

General Dental Practice Inspection (Announced)

Aneurin Bevan University
Health Board, Malpas
Dental Practice

28 April 2015

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Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	6
	Patient Experience	6
	Delivery of Health and Care Standards	9
	Management and Leadership.....	13
	Quality of Environment	16
6.	Next Steps	17
	Appendix A	18

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Malpas Dental Practice at 442 Malpas Road, Newport, NP20 6WE within the area served by Aneurin Bevan University Health Board on 28 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

Malpas Dental Practice provides services to patients in the Malpas area of Newport. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board.

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

The practice employs a staff team which includes six dentists, two hygienists, one dental therapist, one dental technician, eight dental nurses, four receptionists and one practice manager.

A range of services are provided. These include:

- General dentistry and diagnosis
- Preventative dentistry
- Sports mouth guard
- Fillings
- Crowns and bridgework
- Bite raiser
- Bleaching
- Night guard
- Root canal
- Surgery (extractions)
- Dentures
- Partial acrylic
- Partial CR/CO or Flexidenture
- Invisalign (Invisible orthodontics)

4. Summary

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

Overall patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities and record keeping to be particularly high. Appropriate arrangements were in place for emergency drugs, waste disposal and decontamination. There were aspects of radiographic equipment and staff resuscitation training which needed improvements.

We found that the practice was being run with the intention of supporting staff to provide patient centred services and ensuring patients received safe care and treatment. We found a committed staff team who told us they felt well supported in their roles. Improvements were needed to aspects of DBS checks, child and adult protection and one detail in the complaints procedure. Overall however, we found there were robust monitoring and administrative systems in place.

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

5. Findings

Patient Experience

Overall patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

We sent patient questionnaires to the practice and 57 patients had completed these prior to our inspection. The patients had been registered at the practice between three weeks to 41 years.

The overwhelming majority of patients told us they were satisfied with the treatment they had received at the practice and they were made to feel welcome by staff. Some patients told us they did experience a delay in being seen by the dentist but it was not often, although one patient indicated it could be between ten – 30 minutes. A sample of patient comments included the following:

“I would never change practice, the staff know me very well and all the friendliness keep(s) me at ease as I am not a fan of visiting the dentist”

“I am 100% happy with the service I receive at Malpas Dental Practice. The reception staff are lovely and friendly and the treatment I receive from (dentist) is always great”

“...Great service. Enjoy coming to the dentist...They helped me a lot with my daughter and their advice is great. All I can say is well done”

“Surgery is always clean and tidy”

“Everyone always been helpful, positive and professional”.

When we asked patients about treatment information, all patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

“plenty of information is always available”

“Anymore (information) I could become my own dentist”

“...very comprehensive information”.

Other comments patients made included:

“always pretty good with appointment times”

“very helpful with baby pushchair and accommodating me being late”

“...always helpful on telephone if I need to change date/time of booked appointment”

“Sometimes difficult to arrange day time appointments with full time work and travel time – evening appointments would be helpful”

“Would like to see sugar contents in every day products on display”

“Very professionally run but still a conveyor belt practice. Treatment tends to be repeated a lot”.

Approximately two thirds of patients knew how to access out of hours services and some patients who did not know felt they would be able to find the information when they needed it. We checked the practice’s answerphone message outside of office hours and found that out of hours information was recorded for patients’ information. Some patients mentioned they had noticed the out of hours number on their appointment cards which was another way in which the practice promoted this information to patients.

The practice offered both routine and emergency appointments. The practice was open Mondays to Fridays from 8am to 5.30pm, and Tuesdays and Thursdays for an additional hour in the evening for private patients. The practice was also open alternate Saturdays from 9.30 – 12.30. This meant appointments were available outside of normal working hours.

The majority of patients indicated on questionnaires that they did not know how to make a complaint, should the need arise. However, some patients indicated that they felt confident in being able to find this information from the practice if the need arose. We saw that the complaints procedure was clearly displayed on the noticeboards in waiting areas and in patient information leaflets.

The practice had carried out patient surveys as part of external schemes for accreditation and had implemented a new way of evaluating patient experience through using a new software programme. Staff told us they did not capture informal feedback anywhere systematically or use this kind of feedback to analyse trends or patterns over time to improve the service. We suggested that

the practice could maintain a log of informal comments as part of their method of obtaining patient feedback.

Patient records and our questionnaires confirmed patients were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment. All patients were also provided with a written treatment plan.

There was a wide range of health promotional material available in the reception/waiting area. Practice information leaflets were available to patients and gave a summary of useful information about the practice.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities and record keeping to be particularly high. Appropriate arrangements were in place for emergency drugs, waste disposal and decontamination. There were aspects of radiographic equipment and staff resuscitation training which needed improvements.

Radiographic Equipment/Documentation

Overall we found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available and staff had attended ionising radiation training.

We saw that no signs were displayed to indicate the designated controlled areas where radiographic equipment was used. Appropriate signage is recommended to alert staff and the public that the area is a controlled area, the nature of the radiation sources in that area and the risks arising from such sources.

Improvement needed

The practice must ensure sufficient and appropriate signage is displayed in relation to controlled areas in line with IR(ME)R regulations (IR99).

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic equipment. Staff told us quality assurance audits had not been carried out on the image quality of radiographs for several years.

Improvement needed

The practice must ensure it carries out a quality assurance programme of radiographs and radiographic equipment in line with IR(ME)R regulations (IR99).

Resuscitation and First Aid

We found there was a resuscitation policy in place. One member of staff was the appointed First Aider on site and had completed recent first aid training. Staff had access to appropriate resuscitation equipment in the event of medical

emergencies (collapse). At the time of the inspection the majority of staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK), but not the whole staff team. This meant that although most staff were trained and equipped to manage medical emergencies, not all staff members had completed up to date training.

Improvement needed

The practice should ensure all staff members receive resuscitation training annually, in line with guidance from the Resuscitation Council (UK).

Emergency drugs

Emergency drugs were stored securely in a well positioned and safe location. There was a system in place for monitoring the expiry dates of drugs monthly, by a nominated person and all drugs checked were in date. Prescription pads were also stored securely to avoid unauthorised access. There was a system in place for responding to, and reporting, adverse reactions to drugs.

Handling, storage and disposal of hazardous and non-hazardous waste

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was an up to date policy and procedure in place for the safe handling of mercury.

Decontamination of instruments and compliance with WHTM01-05 (revision 1)

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments. Staff demonstrated the decontamination procedures they followed to allow us to assess how these worked in practice.

Staff transported instruments between surgeries in sealed containers and clean instruments were stored appropriately. Dedicated hand washing sinks were available in surgeries and appropriate personal protective equipment for staff was available. All instruments were bagged following sterilisation and dated with a processing date. All instruments checked were within date and an in house system was in place for checking this, within suitable specified timeframes. This meant suitable processes were in place to protect patients from cross infection.

We found that all staff conducting decontamination procedures had received appropriate training to demonstrate competency in their duties.

We saw logbooks for cleaning equipment were appropriately maintained. This included standard checks performed at the start and end of each day.

We saw that the practice had conducted audits of its infection control requirements in line with WHTM 01 05 guidelines. This meant there were systems in place to monitor ongoing compliance with infection control requirements and to ensure equipment was clean and safe for patient use.

Clinical facilities

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised with all relevant equipment for the safety of patients and staff.

There were sufficient numbers of dental instruments and equipment, all in good condition, stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment.

We saw documentation that showed that the compressor (a mechanical device that compresses air for storage and is used in handpieces and other air-driven dental tools) was maintained and inspected in line with requirements. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use. The on site laboratory was registered with the MHRA.

Overall we found clinical facilities to be of a high standard.

Patient records

We looked in detail at a sample of patient records. Overall, the patient records at the practice were excellent, with thorough and detailed recording of patient care and treatment.

We found recording of medical histories was consistent in patient notes and medical histories were updated at every visit.

We found that dentists obtained and recorded patients' consent to treatment. We also found dentists recorded treatment planning and treatment options consistently.

We saw that patients' social histories were taken into account and, where appropriate, dentists offered smoking cessation advice. Dentists made appropriate referrals to other health professionals when needed.

Overall we were assured that dentists worked with the intention of providing a high quality, ethical service and standards of record keeping at the practice were very high.

Management and Leadership

We found that the practice was being run with the intention of supporting staff to provide patient centred services and ensuring patients received safe care and treatment. We found a committed staff team who told us they felt well supported in their roles. Improvements were needed to aspects of DBS checks, child and adult protection and one detail in the complaints procedure. Overall however, we found there were robust monitoring and administrative systems in place.

Staff

The practice had been open since 1979 and the current owner had taken over in 2005. The practice provided approximately one third each of NHS services, private patients and patients signed up to a dental payment plan. A practice manager was responsible for the day to day running of the practice. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported.

All dentists were registered with the General Dental Council (GDC) and had contracts of employment.

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We discussed this with the practice who agreed to ensure that all dentists update their DBS check in order to comply with current regulations. Whilst it is not mandatory for other dental and practice staff to have DBS checks, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment.

Improvement needed

All dentists providing private dentistry require DBS checks to be carried out every three years. The practice must ensure they comply with this.

We saw that certificates for each of the dentists, confirming their registration, were on display at the practice, as required through the Private Dentistry (Wales) Regulations 2008.

We saw hepatitis B immunity records for all clinical staff and all clinical staff held indemnity insurance cover for their clinical practice.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role.

We saw minutes from team meetings and staff told us that meetings were held regularly. We saw that a range of relevant topics were discussed and team members brought their own concerns and topics to be considered. We saw examples of how some practices had changed as a result of discussions in team meetings. This meant the team had a more formal place to raise concerns and learning happened as a result, to improve the practice.

Staff members told us they had regular appraisals and we saw appraisal records which confirmed this. This meant staff had access to formal meetings for support and professional development.

Child and Adult Protection

We found that some staff had completed training in child protection but not in adult protection. However, we saw that staff had been booked onto upcoming adult protection courses to address this. A child protection policy was in place and local contact details were displayed for ease of access, should staff need to make a referral to child protection teams. A protection of vulnerable adults (POVA) policy was not in place. This meant staff did not have an agreed, formalised procedure to follow, should they suspect a vulnerable adult of being abused.

Improvement needed

The practice must ensure there is a POVA policy in place and that all staff are aware of it. The practice must ensure all staff complete training in child and adult protection.

Complaints

We looked at the complaints procedure in detail and found it was compliant with 'Putting Things Right'⁴ NHS requirements. There was a separate complaints procedure covering the separate arrangements for private patients. We advised the practice that the contact details for Healthcare Inspectorate Wales (HIW) should be added to this, as required under the Private Dentistry (Wales) Regulations 2008.

⁴ **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

Improvement needed

The practice must ensure the private complaints procedure includes HIW contact details.

We saw that complaints were recorded clearly with good detail about the actions the practice had taken to address complaints. Complaints were held centrally, separately to patient records. Verbal comments and concerns were also recorded. We suggested the practice could formalise the way in which they reviewed complaints as a whole for trends and patterns over time as an additional way to improve the service.

Staff told us they were comfortable in raising concerns with management and directly with dentists. There was a whistleblowing policy in place which staff could use to formally raise and escalate concerns.

The practice was a member of the British Dental Association (BDA) best practice (quality assurance) programme. We saw that peer reviews and audits had taken place at the practice. This meant the practice had systems in place to monitor the quality of services they provided to ensure continual improvement.

The practice had an informative website which met all relevant requirements.

Policies and Procedures

Overall, we found the practice had a range of relevant policies, procedures and maintenance certificates in place which had been reviewed and updated.

Quality of Environment

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

The practice was located in the Malpas area of Newport. The practice was set over two floors and had five surgeries. On street car parking was available nearby.

The ground floor of the practice was wheelchair accessible with a fully accessible patient toilet.

We found the practice to be satisfactorily maintained internally and externally. Internally the environment was appropriately lit, heated, ventilated, clean and tidy.

There was useful patient information on display both externally and internally. There was a sign outside the practice with the names and qualifications of all dentists, opening hours and emergency numbers for patients' use. Price lists for both NHS and private patients were clearly displayed in the reception area.

There was a separate staff toilet where staff could change but no shared staff room was available. The practice told us they had not been able to extend the premises as hoped into the property next door due to planning permission being refused. This would have provided additional staff facilities and car parking. Staff told us they managed with the current facilities available.

Toilets were visibly clean and contained suitable hand washing facilities to prevent cross infection.

There were waiting areas on both floors which were a suitable size for the number of surgeries. Reception staff were aware of how to maintain patient confidentiality. The waiting room contained reading materials and a wide range of advice and health promotional posters and leaflets.

The fire exit was signposted and fire extinguishers had undergone inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

Patient records were securely locked away and electronic records were automatically backed up. This meant the practice took suitable precautions to protect patient information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings as outlined 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 Malpas 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: Malpas Dental Practice

Date of Inspection: 28 April 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	None identified			
	Delivery of Health and Care Standards			
9	The practice must ensure sufficient and appropriate signage is displayed in relation to controlled areas. [Ionising Radiation Regulations 1999, (18, 1 aii); Ionising Radiation (Medical Exposure) Regulations 2000; Health and Care Standards 2.9]	Signage has been placed on all surgery doors	Deb Morgan	Completed on 14/5/15
9	The practice must ensure it carries out a	New dental software system which allows us to	Keith Morgan	Installed on

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	quality assurance programme of radiographs and radiographic equipment in line with IR(ME)R regulations (IR99). 32 (3). [Ionising Radiation Regulations 1999, (32, 3); Ionising Radiation (Medical Exposure) Regulations 2000; Health and Care Standards 2.9]	audit quality of radiographs		11/5/15
10	The practice should ensure all staff members receive resuscitation training annually, in line with guidance from the Resuscitation Council (UK). [Health and Care Standards 7.1, GDC Standards 6.2.6 and 6.6.6, Resuscitation Council UK]	All team members have been booked in for annual CPR training with Lubas Medical	Keith Morgan	2/7/15
	Management and Leadership			
13	All dentists providing private dentistry require DBS checks to be carried out every three years. [Private Dentistry (Wales) Regulations 2008]	Paper work has been obtained from HIW. Dentists have been given paperwork to fill in and return to practice manager to ensure they all go off together.	Debbie Morgan	30/6/15
14	The practice must ensure there is a POVA policy in place and that all staff are aware of	POVA policy in place and given to every member	Keith Morgan	1/7/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	it. The practice must ensure all staff complete training in child and adult protection. [GDC Standards 8.5; Health and Care Standards 2.7]	of the team, will be discussed at next staff meeting on 1/7/15. This will allow us to discuss the POVA training we will be attending on 17/6/15		
15	The practice must ensure the private complaints procedure includes HIW contact details. [The Private Dentistry (Wales) Regulations 2008 15.4.(a)]	Phoned Dental Design immediately to update our private complaints policy on our web site with the HIW details. Also the private complaints policy in practice has been updated with the HIW details.	Debbie Morgan	14/5/15
	Quality of Environment			
	None identified			

Practice Representative:

Name (print): Keith P Morgan

Title: Director

Date: 11/06/15