

General Dental Practice Inspection (Announced)

Powys teaching Health
Board,

Cloverly Dental Practice

25 March 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Cloverly Dental Practice at 35 Garth Road, Builth Wells, Powys, LD2 3AR within the area served by Powys teaching Health Board on 25 March 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. 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 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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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.

3. Context

Cloverly Dental Practice provides services to patients in the Builth Wells area of Powys. The practice forms part of dental services provided within the geographical area known as Powys teaching Health Board. The practice employs a staff team which includes 1 dentist, 2 dental nurses and 1 receptionist. The practice provides NHS dental treatment to children but provides private dental care only to adult patients.

A range of services are provided. These include:

- Fissure sealing
- Some cosmetic dentistry
- Teeth whitening
- Gum shields
- Preventative and periodontal treatment.

Cloverly Dental Surgery is a mixed practice, providing predominantly private dental services. Therefore 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.

4. Summary

HIW explored how Cloverly Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

An overall finding from this inspection and one which relates to each of our report headings is the poor and insufficient policies and procedures that we found. All available written policies had been printed off a website but not personalised for Cloverly. The practice must address this and ensure that all policies are relevant and personalised. Where we found gaps in quality and standards, these could be attributed to the lack of formalised approach and clarity of expectations which would ordinarily be communicated to all staff via underpinning policies.

Patient Experience

Overall, our questionnaire feedback indicated that patients are happy with the service provided by Cloverly Dental Practice; some respondents had been patients for up to 30 years.

However, we found a number of shortfalls against what we look for in this area. Notably; there was limited information provided to patients about the service; limited evidence of information being provided to patients promoting good dental health; and a lack of evidence that patients are being given information on the risks and benefits of the treatment they are receiving.

Delivery of Standards for Health Services in Wales

Overall we found that there was insufficient detail recorded in patient notes. However we did see that there was a reasonable level of recording which we felt could easily be improved on. We have recommended improvements to patient records to address this.

We found that the decontamination room at the practice was spacious and clean. The decontamination procedure explained to us was considered to be of a good standard. The practice had not undertaken any decontamination or infection control audits to monitor their own standards and we have recommended they address this.

The practice had safe systems in place for the use of and maintenance of radiographic equipment but needed to ensure they audit the quality of images taken. It also appeared that the Health and Safety Executive may not have been notified of the use of radiographic equipment on the premises which needed to be rectified.

Management and Leadership

HIW found a small, cohesive team at the practice who had worked together for a number of years. However, there were few formalised systems and processes to support the overall management, leadership and running of the practice. As a result of this, we found shortfalls in almost every area we looked at. We have made a number of recommendations and this reflects the fact that significant improvements in this area are needed.

Quality of Environment

The practice premises and environment were clean and conducive to the provision of safe patient care. Signs could be helpfully erected to warn patients of a step down into the toilet and further enquiries into a ramp to access the building from outside should be made.

We found that whilst there was a waste disposal contract in place, it did not take account of all waste streams (domestic, sanitary, recycling etc) and needed to be reviewed so that all could be included.

There were facilities for staff but the layout of these was not well organised and we found cleaning products alongside food products, in addition to trailing cables and radiograph developing equipment.

5. Findings

Patient Experience

Overall, our questionnaire feedback indicated that patients are happy with the service provided by Cloverley Dental Practice; some respondents had been patients for up to 30 years.

However, we found a number of shortfalls against what we look for in this area. Notably, there was limited information provided to patients about the service; limited evidence of information being provided to patients promoting good dental health; and a lack of evidence that patients are being given information on the risks and benefits of the treatment they are receiving.

Our main method for gathering patient views as part of this inspection was by distributing pre-printed questionnaires to patients ahead of our inspection visit. Twenty were completed and returned to us.

100% of the respondents told us that they were happy with the service they receive from this dental practice. Over half of the respondents gave us permission to use any additional comments they gave us and below we have included a sample of comments received:

“This is a very professional, caring and helpful practice”

“Fabulous service, well done ladies”

Patients also told us that they did not experience any long delays waiting for their appointment time.

We were told that the practice does not have any mechanisms for gathering patient feedback and have never carried out any surveys or questionnaires canvassing patient feedback. We advised the practice to implement a system for regularly obtaining patient views so that they can access this potentially rich and valuable source of information.

Recommendation

Implement a system for regularly seeking patient views of the service.

The waiting room was clean and tidy, however, consideration should be given to providing patients with more health promotion information.

Recommendation

Increase the availability of information in the waiting room to promote good dental health.

There was no price list or information with the registration details of the dental practitioners working at the practice displayed. The practice information leaflet also did not provide any price information, other than advising patients to ask for further details.

Recommendation

Display an up to date price list and details of the dental professionals in the patient waiting areas of the practice.

We did not see any information displayed advising patients of how they could get advice or treatment out of practice hours; however we were informed that there was a telephone answering message which gave instructions.

Questionnaire respondents indicated that they knew how to access out of hours services. It would be advisable however, for the practice to consider adding this information to what they will in future be displaying at the practice for patients to read.

We did not see any evidence within the notes we looked at, nor within the standard information available for patients to demonstrate that the practice tries to ensure patients are as informed as possible about the risks, benefits and alternative treatments available. We were sufficiently concerned about this that we have corresponded separately with the practice on this matter to seek their assurance that they will urgently address this.

Delivery of Health and Care Standards

Overall we found that there was insufficient detail recorded in patient notes. However we did see that there was a reasonable level of recording which we felt could easily be improved on. We have recommended improvements to patient records to address this.

We found that the decontamination room at the practice was spacious and clean. The decontamination procedure explained to us was considered to be of a good standard. The practice had not undertaken any decontamination or infection control audits to monitor their own standards and we have recommended they address this.

The practice had safe systems in place for the use of and maintenance of radiographic equipment but need to ensure they audit the quality of images taken. It also appeared that the Health and Safety Executive may not have been notified of the use of radiographic equipment on the premises which needed to be rectified.

We looked in depth at three sets of patient records during this inspection, as there is only one dentist at the practice, all had been recorded by her and there had been no use of locum dentists in any recent times. All records at the practice were handwritten and we were told that there are no plans to move to an electronic system.

We found that generally there was insufficient detail recorded. In particular we found that the notes did not give any information on treatment planning, different treatment options, nor did they record whether the patient had given informed consent to the treatment.

We were sufficiently concerned about these findings that we have corresponded separately with the practice in order that this is addressed urgently. Over and above this, it is a concern that the practice's own systems have not enabled them to identify and address this.

Recommendation

Establish a set of standards for record keeping and the level of detail which is expected to be recorded at each patient visit

The practice has one surgery and decontamination of instruments is done in a separate, purpose fitted room. We saw that there was a very clear system in place, and the upkeep and maintenance of the room appeared to be notably high. The practice had designed a procedure to ensure the 'flow' of dirty to

clean items in the room in order to minimise the risk of any contamination, however this needed to be reviewed to ensure that all steps were being done in the correct area.

Recommendation

Review the flow for processing equipment in the decontamination room to ensure that the process minimises the risk of contamination as far as possible.

There was no checklist or evidence of a particular system in use for keeping the surgery stocked and clean on a daily basis.

Recommendation

The practice need to develop a daily checklist to ensure that all staff are aware of what needs to be done to keep the surgery stocked and prepared for safe patient treatment.

Although the decontamination procedure explained to us and the room used for this appeared to be of a high standard, the practice did not undertake any decontamination or infection control audits which would enable them to keep track of their own adherence to standards and to identify any gaps.

Recommendation

Implement a system of regular infection control audits, ensuring that these are documented and reviewed so that trends and issues can be identified.

Whilst there was documentation to support the safe use of radiographic equipment on a daily basis, practices should inform /register with the Health and Safety Executive (HSE) so that they are aware that radiation is used regularly at the premises. The dentist could not be confident that this notification to HSE had been done and there were no records of evidence either way.

Recommendation

Inform the HSE of the use of radiographic equipment on the premises and provide HIW with evidence of this once done.

We noted that there was a radiation policy available, but as in the case of the majority of other policies we saw during this inspection, it had been printed off the Denplan website but had not been personalised to make it specific and relevant to Cloverly Dental Practice.

Recommendation

Modify the radiation policy so that it is specific to Cloverly Dental Practice. Once created, this should be signed and a date for review indicated.

Local rules relating to the use of radiographic equipment were also not displayed and we recommended that this was done.

Recommendation

Local rules for the use of radiographic equipment should be displayed prominently within the surgery.

Where patients had x-rays taken, we could see in notes that there were improvements needed in the way these were recorded. The clinical findings from the image were not noted on any of the examples we saw. The justification for taking the image was also not adequately noted and in one case had not been noted at all. There was no system in place for auditing the quality of the images taken, in order that any issues may be picked up and addressed by the practice themselves.

Recommendation

Establish a system for annually auditing the quality of radiographs taken, ensuring the results are recorded.

There was an outline procedure for what steps should be taken in the event of a patient emergency and we were told that all staff had up to date training in resuscitation but again, the policy needed to be strengthened with further detail and specifics for Cloverly practice.

Recommendation

Improve the resuscitation and emergency policy and ensure that staff are trained and aware of the action they are required to take.

Management and Leadership

HIW found a small, cohesive team at the practice who had worked together for a number of years. However there were few formalised systems and processes to support the overall management, leadership and running of the practice. As a result of this, we found shortfalls in almost every area we looked at. The details are found below. We have made a number of recommendations and this reflects the fact that significant improvements in this area are needed.

The principal dentist had been at the practice since 1988 and was also the practice manager. The staff team of two dental nurses and receptionist had all worked at the practice for a number of years and there was extremely low staff turnover. The team appeared to be happy working together. However although their systems were well established they were not formalised and supported with policies and procedures.

There were no staff files containing pre employment checks, details of vaccinations were not available for all staff and staff did not have any contracts of employment. We were extremely concerned at this finding but the dentist assured us that she had taken out a contract with a human resource company and staff were due imminently to meet with them so that contracts could be drawn up.

Recommendation

Staff files containing all relevant information including contracts and immunisation status should be set up and maintained to ensure they remain up to date.

Staff kept track of their own training and there was no central record held to record who had attended training and what training was due. The dentist was therefore unable to assure us that all staff training was up to date. Whilst she told us that she thought they were up to date and complimented the staff on their conscientious approach to this, she had no evidence to show us that this was the case.

Recommendation

Create and maintain a training record which shows details of all staff members and the up to date position relating to their mandatory and other training.

The staff told us that they were able to discuss issues on a daily basis but they sometimes held more formal staff meetings. A very brief outline of the meetings was noted in a book but there was no evidence of any learning having taken place as a result of these, nor was it clear from the level of detail recorded what learning would be possible.

Recommendation

Team meetings should be recorded in more detail so that the contents of the discussion and not just the name of a topic are recorded. Evidence of learning and planning arising from this should also be recorded.

Although there was a blank template which we saw that could be used for staff appraisals, at present there is no system for carrying these out. The opportunity appraisals can present to review and discuss learning needs (amongst other things) has therefore been missed.

Recommendation

Staff appraisals should be undertaken annually and recorded. Discussions should include personal development planning.

We saw maintenance records for some of the equipment in use at the practice; those we saw were up to date. However, there were no formalised arrangements in place to ensure that regular servicing and testing of all electrical equipment was completed in accordance with safety schedules.

Recommendation

The practice must ensure they have a record of all equipment with details of when servicing and testing of each should be carried out and notify HIW of how they will ensure this will be done.

There was no complaints procedure in place and if any complaints or concerns had been received there was no log or record of these. Therefore we could see no evidence to demonstrate that in the event of a patient being unhappy this had been sufficiently acted on and any relevant learning accounted for.

Six of the respondents to our questionnaire told us that they did not know how to make a complaint. Whilst the other respondents told us they did know, they did not provide details of what they would do and it was unclear as to how the practice would subsequently handle any concerns / complaints as they had no policy outlining the procedure they should follow.

Recommendation

The practice must develop a complaints procedure which takes account of relevant Welsh standards and associated bodies. The practice must also ensure that a complaints procedure for private dental patients is created, ensuring that HIW's contact details are included, and a procedure to be used by NHS dental patients is also created.

The procedure once created must be prominently displayed within the practice for patients to see and a copy forwarded to HIW.

Recommendation

A log of all concerns / complaints and compliments must be established. This document should enable practice staff to identify any learning needs which may arise from issues raised.

Given the number of issues 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

The practice premises and environment were clean and conducive to the provision of safe patient care. Signs could be helpfully erected to warn patients of a step down into the toilet and further enquiries into a ramp to access the building from outside should be made.

We found that whilst there was a waste disposal contract in place, it did not take account of all waste streams (domestic, sanitary, recycling etc) and needed to be reviewed so that all could be included.

There were facilities for staff but the layout of these was not well organised and we found cleaning products alongside food products, in addition to trailing cables and radiograph developing equipment.

The practice premises are all on the ground floor, doorways were wide and the door to the dental surgery itself opened outwards. Despite easy accessibility inside, there was no ramp to access the building from outside and the toilet facilities involved negotiating a step downwards. We discussed this with the practice and suggested that they make further enquiries with the relevant authority about the requirements relating to provision of a ramp to access the building. It would also be advisable to provide signage alerting patients to the step down into the toilet.

The practice is run from a converted town house just on the outskirts of Builth Wells town centre. There was limited parking directly outside the building and some parking on the street outside.

Internally, all areas appeared to be clean and tidy. There was a staff area but no seating or safe storage areas were found in here and it contained a mix of personal and practice equipment, stored alongside each other. There was another room which was largely empty apart from storage of some boxes. These two rooms could be relatively easily tidied up and designated so that staff areas (including food) can be separate from practice equipment and cleaning products.

Recommendation

Re-organise the two rooms at the rear of the building so that there is a separate staff area and additional separate practice storage / equipment room.

There was a contract and systems in place to account for the disposal of dental waste, although we advised the dentist to look further into the safe disposal of

gypsum as we found that current arrangements were inadequate. We also found that there was no proper provision for disposal of general waste, sanitary waste and recycling.

Recommendation

Review waste disposal contract to ensure that all waste streams can be safely and properly disposed of appropriately.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Patient Experience, Delivery of Standards for Health Services in Wales, Management and Leadership and Quality of 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 Cloverly 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: Cloverly Dental Practice

Date of Inspection: 25 March 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Patient Experience			
7	Implement a system for regularly seeking patient views of the service.			
8	Increase the availability of information in the waiting room to promote good dental health.			
8	Display an up to date price list and details of the dental professionals in the patient waiting areas of the practice.			
	Delivery of Standards for Health Services in Wales			
9	Establish a set of standards for record keeping and the level of detail which is			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	expected to be recorded at each patient visit.			
10	Review the flow for processing equipment in the decontamination room to ensure that the process minimises the risk of contamination as far as possible.			
10	The practice need to develop a daily checklist to ensure that all staff are aware of what needs to be done to keep the surgery stocked and prepared for safe patient treatment.			
10	Implement a system of regular infection control audits, ensuring that these are documented and reviewed so that trends and issues can be identified.			
10	Inform the HSE of the use of radiographic equipment on the premises and provide HIW with evidence of this once done.			
11	Modify the radiation policy so that it is specific to Cloverly dental practice. Once created, this should be signed and a date for review indicated.			
11	Local rules for the use of radiographic equipment should be displayed prominently within the surgery.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
11	Establish a system for annually auditing the quality of radiographs taken, ensuring the results are recorded.			
11	Improve the resuscitation and emergency policy and ensure that staff are trained and aware of the action they are required to take.			
Management and Leadership				
12	Staff files containing all relevant information including contracts and immunisation status should be set up and maintained to ensure they remain up to date.			
12	Create and maintain a training record which shows details of all staff members and the up to date position relating to their mandatory and other training.			
13	Team meetings should be recorded in more detail so that the contents of the discussion and not just the name of a topic are recorded. Evidence of learning and planning arising from this should also be recorded.			
13	Staff appraisals should be undertaken annually and recorded. Discussions should include personal development planning.			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
13	The practice must ensure they have a record of all equipment with details of when servicing and testing of each should be carried out and notify HIW of how they will ensure this will be done.			
14	<p>The practice must develop a complaints procedure which takes account of relevant Welsh standards and associated bodies. The practice must also ensure that a complaints procedure for private dental patients is created, ensuring that HIW's contact details are included, and a procedure to be used by NHS dental patients is also created.</p> <p>The procedure once created must be prominently displayed within the practice for patients to see and a copy forwarded to HIW.</p>			
14	A log of all concerns / complaints and compliments must be established. This document should enable practice staff to identify any learning needs which may arise from issues raised.			
Quality of Environment				
15	Re-organise the two rooms at the rear of the			

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	building so that there is a separate staff area and additional separate practice storage / equipment room.			
15	Review waste disposal contract to ensure that all waste streams can be safely and properly disposed of appropriately.			

Practice Representative:

Name (print):

Title:

Signature:

Date: