to feel welcome by the staff team and had been given enough information about their treatment.

Comments included:

'Excellent service'

'All practice staff are always very accommodating when it comes to arranging appointments and [name of dentist] is wonderful especially with my 3yr old!'

'They are all very pleasant and helpful'

'All the staff are very nice'

Patients also revealed they had not experienced any significant delay in being seen on the day of their appointment. Staff described that a process was in place for informing patients should their dentist or hygienist be running late or unexpectedly absent.

We found that patients had opportunities to provide feedback on the service they had received. For example, we saw the results of a survey undertaken by the practice during October 2014 to obtain patients' views on services provided. Of the 23 survey forms completed at that time, 21 patients rated the service as 'good' or 'excellent'; the two remaining patients citing minor queries about access and dental treatment costs. Conversation with the practice manager demonstrated that the practice had taken positive action in relation to those matters as far as possible. We were also told that the practice team made every

effort to determine whether patients were satisfied with their care and treatment prior to leaving the practice, on a day to day basis.

When asked about making complaints, most patients indicated they either knew how to raise any complaints they may have, or did not have a reason to complain. However six patients who completed a questionnaire indicated that they did not know how to make a complaint about the dental services they received. We saw that a complaints procedure/poster was displayed in relation to NHS patients at the practice reception. However, 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. The wording on the poster was also noted to be small which meant that some patients may find it difficult to read.

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.

The practice had a very detailed website, the content of which was regularly updated. This meant patients had access to relevant information to help them to make decisions about their dental care and treatment.

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; (when they experienced pain) there was a system in place to try to ensure they were seen quickly.

Further comments provided by patients on the service they have received at this practice included:

'I think all the staff are amazing'

'I have always been pleased with the service provided by this practice'

'I found this practice on the internet and was impressed at the reviews. I have had exceptional treatment from all the staff'

Delivery of Standards for Health Services in Wales

We found the clinical facilities at the practice were of a good standard. Suitable arrangements were in place overall for the safe use of X-rays and to reduce the risk of cross infection.

We saw that the sample of patient records contained consistent and detailed information which was clear, relevant and easy to follow. This demonstrated that care and treatment had been planned to ensure a good standard of care with an emphasis on patients' safety.

Two areas for improvement were identified. These related to the content of the practice radiation protection file and some elements of the decontamination process.

Overall, we found that arrangements were in place for the safe use of X-ray equipment. However, the radiation protection file did not contain the most recent information in terms of IR(ME)R² training completed by the dental team. Conversation with the principal dentist revealed that information about such training (held on the practice computer system), had not been transferred in hard copy to the file. We also found that details of the radiation protection adviser were not explicitly defined within the file. In addition, the radiation protection policy needed updating.

Improvement Needed

The practice is required to ensure that the radiation protection file contains all information in accordance with IR(ME)R 2000 regulations.

We were able to confirm that X-ray equipment at the dental surgery had been subject to regular maintenance and local rules for the use of X-ray equipment were seen within the radiation protection file. The image quality of X-rays had been subject to regular audit as part of the on-going quality assurance process.

The practice had procedures in place to deal with a range of patient emergencies. Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. These were stored securely.

² Ionising Radiation (Medical Exposure) Regulations 2000 otherwise referred to as (IR(ME)R 2000).

The practice responded positively to our comments to improve the system in place for checking emergency drugs on a weekly basis, in accordance with current UK Resuscitation guidelines. This is because the checklist in place at the time of our inspection did not specify the drugs within the emergency kit or their expiry dates. This meant that there was potential for some elements of the drug checking process to be missed.

We saw certificates in staff files that indicated they had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We were also able to confirm that the practice always had a member of staff working at the practice trained in the use of first aid.

Contract documentation was in place for the disposal of hazardous waste. Such waste produced by the practice was securely stored in a locked facility whilst waiting to be collected. We also saw that the practice had a current policy that supported the handling and Control of Substances Hazardous to Health (COSHH).

We considered the process for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05 (WHTM 01-05)³.

The practice had a separate decontamination room as recommended within WHTM 01-05. However, due to limited space within the practice, the room was also used to make hot drinks in close proximity to the designated 'dirty' area and the worktop wall divider was worn and did not separate the areas completely. This meant that staff crockery and cutlery could potentially become contaminated.

We found that staff did not make full use of personal protective equipment. Specifically, they were not using eye protection to minimise the risk of injury and did not have access to disposable aprons to protect their uniforms during the cleaning process to reduce the risk of cross contamination.

Observation of the overall presentation of the decontamination room highlighted that the flooring was not sealed along the base cabinets situated in the 'dirty' instruments area. There was also a small exposed hole in the floor. These

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

matters created difficulties in dealing with any spillages and when cleaning the floor.

We saw there was no seal between the wall tiles and work surface on the 'dirty instruments' side of the room. The absence of such a seal meant that there was potential for cleaning fluids to drip through to base cupboards; contaminating the contents.

There were two sinks in the decontamination room, one of which (we were told) was designated for hand washing. The practice was however advised to place a sign above the sink to make its purpose clear.

All of the above matters were discussed with the principal dentist who expressed a willingness to take remedial action in collaboration with the landlord responsible for the premises.

Improvement Needed

The practice is advised of the need to demonstrate how it will ensure that improvements are made to the decontamination room and process, in accordance with WHTM 01-05 and NHS standards.

Conversations with staff revealed that they were well aware of the required procedure for cleaning instruments. This was supported by records which confirmed that daily equipment checks had been conducted. The equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. We also saw that instruments were appropriately packaged following sterilisation.

We were provided with a copy of an infection control audit which had been completed during February 2013 using a recognised tool specifically aligned to the WHTM 01-05 guidance. This allowed the dental team to self assess their practice against the guidance and to develop an improvement plan as part of the continuous improvement process required. Conversation with the dental team also revealed an emphasis on promoting a safe, good quality service through daily and weekly checks with regard to the use of dental equipment.

We looked at the clinical facilities in three of the four dental surgeries at the practice. We found these were of a good standard and contained relevant equipment to ensure the safety of patients and staff.

The practice used an electronic patient records system; archived paper records being held in a second location a short distance away from the main dental practice. The second premises had been recently leased due to the limited administrative space available. Whilst the vast majority of patient records within

that building were held in a secure way, we did see a small number of records and dental items in boxes on the floor. This was discussed with the dental team who agreed to take prompt action.

We saw that patient records contained consistent and detailed information which was clear, relevant and easy to follow. This demonstrated that care had been planned to ensure a good standard of care with an emphasis on patients' safety.

We found that the dental team made good use of computer templates to record planned patient care and treatment although there was not an over reliance on 'auto notes' (otherwise known as electronic prompts for dentists to complete information). This meant that patients' records were individualised; in-keeping with good practice. We also saw that dentists had recorded the reason for taking X-rays and generally provided evidence of treatment plans, options and discussions held with patients. Additionally, patient records contained sufficient information about new and updated medical histories which is an important factor in determining on-going dental treatment.

Discussion with the principal dentist resulted in offering advice as to how patients' (informed) consent might best be obtained through the use of basic information leaflets which could be generated via the practice computer software.

All patient records seen contained evidence of a defined dental recall interval as recommended by National Institute for Healthcare and Excellence guidelines. We also saw that the practice had been proactive in referring any issues of concern (regarding patients) to other health and social care professionals.

Management and Leadership

The dental practice was established and well run by the principal dentist who was supported by a practice manager and an enthusiastic and motivated team. The practice had appropriate management systems and processes in place to ensure patients' safety.

Wyndham House is an established independent dental practice which was purchased by the current principal dentist in 2001.

The principal dentist is a qualified Dental Foundation trainer. As a result, the practice offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

The principal dentist took overall responsibility for the day to day management of the practice with assistance from the practice manager (who also worked at the practice as a dental nurse on a part-time basis). Staff who spoke with us said that they felt very well supported in their work and were able to obtain advice about aspects of their work as and when required.

Conversations with dentists and other members of the dental team demonstrated that they were actively involved in the day-to-day running of the practice. There was a range of management systems and processes in place to ensure that treatment was delivered safely to patients. For example, we saw evidence of a recently completed self assessment audit in relation to quality assurance as well as two others relating to the quality of patient records and the prescribing of antibiotics to patients. This meant that patients could be confident that they were safe because the business was well run with due care and attention to health care standards and regulations.

Discussion with the practice manager revealed that staff turnover and sickness/absence levels were low. In addition, the practice had not needed to use agency nurses to date. This meant that patients received care and treatment from a dental team who were familiar to them.

We found there was an appropriate orientation and induction programme available to ensure the effective induction of new staff. This meant that patients were treated by staff who were properly supported and trained.

Staff we spoke to stated they were happy in their roles at the dental practice, and told us the entire team worked well together. Staff also confirmed that they understood their roles and responsibilities.

We were told staff meetings were held every six weeks and were provided with notes that had been recorded in recent meetings. The notes demonstrated that a range of relevant topics had been discussed which included the management of clinical waste generated by the practice and the use of personal protective equipment. Conversation with staff also confirmed that any issues of concern about the delivery of care and treatment to patients were discussed informally on a weekly basis and improvements made to service delivery accordingly.

We looked at two continuing professional development files and found that each member of staff concerned had been provided with a range of relevant training opportunities. Discussions with staff also revealed that training was encouraged at the practice. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

We saw that staff were provided with recent adult and child protection training. Conversation with the dental team also revealed that they had made appropriate contact with the local safeguarding team on one occasion in the past twelve months.

We saw evidence of Hepatitis B vaccinations and immunity records within staff files. This meant that the practice had taken appropriate steps to protect staff and patients. We were also told that the dental team were able to obtain support and advice from the occupational health department at Cardiff and Vale University Health Board as and when required.

The dental practice recorded any incidents and injuries to staff and patients in an accident book, the format and content of which was consistent with the Data Protection Act 1998. Records indicated no injuries had been sustained during the past twelve months.

We saw a variety of maintenance certificates at the practice. We were therefore able to confirm that suitable arrangements were in place to ensure that all equipment was inspected according to regulatory requirements, so that patients could be treated safely.

HIW certificates were displayed in the reception area of the dental practice in respect of the private dentistry provided. The information was correct in each case.

Quality of Environment

The practice premises provided a safe environment for patients to receive treatment. All areas within the building were clean, welcoming, fresh and tidy.

Wyndham House Dental Practice is situated at Boverton Road, Llantwit Major and operates from two sites. Specifically, dental care and treatment is provided at one premises whilst administrative elements of the service take place at a second location situated approximately 50 yards from the dental practice. Patients do not access the administrative office.

There were two car parking spaces immediately outside the dental practice. Patients were also able to park in a large free car parking area close to the practice, or in the surrounding streets.

The ground floor of the dental practice contained the reception area and one dental surgery which enabled patients who use wheelchairs to access dental care and treatment in a safe manner. The remaining dental surgeries were situated on the first floor of the building; hand rails being provided to assist patients to use the flight of stairs.

We saw that there was one small waiting area on the ground floor and two others on the first floor, the combination of which provided patients with sufficient space to wait, in relation to the number of dental surgeries.

Patients and staff were provided with a toilet which was clearly signposted and on the first floor. Conversations with staff revealed that patients who use wheelchairs were provided with information about the location of public toilet facilities which were close to the premises.

We saw that the practice had valid documentation with regard to public liability insurance.

All areas within the building were clean, welcoming, fresh and tidy. We also found that the practice was adequately heated, ventilated and had suitable lighting.

The name and qualifications of the dentists were clearly displayed on the front of the building together with the telephone number for the practice.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Patient Experience and The Delivery of Standards for Health Services in Wales. 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 Wyndham House 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: Wyndham House Dental Practice

Date of Inspection: 25 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 9	The practice is required to ensure that the			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	radiation protection file contains all information in accordance with IR(ME)R 2000 regulations.			
Page 11	The practice is advised of the need to demonstrate how it will ensure that improvements are made to the decontamination room and process, in accordance with WHTM 01-05 and NHS standards.			
Management and Leadership				
	There were no areas identified for improvement in relation to this theme.			
Quality of Environment				
	There were no areas identified for improvement in relation to this theme.			

Practice Representative:

Name (print):

Title:

Date: