

General Dental Practice Inspection (Announced)

Powys teaching Health
Board, Welshpool Dental
Practice (IDH)

22 April 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Welshpool Dental Practice (IDH) at 22 Severn Street, Welshpool, Powys, SY21 7AD within the area served by Powys teaching Health Board on 22 April 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 any relevant professional standards and guidance.

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

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 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

Welshpool Dental Practice provides services to patients in the Welshpool area of Powys. The practice forms part of dental services provided within the geographical area known as Powys teaching Health Board. The practice is now owned by Integrated Dental Holdings Limited (IDH), who took ownership early in 2014. IDH own a significant number of dental practices across the United Kingdom and a number in the county of Powys in Wales.

Welshpool Dental Practice is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes 9 dentists and 1 foundation dentist (final stage of dental training), 10 dental nurses, 4 reception staff and a practice manager.

A range of services are provided. These include:

- *Preventative dental treatment*
- *Advice and treatment for snoring*
- *Advice and treatment for jaw dysfunction*
- *Crowns*
- *Bridges*
- *Dental Implants*
- *Teeth whitening*
- *Orthodontic treatment for children*

4. Summary

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

We found that whilst Welshpool Dental Practice was very busy throughout the day of our inspection, patients were being spoken to courteously and appeared to be given time by the staff that dealt with them.

We found that the practice had not been consistently using systems for seeking patient feedback but that this had improved with the introduction of IDH's patient feedback solutions.

Overall we found that health and care standards were being met. However there was some room for improvement in patient records and in both the management oversight and the record keeping relating to Ionising Radiation regulatory requirements.

We corresponded separately with the practice, immediately following the inspection, as we found incomplete records of radiation training for dentists and other staff involved in taking radiographs and we required immediate assurance that this had been resolved.

We were made aware that there were due to be changes in management at practice and area level. We also identified that new management systems (those belonging to IDH) had not been fully adopted or implemented. Many of the management files, policies and procedures were disorganised with missing information and needed to be updated.

We were sufficiently concerned to find that there was incomplete information about professional indemnity insurance for all dentists and we corresponded immediately following the inspection to rectify this.

The practice was bright, clean and airy. Spread over two floors with a variety of waiting areas and with surgeries at ground as well as first floor level, the practice would be able to accommodate patients with some mobility issues. The ease of access into the building itself needs to be revisited in light of other improvements (signage) that need to be made to the exterior of the building.

5. Findings

Patient Experience

Overall we found that whilst Welshpool Dental Practice was very busy throughout the day of our inspection, patients were being spoken to courteously and appeared to be given time by the staff that dealt with them.

We found that the practice had not been consistently using systems for seeking patient feedback but that this had improved with the introduction of IDH's patient feedback solutions.

We obtained patient feedback during this inspection by asking reception staff to randomly distribute copies of our pre printed questionnaire to patients attending for appointments that day. We received five responses. Overall the responses were positive, particularly in relation to whether or not they are made to feel welcome by the team at the practice, to which all five respondents were very positive and two commented additionally that they were made to feel *“very welcome”*.

We saw some responses from a previous patient survey that the practice had carried out. This dated back to 2010 and there was no evidence of any analysis or actions taken as a result of the findings of this survey. There had been no other surveys undertaken.

As IDH have now taken over the practice, their systems for engaging with patients for feedback have been introduced at Welshpool. We saw evidence of patient comment cards available and were shown some which had been completed. We also saw examples of the post-appointment text messages which IDH send to patients, plus some of the practice specific responses that had been received in reply to these. With the above systems now in place we will not be making a recommendation for improvement.

During our inspection, we observed a steady and constant stream of patients arriving for appointments and ringing in on the telephone. We saw that they were consistently treated politely by all staff they came into contact with and on one occasion we saw a patient challenge the reception staff, however they remained calm and pleasant throughout.

In the reception and waiting room areas, walls were fresh and bright, however there was limited dental health promotion information on display and we felt that this could be improved. We suggested this to the practice and they agreed to

consider what they could helpfully display for patients to read / look at whilst waiting.

Delivery of Health and Care Standards

Overall we found that standards were being met. However there was some room for improvement in patient records and in both the management oversight and the record keeping relating to Ionising Radiation regulatory requirements.

We corresponded separately with the practice, immediately following the inspection, as we found incomplete records of radiation training for dentists and other staff involved in taking radiographs and we required immediate assurance that this had been resolved. Further information can be found below.

Welshpool dental practice has nine dentists and, as a training practice, it also supports and employs one dentist in the final year of training. To accommodate these dental professionals there were a number of dental surgeries spread across two floors and a number of different waiting rooms to accommodate the large number of patients coming in throughout the day. There was a large volume of patient records for us to sample during this inspection; however we were able to look at a selection of records from each dentist.

Overall we found that records were generally comprehensive but we did note some inconsistencies and some room for improvement around the detail with which dentists recorded those aspects of a patient's social history which can affect their dental health. We also found that not all records contained a clear indication of whether or not cancer screening had been carried out and if it had, whether or not this had been explained to the patient.

Improvement needed

Dentists should ensure they make a record of all screening and any findings which are identified as a result of this.

We looked at how the practice and individual dentists handle their responsibilities and requirements under relevant legislation for ensuring safety in relation to the use of radiographic equipment and the taking of x-rays. We found that there was an overall lack of management oversight around ensuring all necessary documentation and training was in place for the use of radiography. There was a file containing all relevant policies and procedures but this was disorganised and some parts required updating (for example,

contingency plan and some other policies dated back to 2008/9). Within the radiation protection file there was some missing information, for example information showing the controlled areas for dental surgeries was incomplete. In the surgeries themselves, the Local Rules were displayed.⁴

The records showed that there had last been an audit of x-ray image quality in 2011; however this should be done annually. We raised this with the dentists present for our feedback session at the end of our inspection, making them aware that this needs to be done.

Improvement needed

An annual audit of radiographic image quality should be introduced.

During our inspection we asked to see evidence showing that all dentists and other professionals who take radiographs at this practice hold relevant, in date training. The practice manager did not have complete staff records for all staff and therefore could not show us this evidence, nor provide any assurance at this point that this mandatory training requirement (under The Ionising Radiation (Medical Exposure) Regulations, 2000) was being complied with. We were sufficiently concerned about this that we corresponded separately with IDH Welshpool Dental Practice and as a result, those practitioners with lapsed training have now either completed suitable training or being stopped from taking radiographs until such time as they are trained. HIW have also been shown evidence which has provided us with assurance that this has been done.

Improvement needed

In future, IDH must ensure that the practice maintains accurate, up to date staff records which contain details of all required information and mandatory training certificates.

Since IDH have taken over the practice, decontamination of instruments is done in a central decontamination room situated on the first floor of the building. We were shown this room and observed parts of the process, in addition to being talked through the procedures and use of the room by one dental nurse. We were satisfied with what we saw. There appeared to be a clear process in place to ensure that dirty instruments were kept away from clean instruments and records relating to equipment within the room were also available and up to

⁴ Local Rules: this refers to a written set of key working instructions which are mandatory and must be followed to ensure exposure to staff is restricted.

date. Some of the dentists told us that the use of one central decontamination room had not been entirely positive. Previously, decontamination was done within the surgeries and therefore dentists and dental nurses worked alongside each other throughout clinic sessions. Since the central room had been created, dental nurses were now required to leave the dentists and patient for a period whilst they carried out this essential task. On two days each week, paediatric orthodontic clinics take place in the practice and we were told by this dentist that during these times in particular, he felt that a dental nurse should be present at all times to act as chaperone and clinical support.

Improvement needed

IDH should carry out a risk assessment related to the running of paediatric orthodontic clinics whilst a dental nurse is not present to determine whether extra dental nurse support is required during these times.

Although the records that we saw which related to the upkeep and maintenance of various equipment were up to date and in good order, we noted that there was no system in place to conduct a basic daily check on the compressor. We suggested that the practice implement this and they agreed to do so.

We saw that all staff had up to date first aid and resuscitation training, the nominated first aiders were clearly identified and all emergency medication was stored safely and there were systems to ensure that medication would be replaced before the expiration date.

There was some information on complaints pinned to the noticeboard in the main reception area, however this was in small print and did not give the full details of the procedure that should be followed in the event of someone wanting to make a complaint. We also advised the practice that there should be a slightly altered procedure applied dependant on whether the patient is complaining about NHS or private treatment and there should also be details of HIW and the Ombudsman provided.

Improvement needed

IDH must create a complaints policy and procedure which is in line with corporate policy but specific to Welshpool practice, Welsh patients and with separate details of the procedure for private and NHS complaints.

Management and Leadership

We were made aware that there were due to be changes in management at practice and area level. We also identified that new management systems (those belonging to IDH) had not been fully adopted or implemented. Many of the management files, policies and procedures were disorganised with missing information and needed to be updated.

We were sufficiently concerned to find that there was incomplete information about professional indemnity insurance for all dentists and we corresponded immediately following the inspection to rectify this. Further information can be found below.

The practice had been bought by IDH in the year preceding our inspection. Despite this period of time, there were a number of areas where certain new systems had not been implemented and where old policies (pre-IDH ownership) were still the only ones in use.

Improvement needed

IDH must review all policies held at the practice to ensure that they are updated and made practice specific. All staff must be aware of where to locate them and IDH must give them opportunity to understand the contents of policies particularly relevant to their area of work.

Notable during our inspection was that the practice manager informed us that he had secured a post elsewhere and would shortly be leaving. The staff had no information about who would be covering this role once he left and we were also informed that there was due to be a change of area manager covering the practice, leading to yet more uncertainty about day to day governance and responsibilities.

Improvement needed

IDH should ensure that the staff at the practice are made aware of lines of accountability and of the key IDH staff who are available at all times to provide support, guidance and decision making.

We looked at a sample of staff files; there was a mixture of paper based records and electronic records available but we were not able to see any complete staff records despite the combination of record types and storage. The practice manager did not seem to be clear about what he should be maintaining and what IDH would corporately retain responsibility for. One example of where this was having a negative effect was that the practice

manager did not have copies of up to date professional indemnity insurance available for all dentists and could not locate these on the IDH electronic system either. We were sufficiently concerned about this gap that we corresponded separately via our immediate assurance process through which we requested that certificates of insurance be located and copies sent to us. We are able to confirm that this was done and the matter concluded.

We discussed the amount of support that had been given to the practice to help with the transition from private to corporate ownership but were told that this had been inconsistent. The missing information we found indicates that IDH should consider offering further support now to ensure that all necessary corporate management systems are fully integrated into the day to day structures at Welshpool dental practice.

Improvement needed

IDH should ensure that the practice manager is aware of their responsibilities and is able to maintain all records which need to be locally held and updated.

We saw some records of staff meetings but these had previously been held infrequently and records were not comprehensive enough to show clear evidence of learning and development that takes place as a result of getting together as a team.

Improvement needed

Staff meetings need to be held regularly and minuted in enough detail that the learning points and decisions made during them are accurately captured.

At the time of our inspection, the practice manager told us that there was no system for annual appraisals in place but that he was aware IDH had a system for this which would soon be implemented.

Improvement needed

IDH must ensure that a system for undertaking annual appraisals commences and is maintained at the practice.

We discussed the requirements around dentists holding Disclosure and Barring Service (DBS) certificates dated within the last three years (in line with the regulations for private dentistry). There had been some confusion around this and the practice manager had believed that DBS certificates needed to be updated annually. Prior to our inspection, the practice manager had identified that not all DBS certificates were in date and explained to us that he was in the

process of having all practice staff re-checked by the DBS. We clarified the requirements and the practice manager agreed to make sure that all DBS checks were updated at this point in time and that timescales for renewal were complied with in the future. We pointed out that it is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment.

Improvement needed

With reference to the above discussion, IDH are now to provide HIW with information on the status of Welshpool dental practice staff DBS checks.

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

The practice was bright, clean and airy. Spread over two floors with a variety of waiting areas and with surgeries at ground as well as first floor level, the practice would be able to accommodate patients with some mobility issues. The ease of access into the building itself needs to be revisited in light of other improvements (signage) that need to be made to the exterior of the building.

The IDH Welshpool Dental Practice is run from a large converted town house in the centre of Welshpool. At the time of our inspection the only signage outside the building was an A4 notice which had been laminated on white paper. There was nothing to indicate that this was an IDH practice, and this temporary signage did not clearly identify the building as a dental practice until you were close by.

IDH had taken over Welshpool dental practice some 14 months prior to our inspection. During this time, staff told us that some refurbishment work had been carried out. However, whilst this was being done, all signage outside the practice had been taken down and staff had also been waiting for new IDH branded signage within the practice. There were price lists displayed inside reception but the names of dental practitioners working at the practice were not displayed anywhere.

Improvement needed

IDH should urgently erect appropriate signage to the exterior of the building and ensure that the names and GDC registration numbers of dentists are also displayed.

The access into the building itself was down an alley and in through a side door. The door was kept shut and we did not feel confident that this entrance would be easily accessible to wheelchair users but were told that this had never been a problem previously. We would urge IDH to reconsider whether the entrance could be made more accessible in any way and carrying out a risk assessment would be a positive place to start with this.

Improvement needed

Carry out a risk assessment of the suitability and accessibility of the main entrance for wheelchair users to determine what improvements can be made.

The interior of the premises was bright and airy, we were told that flooring had recently been replaced throughout and that all areas had been repainted. All surgery rooms appeared to be clean and tidy, some rooms had fixtures and fittings which were obviously newer than those in other rooms but the overall standard in this respect was good. We noted that the flooring in a small number of the surgeries did not extend up to the level of skirting boards, whereas in other rooms it did. We discussed this with the practice staff and advised that they revisit guidance on floor coverings to see whether or not they are complying with best practice.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the Delivery of Health and Care Standards, 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 the Welshpool 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: Welshpool Dental Practice

Date of Inspection: 22 April 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Delivery of Health and Care Standards			
8.	<i>Dentists should ensure they make a record of all screening and any findings which are identified as a result of this. (Health and Care Standards 3.3, 3.5 and 4.2)</i>			
9.	<i>An annual audit of radiographic image quality should be introduced. (Ionising Radiation (Medical Exposure) Regulations 2000)</i>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
9.	<i>In future, IDH must ensure that the practice manager maintains accurate, up to date staff records which contain details of all required information and mandatory training certificates. (Health and Care Standard 7.1)</i>			
9.	<i>IDH should carry out a risk assessment related to the running of paediatric orthodontic clinics whilst a dental nurse is not present to determine whether extra dental nurse support is required during these times. (Health and Care Standard 2.7)</i>			
10.	<i>IDH must create a complaints policy and procedure which is in line with corporate policy but specific to Welshpool practice, Welsh patients and with separate details of the procedure for private and NHS complaints.</i>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Management and Leadership				
11.	<i>IDH must review all policies held at the practice to ensure that they are updated and made practice specific. All staff must be aware of where to locate them and IDH must give them opportunity to understand the contents of policies particularly relevant to their area of work. (Health and Care Standard 3.3)</i>			
11.	<i>IDH should ensure that the staff at the practice are made aware of lines of accountability and key IDH staff who are available at all times to provide support, guidance and decision making. (Health and Care Standard 3.3)</i>			
12.	<i>IDH to ensure the practice manager is aware of their responsibilities and is able</i>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<i>to maintain all records which need to be locally held and updated. (Health and Care Standard 7.1)</i>			
12.	<i>Staff meetings need to be held regularly and minuted in enough detail that the learning points and decisions made during them are accurately captured. (Health and Care Standard 7.1)</i>			
12.	<i>IDH must ensure that a system for undertaking annual appraisals commences and is maintained at the practice. (Health and Care Standard 7.1)</i>			
12.	<i>With reference to the above discussion, IDH are now to provide HIW with information on the status of Welshpool dental practice staff DBS checks. (Health and Care Standard 7.1, Private Dentistry)</i>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<i>Regulations 2008)</i>			
Quality of Environment				
14.	<i>IDH should urgently erect appropriate signage to the exterior of the building and ensure that the names and GDC registration numbers of dentists are also displayed. (Health and Care Standards 2.1, 3.2 and 6.2)</i>			
15.	<i>Carry out a risk assessment of the suitability and accessibility of the main entrance for wheelchair users to determine what improvements can be made. (Health and Care Standard 2.1)</i>			

Practice Representative:

Name (print):

Title:

Date: