

**General Dental Practice
Inspection [Announced]
Hywel Dda University Health
Board, Murray Street Dental
Practice**

18 November 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Murray Street Dental Practice at 16 Murray St, Llanelli, SA15 3BS within the area served by Hywel Dda University Health Board on 18 November 2014.

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 Healthcare Inspectorate Wales (HIW)
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient medical records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website

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

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 will be 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

Murray Street Dental Practice provides services predominantly to patients in the Llanelli area of Carmarthenshire. 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 four dentists, three part time hygienists, six nurses, one receptionist and a practice manager.

A range of services are provided. These include:

- Private and child / Private and NHS general dental care
- Implants
- Botox
- Teeth whitening

4. Summary

HIW explored how Murray 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 satisfied with the standard of care they received at the practice and received sufficient information about their treatment. Feedback from both HIW patient questionnaires and the practice's questionnaires were positive on all 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 effectively and efficiently run, with robust systems in place to ensure patient safety.

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

5. Findings

Patient Experience

Overall, patients told us that they were satisfied with the standard of care they received at the practice and received sufficient information about their treatment. Feedback from both HIW patient questionnaires and the practice's questionnaires were positive on all areas of care.

Prior to the inspection, we asked the practice to distribute HIW questionnaires to patients to obtain their 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 (six people).

Seventeen questionnaires were returned. The patients who completed the questionnaires and those spoken with had been using the service for between two years and 60 years. All (23 people) indicated that the practice team always made them feel welcome with comments such as;

'Practice team always make me feel very welcome'

'I am made comfortable and put at ease'

'An overall, friendly, professional team'

Everyone felt that they were given enough information about their treatment. Examination of a sample of patient records and conversations with four of the dentists disclosed consistent ways of working. All dentists confirmed that treatment options were discussed with patients following consultations. The patient records we looked at showed in most cases, all notes were updated after each visit. The notes detailed the treatment given, as well as future plans. The practice manager told us that people receive a treatment plan to take away and read. We saw that NHS patients signed the treatment plan but the private patients did not. This signature is evidence of consent to treatment and so all patients should sign the forms.

Recommendation

The recording of consent to treatment and the agreed care and treatment plans is mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010 and therefore must be maintained.

Most responses to the question about how to access the out of hours service, showed that patients would know how to access care when the practice was

closed. Although, eight patients said they were not sure but would ring the surgery for advice. We saw that there was a sign with the emergency contact number on the front door. The practice manager stated that the on-call dentist could also be contacted via NHS Direct or via the telephone number left on the practice's answer phone.

There was a flexible appointment system in place and people could book appointments both in advance and on an emergency basis. This meant patients could be confident that there was a system in place to try and ensure they were seen quickly when required. Nineteen patients said they were satisfied with this system and had not experienced any delay in their appointment time. Four patients said there had been delays, but added delays were "slight", "very slightly sometimes – no problem though" and "sometimes, but not too long".

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

There was a complaints process visible on the downstairs reception room wall but it was not very visible to patients. We discussed this with the practice manager and found the process was not fully consistent with the 'Putting Things Right'² guidance. The practice manager confirmed that this would be addressed as soon as possible. We also noted that although the NHS address was available on the process, for patients to refer their concerns; HIW's address was not, this needs to be amended, When we asked patients if they would know how to make a complaint or raise a concern less than half said they would know. However, there was a patient information leaflet giving relevant information regarding the practice which included how to raise a concern (complaint). No one raised a concern whilst we were inspecting.

Recommendation

The concerns / complaint process needs to be fully compliant with the 'Putting things Right' standards.

The complaints process document, visible in the patients waiting room, should include HIW's address for private patients to have recourse should they require.

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.

When questioned regarding their views on the overall service they received, patients told us they were satisfied, “completely satisfied”, “yes, I travel from Cardiff to see the dentist”, “indeed excellent” and “100 per cent”.

There were stairs to all surgeries but we were shown a portable ramp to assist patients with mobility problems to access the surgery on the ground floor which only had three steps. We spoke to one patient with mobility problems and it was confirmed that every help was given in a respectful manner to assist with the use of the stairs.

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. We looked at a sample of 16 dental records (four patient records for each dentist working at the practice). The records showed patients' needs were assessed, and care and treatment was planned and recorded robustly. There were some inconsistencies with reduced information on treatment plans for NHS patients. There were updates to medical conditions within all patient records although not all dentists asked about alcohol and tobacco use. All patients had been seen again within the National Institute for Health and Care Excellence (NICE)³ guidelines.

Where patients had received radiographs (x-rays) there was evidence of clinical evaluation of the x-ray to ensure that the quality of the image was adequate. There were also monthly audits undertaken of the evaluations. This ensures safe and effective practice.

Drug storage and emergency equipment

We found that emergency drugs at the practice were securely stored. We also found there were arrangements in place to ensure drugs were within expiry dates; however this system needs to include checking the pressure of the portable oxygen.

Recommendation

There needs to be a date recorded for the checks undertaken of the portable oxygen.

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.

There was a dedicated first aider and the first aid kit was stored with the emergency drugs. 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.

Decontamination

We looked at procedures in place concerning decontamination of instruments and found that although there were appropriate measures in place, there was no dedicated decontamination room. The practice manager told us this had been discussed and there were plans already in place to include this. The current process was acceptable and we saw evidence of record keeping; clear demarcation zones; a validation record for each wash cycle; the plan to use washer-disinfector to clean and disinfect hand pieces and the use of dedicated cleaning equipment in each surgery. The practice had recently purchased new autoclaves. We spoke with the practice manager and the senior dentist who told us that the ultrasonic cleaner was used whilst patients were in the surgery. We referred to the Welsh Health Technical Memorandum (WHTM 01-05) guidelines which do not approve this practice. This is to stop any cross contamination between patients.

Recommendation

The ultrasonic cleaner must not be used whilst patients are in the surgery.

The practice manager confirmed that there were routine infection control audits (checks) undertaken, however these were not in accordance with the WHTM 01-05 requirements. These checks need to be undertaken at least every six months.

Recommendation

The infection control audits need to be undertaken in line with the WHTM 01-05 guidance.

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 provides predominantly private dental care and treatment, with some children and exempt NHS patients. At the time of our inspection, an experienced practice manager was responsible for the day-to-day running of the practice.

The practice is one of the last existing independent practices in the Llanelli area. We found that the practice was well run with the service underpinned by relevant written policies and procedures to ensure that 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. However, some policies did not have review dates to ensure that the information was current.

Recommendation

Policies and procedures must be in line with Welsh Legislation and Best Practice and be dated to ensure the information is current.

The practice had a system of auditing to ensure the quality of the services being offered were of an acceptable standard. They had commenced but not completed the 'Welsh Health Technical Memorandum 01-05' audit. We were assured by a dentist and the practice manager that this would be completed within three months and the improvement plan forwarded to HIW.

Recommendation

The WHTM 01-05 audit needs to be completed by 28 February 2015 and the improvement plan forwarded to HIW.

The practice had a system to regularly assess patients' views and act upon them. This ensures that the practice is offering a service which meets the needs of its population and improves the service in line with patients' views.

The practice manager told us and staff confirmed that there were staff meetings every six to eight weeks. These meetings were recorded and copies given to all members of staff to read. 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.

We saw that there was a well established staff team with some having worked at the practice for many years. There had been no changes in the dental team for some years. This meant that patients received care from familiar staff.

Staff told us they felt well supported in their roles by the practice manager and would be comfortable raising any work related concerns they may have. There was evidence of cohesive and effective team working with all staff having a clear understanding of what was expected in their role.

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

We saw evidence of individual staff Continuing Professional Development (CPD) which ensures that their knowledge and expertise is regularly updated. There were no annual staff appraisals, which is a requirement of the 'Doing Well, Doing Better' standards.

Recommendation

Staff must receive annual appraisals to evidence monitoring of the quality and safety of the care they provide.

At the time of our inspection, not all staff had current Disclosure and Barring Service certificates required by the regulations for private dentistry⁴.

Recommendation

All dentists doing any private work must have an enhanced criminal record certificate dated within the last three years.

There was a formal agreement with the local health board for any occupational health issues the staff may have such as vaccines, or in the event of a needle stick injury. This ensures that staff have appropriate checks to prevent possible cross infection with patients.

We spoke to the practice manager regarding supporting new staff and we were told that the practice did not currently have formal induction or orientation programmes because there had been no new staff for some time.

⁴ 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.

Recommendation

The practice needs to produce formal induction and orientation programmes in place in preparation for new staff.

Staff told us there was an identified person for first aid, decontamination and health and safety. We saw that the health and safety notice was on the back of a door leading to the basement office. We asked the practice manager if this could be moved to a more communal area and this was agreed. This makes the notice visible to both staff and people visiting the premises.

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

Quality of Environment

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

Murray Street Dental Practice is an established practice situated in Llanelli town centre. There is no dedicated car parking, and parking spaces along the side roads near to where the practice is situated, is at a premium. However, there is a multi storey car parking facility within short walking distance.

Patients with mobility difficulties are able to access the practice building. This is because there is a slight gradient in to the building rather than a step. There is also a grab rail to the outside of the building to assist with walking up the gradient.

The practice has a reception and waiting area on the ground floor and four surgeries arranged over two floors. Observations made during the inspection confirmed the size of the waiting area was appropriate for the number of surgeries.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. There had been a recent redecoration programme. There was a public toilet facility, but this was not easily accessible for wheelchair users. Fire extinguishers were placed in strategic places and had been serviced regularly.

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

The arrangements for the safe storage and security of paper and electronic records were unclear. Paper documents were seen to be stored appropriately however the 'off site' storage for electronic files to be stored was less clear. The practice manager told us that the senior dentist had the responsibility to ensure this was undertaken but could not explain the process to us.

Recommendation

The off site storage for back up of electronic information needs to be in line with the Data Protection Act 1998 and the Doing Well Doing Better 2010 standards.

Security precautions were in place to prevent unauthorised access to areas of the building not used by patients.

The names and qualifications of the dentists working at the practice were displayed in the hallway and on the window of the practice. We did not see a list of all staff working at the practice with their registration numbers and designation. This should be available and visible at the premises for patients who do not have access to the website.

Recommendation

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.

We saw that the testing of portable appliances (PAT) had not been undertaken since 2012 but the senior dentist and practice manager agreed that this would be undertaken as soon as possible. This is mandatory under the 'Doing Well, Doing Better' document however there are no timescales for guidance on frequency.

Recommendation

The practice should undertake PAT testing on a regular basis.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of patient experience; Standards for Health Services in Wales; management and leadership; and environment. 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 Murray 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: Murray Street Dental Practice

Date of Inspection: 18 November 2014

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Patient Experience				
Pg 6	The recording of consent to treatment and the agreed care and treatment plans is mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010 and therefore must be maintained.	Action has been taken to ensure all patients – NHS or Private agree and sign their treatment plans.	Sue Thomas	Been carried out
Pg 8	The concerns / complaint process needs to be fully compliant with the ‘Putting things Right’ standards.	The concerns/complaints procedure is now fully compliant.	Sue Thomas	Been carried out
Pg 8	The complaints process document, visible in the patients waiting room, should include HIW’s address for private patients to have	The complaints process poster has now been adjusted with HIW’s contact details. It has also been enlarged and placed in a more visible area.	Sue Thomas	Been carried out

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	recourse should they require.			
Delivery of Standards for Health Services in Wales				
Pg 9	There needs to be a date recorded for the checks undertaken of the portable oxygen.	A checklist has been set up to be signed and dated when Oxygen cylinder is checked.	Ruth Morgans	Carried out
Pg 10	The ultrasonic cleaner must not be used whilst patients are in the surgery.	All surgery staff have been told not to use the ultrasonic cleaner when a patient is in the room	Sue Thomas	Carried out
Pg 10	The infection control audits need to be undertaken in line with the WHTM 01-05 guidance.	Audits will now be undertaken in line with WHTM 01-05 guidance.	Ruth Morgans	ASAP
Management and Leadership				
Pg 14	Policies and procedures must be in line with Welsh Legislation and Best Practice and be dated to ensure the information is current.	All policies are being reviewed, signed and dated	Sue Thomas	January
Pg 14	The WHTM 01-05 audit needs to be completed by 28 February 2015 and the improvement plan forwarded to HIW.	This audit is in the process of being carried out and will be completed by 28 th February 2015	Ruth Morgans	February
Pg 15	Staff must receive annual appraisals to evidence monitoring of the quality and safety of the care they provide.	Annual appraisals etc. are now being set up.	Sue Thomas	January

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Pg 15	All dentists doing any private work must have an enhanced criminal record certificate dated within the last three years.	DRB checks are now been set up for all dentists	Nicola Evans	January
Pg 16	The practice needs to produce formal induction and orientation programmes in place in preparation for new staff.	Induction and orientation programmes are now being set in place for new staff.	Sue Thomas	January
Quality of Environment				
Pg 17	The off site storage for back up of electronic information needs to be in line with the Data Protection Act 1998 and the Doing Well Doing Better 2010 standards.	Off site storage for back up is in line with the Data Protection Act.	Edward Jones	Carried out
Pg 18	The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable.	A list of staff with their GDC No's has now been displayed.	Sue Thomas	Carried out
Pg 18	The practice should undertake PAT testing on a regular basis.	Pat testing has now been carried out	Sue Thomas	Carried out

Practice Representative:

Name (print): Susan C Thomas.....

Title: Practice Manager.....

Signature: Sue Thomas

Date: 15/12/2014