

**General Dental Practice
Inspection (Announced)**

Cwm Taf University Health
Board,

**Jamie Pugh Dental Health
Ltd.**

18 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at Jamie Pugh Dental Health Ltd., 15-16 Cardiff Street, Aberdare, CF44 7DP within the area served by Cwm Taf University Health Board on 18 February 2015.

During the inspection we considered and reviewed the following areas:

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

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*¹.

The practice offers treatment to a combination of NHS and private patients. The two dentists working at the practice are also registered with HIW to provide private dentistry and are therefore subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

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

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

- 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
- 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

Jamie Pugh Dental Health Ltd. provides services to patients in the town of Aberdare. The practice forms part of dental services provided within the wider geographical area known as Cwm Taf University Health Board. At the time of our inspection the practice employed a staff team of ten people. This included the principal dentist, an associate dentist, four dental nurses (two of whom sometimes worked as the receptionist) and one dedicated receptionist. The team also included one hygienist, one therapist/hygienist and a practice manager.

A range of dental services were provided.

4. Summary

HIW explored how Jamie Pugh Dental Health Ltd. met the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us that they were very satisfied with the service they received at the practice and were provided with sufficient information about their care and treatment.

Overall, patients were cared for by staff who were supported to deliver care and treatment to an appropriate standard. Improvements were however needed in relation to the content of patients' records.

During the course of our inspection, we also found that the practice was using a Class 4 laser product which was not registered for use with HIW as required by The Independent Healthcare (Wales) Regulations 2011. This matter resulted in HIW sending an immediate assurance letter to the practice.

The practice was run with a dedicated and motivated staff team. The principal dentist was also responsible for the day to day management of the practice with the assistance of his wife in the role of part-time practice manager. Staff told us they had access to relevant training opportunities.

Overall, the practice premises provided a safe and clean environment for patients to receive treatment.

5. Findings

Patient Experience

Patients told us that they were very satisfied with the service they received at the practice and were provided with sufficient information about their care and treatment.

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 (two people).

Twenty HIW questionnaires were returned. Patients who completed the questionnaires and those we spoke with had been using the service between three weeks and 16 years. All (22 people) indicated that the practice team always made them feel welcome. They also provided us with comments such as:

'Best dentist/dental practice I have been to. Very professional with smiles all round'

'Very welcome. Always offered a cup of tea no matter what'

'We are always looked after very well at the surgery, made to feel welcome and given detailed and comprehensive advice on preventative measures and aftercare'

Only two of the 20 patients who completed a questionnaire stated they did not know how to access care when the practice was closed and both patients who spoke with us during the inspection were able to describe how to arrange dental services out of hours if required. In addition, HIW had telephoned the practice, outside of normal working hours, and found that the answer phone message included the emergency number. The contact number was also displayed in the window of the practice premises to assist patients and members of the public.

The practice opened at 8am on one morning and remained open until 8pm one evening every week, to help patients to make routine appointments at a time which was convenient to them. Conversation with the practice manager also revealed that every effort was made to provide patients with an emergency appointment on the day they made contact with the practice.

All patients stated that they were satisfied with this system and had not experienced any delay in being seen by the dentist on the day of their appointment.

Two posters were displayed behind the reception desk in an attempt to offer NHS and private patients with information about how they could raise any concerns about their dental care or treatment. However, the print was very small in both cases which meant that some patients may not be able to read the information provided. In addition, the NHS poster did not advise patients of their right to seek support from the local Community Health Council (CHC) with any concerns they may have.

Improvement Needed

The NHS complaints process should be made more visible to patients and include details of the local CHC.

The private patients' complaints poster did not contain reference to HIW as required by the regulations.

Improvement Needed

The practice is advised of the need to provide private patients with visible details of their right to bring concerns to the attention of HIW as required by The Private Dentistry (Wales) Regulations 2008.

We did not see a copy of the practice patient information leaflet. We were though, provided with a copy of the practice's Patient Newsletter which contained a number of articles regarding dental health promotion.

When questioned regarding their views on the overall service they had received at the practice, patients stated they were very satisfied. A sample of the additional written comments provided by patients, are shown below:

'Excellent service. Staff very friendly. First class dentist'

'I am extremely happy with the service provided by (name of dentist) and his team-particularly the education aspects provided for the children'

'The staff at the practice are very professional and courteous in every way'

And

'The practice is professionally run and always looks well organised, clean and welcoming'

The practice manager told us that the practice did not currently have a formal process in place to regularly assess patients' views and act upon them. However, we were also informed that consideration was being given to

completing a patient survey in the future and the staff team always tried to determine patients' views on the services provided at each visit.

Delivery of Standards for Health Services in Wales

Overall, patients were cared for by staff who were supported to deliver care and treatment to an appropriate standard. Improvements were however needed in relation to the content of patients' records.

During the course of our inspection, we also found that the practice was using a Class 4 laser product which was not registered for use with HIW as required by The Independent Healthcare (Wales) Regulations 2011. This matter resulted in HIW sending an immediate assurance letter to the practice.

We considered the arrangements in place at the practice for the safe use of X-ray equipment. The majority of mandatory documentation was in place; however we were unable to find evidence of the display of 'local rules' which should clearly identify the controlled area within each dental surgery when X-ray equipment is used (for the safety of both staff and patients). Neither were we able to find working instructions regarding equipment malfunction or contingency plans for X-ray processing and storage, as required.

Improvement Needed

The practice must ensure that local rules are clearly displayed within each dental surgery. In addition, the practice radiation protection file must contain all information as required by NHS standards.

We found there was no radiation warning sign displayed at the entrance of the dental surgeries to alert patients or members of the public to the use of X-ray equipment. This was brought to the attention of the practice during our visit. HIW was provided with confirmation that signs had been ordered following the inspection. However it remains the case that patients and members of the public were not provided with the required alert at the time of writing this report.

Improvement Needed

The practice is advised of the need to display appropriate warning signs in the areas of the practice where X-ray equipment is used.

We did see records concerning X-ray maintenance and staff training were available and up-to-date.

Discussion with the dental team revealed that they did not have evidence of a notification letter to the Health and Safety Executive (HSE) regarding radiological protection, as is required. HIW was subsequently provided with information which confirmed the practice had contacted the HSE during the week after the inspection to address this matter.

We saw that written records were kept in terms of the number and quality grading of X-rays taken for each patient. However we could not find evidence of any quality assurance audits which may have led to the identification of improvements needed to this element of patient care.

Improvement Needed

The practice is advised of the need to establish a system for formal audit activity/clinical evaluation of (X-ray) image quality as required by the IR(ME)R 2000 Regulations and NHS standards.

Staff had access to resuscitation equipment and drugs in the event of a patient emergency (collapse). We saw that regular audits took place to identify and check expiry dates of drugs so replacements could be ordered when needed.

The records we saw showed staff had received recent training on how to deal with medical emergencies including how to administer cardiopulmonary resuscitation (CPR). In addition, two members of the dental team shared the role of appointed first aider; having completed relevant, recent training on this topic.

Contract documentation was in place for the disposal of hazardous waste. We also saw that a small amount of hazardous waste was stored securely in the cellar and were told that bags and sharps containers were securely stored and locked in an alternative area at the premises in preparation for collection. However, discussion with the dental team highlighted that the practice did not have access to containers for the specific disposal of a specific hazardous substance (amalgam)². The practice expressed a willingness to address this matter promptly.

Improvement Needed

The practice must ensure that hazardous waste is segregated in appropriate containers for disposal, in accordance with current guidelines.

We considered the arrangements for cleaning and decontamination of instruments used at the practice. A dental nurse told us it was their responsibility to ensure equipment was cleaned after use. The nurse also described the process they used in detail which was considered to be

² Article 4 of the Waste Directive (75/442/EEC) requires that waste must be disposed of without endangering human health or the environment. This includes amalgam waste from dental practices.

satisfactory. This was despite the challenges of having to undertake initial manual cleaning of instruments within the dental surgery and the need to ensure the risk of cross contamination was minimised when transferring instruments to the utility area to be sterilised.

The autoclave³ was located in a utility area adjacent to the dental surgery (separated by a glass partition and narrow corridor). We saw that the practice had just introduced a new system for recording the full operating parameters of the autoclave in accordance with mandatory requirements.

We saw some equipment which was ready for patient use had been sealed in plastic packaging after they had been sterilised as required. The packs were marked with a 'use by date' and kept in drawers in the dental surgery.

We found that two laser units were present at the practice, one of which was not in use. Neither of the units had been registered with HIW as required by The Independent Healthcare (Wales) Regulations 2011. In addition, the practice was unable to provide us with details of a current appointed Laser Protection Advisor and there were no 'local rules' on display in the dental surgeries as required (in terms of the correct application or risks associated with the use of the Class 4⁴ laser concerned). The practice has been advised that this equipment must not be used until such time that they are otherwise advised by HIW. These matters have also resulted in the issue of an immediate assurance letter by HIW, as patients were being placed at unnecessary risk of injury and the absence of HIW registration is a clear breach of the Regulations. The process of registering the laser equipment with HIW is, however, underway at the time of writing this report.

We could not find evidence of a current, valid annual maintenance certificate or service record for the Class 4 laser unit. We were provided with the last maintenance certificate held at the practice which was dated 2011. Since our inspection, the practice has made arrangements for an external contractor to service the Class 4 laser (during March 2015).

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

⁴ Class 4 lasers are high power devices. Class 4 lasers are used for specific applications in research, medicine and industry.

Improvement Needed

The practice is required to provide HIW with evidence of a current and valid maintenance certificate with regard to the Class 4 laser unit.

Staff had access to disposable and heavy duty gloves. We also saw that sharps bins were positioned in suitable areas within the two dental surgeries and were not overflowing, which meant that staff and patients were protected from injury and cross infection.

All staff wore uniforms and were 'bare below the elbow' when giving treatment and during hand washing which assisted in reducing the risk of cross infection.

We found that a thorough audit of the infection prevention and control arrangements had recently been completed for the first time. The audit had led to the identification of some improvements which were being considered by the principal dentist. 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 decontamination equipment.

We looked at a sample of 10 computer held patient records. Overall, we found records provided sufficient information about discussions held with patients about treatment options and costs. However, nine records did not contain any written reference to dental health promotion, or the quality/grading of X-rays which supported decisions to proceed with treatment. In addition, four of the 10 records did not provide sufficient recorded evidence of how patients' consent to treatment had been obtained. Discussion with the dentists and information within completed HIW patient questionnaires demonstrated that there was a good exchange of verbal information during dental consultations; however, the above aspects of patients' dental records were not of a satisfactory standard.

Improvement Needed

The practice is advised of the need to ensure that patients' records contain sufficient detail following dental consultations and treatment. This is in accordance with current NHS standards.

Conversation with the practice manager revealed that the practice had recently introduced the use of 'clinipads'⁵ to enable patients to complete their

⁵ Clinipads enable dental practices to use an electronic tablet to collect patients' details, medical histories and signatures.

new/updated details and medical histories which then upload to the practice computer system. Patients were then able to sign their medical history using an electronic signature. However, whilst this innovative system was useful in terms of live data capture, medical histories were not being countersigned electronically by the dentist and there was no recorded reference to conversations between the dentist and patient with regard to their medical history. In addition, some patients who visit the practice may not wish/prefer to provide information in that way.

Improvement Needed

The practice is advised of the need to ensure that there is recorded evidence of consideration of patients' new/updated medical histories by dentists.

We looked at the clinical facilities within the dental surgeries and found them to be clean and hygienic.

Management and Leadership

The practice was run with a dedicated and motivated staff team. The principal dentist was also responsible for the day to day management of the practice with the assistance of his wife in the role of part-time practice manager. Staff told us they had access to relevant training opportunities.

The practice employed a team of ten people, some of whom had worked at the practice for many years. We also found that the turnover of staff and sickness/absence levels were low. Neither did the practice ever use agency nurses. This meant that patients always received care from staff who were familiar with the service and ethos of the practice. The dentist's wife worked at the practice primarily as a part-time practice manager; elements of the role being shared with one of the longstanding reception staff.

Staff we spoke to told us they felt supported in their roles by the dentist and practice manager. They also told us they would be comfortable raising any work related concerns they may have with the dentist. Conversation with the practice manager confirmed that new staff were provided with an induction tailored to their needs. We were able to see an example of an induction programme which was ready for use as and when needed.

We saw that staff had a contract of employment and records showed that they also had access to regular training opportunities relevant to their work. There were records of staff training through internal workshops and external courses.

Conversations with staff revealed that there was no system in place for staff appraisals which would encourage two way discussions about clinical practices, as well as providing the opportunity to determine the effectiveness of training received and that which may be required for the future.

Improvement Needed

Staff should have access to timely appraisals to ensure they are supported in their roles and any training or performance needs can be identified and addressed.

We found that staff had contracts of employment in place which had been signed and dated and all clinical staff were registered with the General Dental Council.

Examination of staff records revealed that the practice had current evidence of Hepatitis B vaccination for all relevant members of staff. Discussion with the practice manager also confirmed that the practice had a formal agreement with

the health board for any occupational health issues (such as immunisations, or support/advice in the event of a needle stick injury). This ensured that both staff and patients were protected from cross infection.

Staff told us that formal team meetings were held approximately every two months. We were also told that the practice did not always record the outcome of discussions of those meetings. Additionally, the practice manager told us that regular, sometimes daily informal meetings took place to discuss practice and performance issues. Staff confirmed this.

Staff were able to access suitable updated policies within the practice which supported them in their work, some of which were seen at this inspection. The practice was however advised of the need to clearly state the date policies are created and subsequently revised, to enable staff to know whether they are looking at the current/annual version.

We looked in detail at the arrangements in place with regard to the practice complaints (concerns) policy and procedure. As a result, we found that the policy did not specify the correct timescales for handling complaints raised by NHS or private patients (in relation to the acknowledgement of concerns/complaints). We also saw that the policy did not inform NHS patients of their right to receive support with their complaints or concerns from the local Community Health Council. The above matters were discussed with the practice manager who made some amendments to the policy documentation during the inspection. We were also told that the practice had not received any complaints in the past two years.

Improvement Needed

The practice should ensure that complaints information complies with the NHS 'Putting Things Right' requirements and The Private Dentistry (Wales) Regulations 2008.

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

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

Overall, the practice premises provided a safe and clean environment for patients to receive treatment.

Jamie Pugh Dental Health Ltd. (which was established by the principal dentist in 2001) is situated within a converted retail property in the centre of Aberdare. There were no dedicated car parking spaces at the practice; however there was a fee paying car park facility within a short distance from the practice.

The practice had a reception area on the ground floor and two waiting areas, one of which was on the first floor, Observations made during the inspection confirmed the size of the waiting areas was appropriate for the two dental surgeries at the premises, both of which were situated on the ground floor. Doorways to both surgeries were seen to be wide enough to enable patients with mobility difficulties to access care and treatment.

Patients and staff were provided with a toilet on the ground floor; the patient's facility having been fitted with a door wide enough to accommodate patients who use wheelchairs. The sink in the patients' toilet was low enough on the wall to enable all patients to use it; however, no other adaptations had been made (such as hand rails). Both toilet areas were clean, hygienic and equipped with hand soap and paper hand towels.

There was a small, but separate room available on the ground floor where patients could speak with staff about confidential matters, if so required.

The utility/decontamination area was found to be very cramped and cluttered. In addition, a large piece of X-ray equipment was located in close proximity to the autoclave. This poses a potential risk of injury to patients and/or staff.

Improvement Needed

The practice is advised of the need to relocate the OPT⁶ machine to an area where it can be operated safely.

Conversation regarding the above matters revealed the intention of the practice to create a separate decontamination room at the premises in the very near future. Written plans were made available to us at this inspection.

⁶ An OPT is a system that is able to take a panoramic (full mouth) X ray.

We saw the public liability insurance certificate on display and found it was valid.

There was only one fire exit at the premises; that being the front entrance. Fire extinguishers had been checked by an external body during 2014.

The name and qualifications of the owner/principal dentist were clearly displayed on the front of the building. The name and qualifications of the associate dentist were not displayed.

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.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the improvements identified in this report. 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 Jamie Pugh Dental Health Ltd. 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: Jamie Pugh Dental Health Ltd.

Date of Inspection: 18 February 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 7	<p>The NHS complaints process should be made more visible to patients and include details of the local CHC.</p> <p>The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011- 4.8</p>			
Page 7	<p>The practice is advised of the need to provide private patients with visible details of their right to bring concerns to the attention of HIW as required by The Private Dentistry (Wales) Regulations 2008.</p>			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	The Private Dentistry (Wales) Regulations 2008-Regulation - 16 (2)			
Delivery of Standards for Health Services in Wales				
Page 9	<p>The practice must ensure that local rules are clearly displayed within each dental surgery. In addition, the practice radiation protection file must contain all information as required by current Regulations and NHS standards.</p> <p>Ionising Radiation (Medical Exposure) Regulations 2000</p> <p>NHS Standards- 3d, 4, 7a,16a,16f.</p>			
Page 9	<p>The practice is advised of the need to display appropriate warning signs in the areas of the practice where X ray equipment is used.</p> <p>Ionising Radiation (Medical Exposure) Regulations 2000</p> <p>NHS Standard- 1b</p>			
Page 10	<p>The practice is advised of the need to establish a system for formal audit activity/clinical evaluation of (X ray) image</p>			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	quality as required by the IR(ME)R 2000 Regulations and NHS Standard 6a.			
Page 10	The practice must ensure that hazardous waste is segregated in appropriate containers for disposal, in accordance with the Hazardous Waste (Wales) Regulations 2005 and NHS Standards 13d and 15a.			
Page 12	<p><u>Immediate Assurance Issue</u></p> <p>The practice is currently in breach of Section 11 of the Care Standards Act 2000. This is because you are carrying on an establishment without being appropriately registered.</p> <p>Specifically, during the course of our inspection on the 18 February 2015, we found that you were using a Class 4 laser product, without the practice being appropriately registered for its use. This was confirmed through exploration of the content of 10 recent patient records, three of which made reference to the use of the Class 4 laser at the premises.</p> <p>You must not continue to administer any further treatment using this product without</p>	<p>This matter resulted in HIW sending an immediate assurance letter to the practice.</p>		

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	<p>being appropriately registered with HIW to do so.</p> <p>This registration is distinctly separate from your registration with HIW associated with The Private Dentistry (Wales) Regulations 2008. In order to operate a class 4 laser product you must comply with the requirements of the Independent Healthcare (Wales) Regulations 2011 and register the practice as an independent hospital.</p>			
Page 12	<p>The practice is required to provide HIW with evidence of a current and valid maintenance certificate with regard to the Class 4 laser unit.</p> <p>NHS Standards-1b, 16 a and 16 b.</p>			
Page 12	<p>The practice is advised of the need to ensure that patients' records contain sufficient detail following dental consultations and treatment. This is in accordance with current NHS standards-7a, 7b, 7c and 9b.</p>			
Page 13	<p>The practice is advised of the need to ensure that there is recorded evidence of consideration of patients' new/updated</p>			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	<p>medical histories by dentists. NHS standard 7a.</p>			
Management and Leadership				
Page 14	<p>Staff should have access to timely appraisals to ensure they are supported in their roles and any training or performance needs can be identified and addressed. NHS standard 25e</p>			
Page 15	<p>The practice should ensure that complaints information complies with the NHS 'Putting Things Right' requirements and Regulation 16 of The Private Dentistry (Wales) Regulations 2008.</p>			
Quality of Environment				
Page 16	<p>The practice is advised of the need to relocate the OPT machine to an area where it can be operated safely. NHS standard 12d</p>			

Practice Representative:

Name (print):

Title:

Signature:

Date: