

General Dental Practice Inspection (Announced)

Abertawe Bro Morgannwg
University Health Board,

Pentrepoeth Dental Practice

19 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Pentrepoeth Dental Practice at 9, Pentrepoeth Road, Morriston, Swansea, SA6 6AA within the area served by Abertawe Bro Morgannwg University Health Board on 19 May 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

Pentrepoeth Dental Practice provides services to patients in the Murrison area of Swansea. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. It is a mixed practice providing both private and NHS dental services. A range of services are provided.

Pentrepoeth Dental Practice is also a dental foundation training practice that supports newly qualified dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer.

The practice team includes three dentists (including the practice owner and two associate dentists), four dental nurses and a practice manager (also a dental nurse). At the time of our inspection a foundation dentist and a trainee dental nurse were also working at the practice.

4. Summary

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

The majority of patients who provided comments within our questionnaires indicated they were satisfied with the service they had received. We have recommended that the practice reintroduce a system to assess patients' views on the service with the intention of making improvements based on the feedback provided.

The practice was meeting the standards in the areas of care we considered.

We found arrangements were in place for the safe use of X-ray equipment, management of waste and the decontamination of dental instruments. However, we have recommended that a system be reintroduced to ensure the date when clean (decontaminated) instruments need to be used by is recorded on the packaging, in accordance with national policy and guidance.

The clinical facilities within the practice were clean and tidy and furnished to facilitate easy cleaning to reduce cross infection.

We found staff had been trained to deal with a patient emergency (collapse) and had access to suitable emergency equipment and drugs.

The sample of records we considered were comprehensive and demonstrated care had been planned and delivered in a safe manner.

The practice environment was visibly well maintained both internally and externally.

5. Findings

Patient Experience

The majority of patients who provided comments within our questionnaires indicated they were satisfied with the service they had received. We have recommended that the practice reintroduce a system to assess patients' views on the service with the intention of making improvements based on the feedback provided.

Prior to our inspection visit, we asked the practice manager to invite patients to complete HIW questionnaires. In total we received 18 questionnaires that had been completed prior to, and on the day of, our inspection.

Through our questionnaires we invited patients to provide comments on their experience of using the practice. The majority of patients (17) told us they were satisfied with the service they had received from the dental practice. In addition the majority (17 patients) indicated that the practice team made them feel welcome. All patients told us that they had been provided with enough information about their treatment. Some patients (4) indicated they had experienced delays when waiting to be seen by the dentist.

When invited to make any additional comments, patients told us:

'The practice is always very clean and staff pleasant at all times.'

'Everything is brilliant here, all good.'

'The dentist ... is a very kind and smiley person.'

Most patients who provided comments within questionnaires told us they were aware of how to contact the (emergency) out of hours dental services. However, there were some (5 patients) who told us they did not know. Whilst the emergency contact number was readily available to patients, the practice owner may wish to consider how to further raise awareness of this.

The practice had introduced a text reminder service and comments from practice staff indicated patients had found this useful. Staff described a process was in place for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

The practice had a questionnaire to obtain the patients' views on the service provided by the practice team. However, the practice owner described that a

patient survey had not been conducted within the last year and explained this was something that would be done in the future.

Improvement needed

The practice owner should make arrangements to reintroduce a formal mechanism to regularly assess patients' views on the service provided and act upon them.

A practice leaflet, which patients could take away, provided practical and useful information about the practice. Whilst Information was also available on the practice's website, this required some updating. The practice owner should arrange for this to be completed.

Details of the NHS pricing bands for treatment were displayed along with information on patient eligibility for free treatment. Prices for private dental services were also available. This meant patients visiting the practice had access to information on how much they may have to pay for their dental treatment.

Health promotion material was available within the waiting room. This meant patients had access to information and advice to help them care for their own oral hygiene and health.

Delivery of Health and Care Standards

The practice was meeting the standards in the areas of care we considered.

We found arrangements were in place for the safe use of X-ray equipment, management of waste and the decontamination of dental instruments. However, we have recommended that a system be reintroduced to ensure the date when clean (decontaminated) instruments need to be used by is recorded on the packaging, in accordance with national policy and guidance.

The clinical facilities within the practice were clean and tidy, and furnished to facilitate easy cleaning to reduce cross infection.

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The sample of records we considered were comprehensive and demonstrated care had been planned and delivered in a safe manner.

Radiographic Equipment/Documentation

We found arrangements were in place for the safe use of radiographic equipment. A radiation protection file contained all the relevant documentation and information on the safe use of X-ray equipment used at the practice. Safety check certificates were available for each X-ray machine used at the practice. We saw certificates that indicated staff training on the safe use of X-ray equipment was up to date.

Digital X-rays were used and a quality assurance system was in place to ensure that the image quality of these was graded and recorded.

Resuscitation and First Aid / Emergency Drugs

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. A series of flowcharts were available to guide staff on the appropriate steps to take should a patient emergency be identified. These had been placed in separate plastic wallets, together with the drugs to be used to facilitate quick and easy access in an emergency.

The practice owner confirmed that all staff had received training in the last twelve months on how to deal with medical emergencies and how to perform

cardiopulmonary resuscitation (CPR). Training certificates we saw supported this.

A system was in place to identify and replace expired drugs and also to regularly check emergency equipment held at the practice. Prescription pads were securely stored when not being used to prevent unauthorised persons using them.

Handling, Storage and Disposal of Hazardous and Non- Hazardous Waste

Contract documentation was in place for the disposal of hazardous waste. Waste produced by the practice was securely stored whilst waiting to be collected.

The practice had amalgam separators so amalgam (fillings) particles could be removed from waste water safely. In addition suitable containers were available to store extracted teeth, including those with amalgam fillings whilst waiting to be disposed of safely.

The practice had introduced the use of safer sharps⁴ systems to reduce the risk of associated (inoculation) injuries from needles.

Decontamination of Instruments and Compliance with WHTM 01-05 (Revision 1)

We considered the arrangements for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05⁵ (WHTM 01-05) (Revision 1).

We found an appropriate process was in place for the cleaning and sterilisation of instruments. The practice had a separate decontamination room as recommended within WHTM 01-05. This, together with the use of appropriate control procedures should reduce the risk of cross contamination of

⁴ Safer sharp – medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

<http://gov.wales/topics/health/cmo/professionals/dental/publication/cdo-letters/sharp-instruments/?lang=en>

⁵ [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

instruments. Records of checks had been maintained and the equipment being used for the cleaning and sterilisation of instruments was visibly in good condition.

We saw that instruments were appropriately packaged to reduce the risk of contamination when stored. However, the practice team were not routinely recording the date of processing and the date the instruments had to be used by on the packaging. This was discussed with the practice owner who explained that this was done previously but had been stopped as the instruments would be used prior to their use by date. However, we recommended that the practice team reintroduce a suitable system to date stamp processed instruments as set out within WHTM 01-05. The practice owner and practice manager agreed to do this.

Improvement needed

The practice owner should make suitable arrangements to ensure the date of processing and the date by which cleaned and sterilised instruments must be used by are clearly indicated on the packaging prior to their storage.

We saw evidence that an infection control audit had been completed using a recognised tool specifically aligned to WHTM 01-05 during November 2014. This allows dental teams to self assess their practice against the policy and guidance set out within it. The practice team had identified areas for improvement as a result of the audit and the records we saw indicated action had been taken to address these.

Clinical Facilities

We looked at the clinical facilities within the practice. We found the three surgeries to be clean and tidy and furnished to facilitate easy and effective cleaning.

Equipment and instruments were clean and appeared to be in good condition. Sufficient hand washing facilities and disposable protective equipment was available to reduce the risk of cross infection.

Each surgery had a door to protect the privacy and dignity of patients when receiving treatment.

Patient Records

We considered a sample of 20 patient dental records. This sample included records that had been completed by all of the dentists working at the practice.

The sample of records we considered was very comprehensive and demonstrated care had been planned and delivered in a manner to ensure patient safety and wellbeing.

Management and Leadership

The practice had a manager who worked closely with the practice owner. A range of relevant policies and procedures were in place with the intention of ensuring patients' safety.

A manager was responsible for the day to day running of the practice and worked closely with the practice owner. We found the practice to be well run.

The practice manager confirmed that all clinical staff working at the practice were registered with the General Dental Council and had indemnity cover in place. Records we saw supported this.

Records were also available confirming clinical staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their and patients' safety in this regard. The practice owner explained occupational health support and advice was available through arrangements with the local health board.

Dentists working at the practice and who provided private dental services had up to date registration certificates issued by HIW. These were prominently displayed in accordance with the relevant regulations for private dentistry.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. These included those in respect of safeguarding vulnerable adults and children, infection control and waste storage and disposal. Information was available to staff on Control of Substances Hazardous to Health (COSHH).

Staff told us practice meetings were held monthly and topics relevant to their work were discussed. Notes from practice meetings had been maintained. Staff also told us they felt communication within the practice team was good.

Staff explained they were able to access training relevant to their role and for their continuing professional development (CPD). Records we saw contained staff training certificates on a range of different topics. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

The practice provided both private and NHS care and treatment and had written procedures in place for patients to raise concerns (complaints). These generally met the arrangements covering NHS and private care and treatment. However, to comply with the private dentistry regulations, the procedure relating to private care needed to include the contact details for Healthcare Inspectorate Wales. The procedure for NHS care needed to include the contact details of the local

community health council. The practice owner and manager agreed to update the written procedures with this information. Staff told us they would be comfortable raising work related concerns with senior practice staff.

We found evidence that both formal/written and informal/verbal concerns (complaints) were recorded via the use of a written complaints log. The practice had regularly audited complaints to include the nature of the concern and action taken. This would assist the practice team to identify themes emerging from complaints so service improvements could be made as appropriate.

Information for patients on how to raise a concern (complaint) was available at the practice. However, over half of the patients who completed questionnaires (10) told us they were not aware of the process to follow. Therefore the practice owner may wish to explore how patients' awareness of the procedure can be improved.

Quality of Environment

The practice environment was visibly well maintained both internally and externally.

Pentrepoeth Dental Practice operates from premises located in the town of Morriston. We were told the premises had been used as a dental practice for approximately 30 years, with the current owner having taken over the ownership of the practice approximately 11 years ago.

Whilst the practice did not have designated car parking available for patients to use, the town's free public car park was located in the vicinity. The exterior of the building was visibly well maintained and the practice was clearly signposted. The names and qualifications of the dentists, together with the opening times and emergency contact number were also clearly displayed near the main entrance. This meant that patients visiting the dental practice when it was closed were directed to a number to call should they require emergency dental treatment.

A portable ramp was available so that people who use wheelchairs or mobility aids could access the building. Facilities within the practice were organised over two floors. These included a reception area within a ground floor waiting room, a surgery on the ground floor and two further surgeries on the first floor. The interior of the building was decorated to a good standard. Toilets for staff and patients were located in an outside annex and adjacent to the main building. Access to these facilities was not suitable for use by patients with significant mobility difficulties. During a tour of the building, we found all these areas were clean and tidy, adequately lit and ventilated. The toilets contained suitable hand washing facilities and paper towels to reduce cross infection.

Lockable filing cabinets were in use to store records securely. Staff access to electronic records was password protected. This meant arrangements were in place to protect patients' personal information held at the practice.

Fire exits were clearly signposted and the instructions to follow in the event of a fire were displayed. Fire fighting equipment was available and we were provided with evidence that an appropriate fire equipment maintenance contract was in place. This meant that staff and patients had information so they could safely evacuate the building in the event of a fire and suitable equipment was available for staff to use if necessary.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the patient experience and delivery of Health and Care Standards. 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 Pentrepoeth 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: Pentrepoeth Dental Practice

Date of Inspection: 19 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	The practice owner should make arrangements to reintroduce a formal mechanism to regularly assess patients' views on the service provided and act upon them. (The Health and Care Standards, Standard 6.3)	The Practice will undertake an annual assessment of patient views and act upon any significant findings	Allison Walker	1st December 2015
Delivery of Health and Care Standards				
10	The practice owner should make suitable arrangements to ensure the date of processing and the date by which cleaned	The 'Practice Infection Control Policy' will be updated to include dating of packaging of cleaned and sterilised instruments as outlined in the	Allison Walker	31st July 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	and sterilised instruments must be used by are clearly indicated on the packaging prior to their storage. (The Health and Care Standards, Standard 2.4; WHTM01-05, Paragraphs 2.4(k) and 4.26)	Health and Care Standards		
	Management and Leadership			
	-			
	Quality of Environment			
	-			

Practice Representative:

Name (print): Allison Walker.....

Title: Principle Dentist and Owner.....

Date: 27th June 2015.....