

**General Dental Practice
Inspection (Announced)**
Cardiff and Vale University
Health Board, **Park
Crescent Dental Care**

28 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at Park Crescent Dental Care, 29 Park Crescent, Barry, CF62 6HE within the area served by Cardiff and Vale University Health Board on 28 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

Park Crescent Dental Care provides services to patients in the Barry area of the Vale of Glamorgan. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

Park Crescent Dental Care is a mixed practice providing both private and NHS dental services.

The principal dentist is a qualified Dental Foundation trainer. As a result, the practice offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

The practice employs a staff team which includes one principal dentist, one foundation dentist, a part-time hygienist, two dental nurses and two receptionists.

A full range of NHS dental services and private dentistry are provided which includes the following:

- Oral assessment and treatment
- Dental hygiene
- Cosmetic and complex dentistry
- Tooth removal, root fillings, bridges and dentures

4. Summary

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

Patients told us they were very satisfied with services provided at the dental practice. Patients also told us staff were professional and welcoming and gave them enough information about their care and treatment.

We spoke with two patients who attended the practice on the day of our inspection. Both individuals offered positive comments about their experience of the service to date.

We advised the practice of the need to invite patient comments and suggestions as a means of improving services provided. We also highlighted the need for improvement to the concerns/complaint process

Overall, we found the practice was being run with the intention to meet professional and relevant Health and Care Standards.

We have made recommendations to improve aspects of the practice decontamination procedure and the content of patients' records.

The principal dentist was responsible for the day to day running of the practice with the support of a friendly and motivated team.

We saw staff working efficiently as a team and all staff told us they were happy and felt well supported in their roles.

The dental practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. However, we advised the dental team of the need to revise all policies in place to reflect current professional practice and guidelines.

The practice has been advised of the need to amend its concerns (complaints) procedure to ensure that it fully reflects the NHS '*Putting Things Right*' arrangements and the requirements of the Private Dentistry Regulations.

The practice premises provided a safe environment for patients to receive care and treatment.

5. Findings

Patient Experience

Patients told us they were very satisfied with services provided at the dental practice. Patients also told us staff were professional and welcoming and gave them enough information about their care and treatment.

We spoke with two patients who attended the practice on the day of our inspection. Both individuals offered positive comments about their experience of the service to date.

We advised the practice of the need to invite patient comments and suggestions as a means of improving services provided. We also highlighted the need for improvement to the concerns/complaint process.

We sent HIW patient questionnaires to the dental practice ahead of our inspection and 20 of those were completed.

All patients told us they were satisfied with the treatment they had received at the practice and were made to feel welcome by staff. Two patients told us they had experienced a delay in being seen by the dentist although such occasions were rare. General comments received from patients included the following:

'Great service provided'

'I am very happy with the service I receive'

'All staff are completely professional and approachable. I am always put at ease. Thank you'

'Everyone is very welcoming and helpful, especially as I am walking disabled'

We held conversations with two patients attending the practice on the day of our inspection. They provided further positive views of the care and treatment they had received and their ability to make appointments at times which fitted well with their home and working lives.

When we asked patients about treatment information, all patients said that the dental team explained the treatment they needed in enough detail. Patient comments about this aspect of the service included the following:

'Generally, yes'

'Excellent service at all times'

'I have always found this practice caring and organised'

'All of my family attend and we have always received an excellent service here. Staff are always friendly and helpful, particularly when my children were younger and apprehensive about coming'

Three patients who completed a HIW questionnaire stated that they did not know how to access out of hours dental services. However, the emergency/out of hours number was available within the patient information leaflet and displayed at the dental practice premises. The answerphone message also provided patients with out of hours information.

The practice offered both routine and emergency appointments and was open Monday to Thursday from 8.30am to 5.30pm; Friday opening hours being 8.30am to 2pm. The service closed for one hour each day between 12.30pm and 1.30pm.

Patients indicated that they were satisfied with services at the practice and had no complaints or concerns. Five of the 20 patients who completed a questionnaire though stated that they were not aware of how to make a complaint about their care or treatment, should the need arise. In addition, we found that the practice's 'in-house' complaints process/procedure was not displayed anywhere to assist patients to understand their rights in this regard. We did note however that there were some NHS 'Putting Things Right' booklets available in the ground floor waiting area.

Improvement Needed

The practice is required to demonstrate how it will ensure NHS patients are provided with accurate information on how to make a complaint about dental services received from the practice.

Conversation with members of the dental team did demonstrate the emphasis placed on ensuring that patients were satisfied with their treatment before leaving the practice at each visit

Staff told us there was no formal way that patients could provide feedback to the practice through systems such as a suggestions box, comments book or regular patient surveys.

Improvement Needed

The practice should consider how to capture and use patients' feedback as a means of identifying the need for, and improving the quality of, services.

Delivery of Health and Care Standards

Overall, we found the practice was being run with the intention to meet professional and relevant Health and Care Standards.

We have made recommendations to improve aspects of the practice decontamination procedure and the content of patients' records.

Radiographic equipment

We found suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. This included relevant staff training documentation, safety checks and equipment maintenance and testing.

Conversation with the dental team confirmed that the quality of X-rays taken were considered, recorded and discussed on a daily basis. We were also told that the team selected X-rays for teaching purposes which assisted foundation dentists to learn about the importance of the justification and quality of patient X-rays. Such sessions/audits were however not recorded which would provide the team with useful reference points regarding this element of service provision.

We found that there were no signs outside dental surgeries to alert staff and members of the public to the use of ionising radiation (X-rays). Discussion with the dental team however resulted in a willingness to address this issue as an extra means of ensuring staff and patients' safety.

Drug storage and emergency equipment

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Resuscitation equipment and emergency drugs were available in the event of a patient emergency (collapse) at the practice. Records were available which confirmed that weekly checks were in place to ensure that drugs and/or equipment were replaced ahead of their expiry dates.

We were told that a member of the dental team had received recent training in the use of first aid.

Decontamination

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. We also held conversations with staff and were satisfied that there were suitable processes in place to minimise the risk of cross infection to

protect patients. We saw that sufficient equipment was available for decontamination purposes. A dedicated hand washing sink and disposable items (such as eye protection, gloves and aprons) were available to assist staff with their established infection control procedures.

We observed that the decontamination room was a little cluttered which meant that the amount of work surface available to staff was reduced.

We saw that there was no extractor fan in place at the time of our inspection to assist the flow of air from the 'clean instruments' side of the room to the side of the room where dirty instruments were being processed. This raised the possibility that dirty air particles could re-contaminate clean instruments. However, the team were making the best possible use of natural ventilation and staff clearly described how they ensured that clean and dirty instruments were separated in the decontamination room. Discussion with a member of the dental team further revealed that the development of the decontamination room remained in progress; plans having been made for the introduction of an extractor fan to this area.

We observed that there were a large number of sterilised instruments in packaging which was not sealed within each of the three dental surgeries. We also noted that the packaging did not indicate when the sterilisation process had been undertaken, or when the instruments needed to be used by. This practise meant that the stored instruments could potentially become re-contaminated. These matters were brought to the attention of the dental team at the point of discovery to ensure that patients were protected.

Improvement Needed

The practice is advised of the need to describe the changes that have been made to the decontamination process to ensure that sterilised instruments are processed in accordance with WHTM 01-05 guidance.

We found that the practice were in the process of completing an audit of infection, prevention, control and decontamination using documentation which corresponded with WHTM 01-05⁴ guidelines. A member of the dental team also indicated that an improvement plan would be developed on completion. This

⁴ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

was with a view to making further improvements to the decontamination process as far as possible.

Logbooks for checking equipment had been maintained which demonstrated that all remained effective and in good working order to assist with patient safety.

Waste disposal

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We saw that waste had been segregated into different coloured bags/containers in accordance with correct methods of disposal. These were stored in a cupboard waiting to be collected. However, whilst the door was fitted with a hook to prevent unauthorised entry, the door of the cupboard could potentially be opened by persons other than staff. The dental team were receptive to our suggestion that the area concerned be fitted with a lock, to improve security.

Clinical Facilities

We looked at the clinical facilities in each of the surgeries and found these contained relevant equipment for the safety of patients and staff. Two of the dental surgeries were visibly clean and hygienic. However, the third dental surgery (which was not in use on a daily basis) was in need of cleaning. Specifically, drawers were seen to be dusty and work surfaces were cluttered. This was brought to the attention of the dental team who expressed their willingness to address this matter promptly. The dental surgery described above was not in use on the day of our inspection.

Patient records

We looked in detail at a sample of 10 patient records, associated with the two dentists working at the practice. Generally, the written and electronic records we saw were of a good standard.

However, we noted that some of the records we saw did not contain all information required. This was as follows:

- There was no record of smoking cessation advice
- The recording of full/updated medical histories was difficult to locate as was the countersignature by the dentists. This was because new and revised medical histories were held on paper, making it difficult to cross reference the information with medical histories scanned onto the computer

- The discussions between the dentists and patients regarding treatment options was insufficient
- Evidence of how patient consent to treatment had been obtained in each of the records seen was absent.
- No record of explanations being given to patients with regard to mouth cancer screening

Improvement Needed

The practice is advised of the need to demonstrate how it will ensure that all patients' records contain complete information in accordance with professional standards, guidance and the Health and Care Standards.

We found that patients were given X-rays at appropriate time intervals, and that the quality of X-rays was monitored.

Management and Leadership

The principal dentist was responsible for the day to day running of the practice with the support of a friendly and motivated team.

We saw staff working efficiently as a team and all staff told us they were happy and felt well supported in their roles.

The dental practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. However, we advised the dental team of the need to revise all policies in place to reflect current professional practice and guidelines.

The practice has been advised of the need to amend its concerns (complaints) procedure to ensure that it fully reflects the NHS '*Putting Things Right*' arrangements and the requirements of the Private Dentistry Regulations.

We saw that there was a small, friendly and motivated staff team at the dental centre some of whom had worked with the principal dentist for many years. We also spoke with each member of the team present on the day of our inspection and found that they were supported and happy in their roles and with their place of work. In addition, they indicated that they were confident in raising any work related concerns they may have.

The foundation (trainee) dentist received ongoing supervision from his trainer and told us he felt very well supported. A pre-planned training session took place during the course of our visit.

Staff told us that formal team meetings did not take place as they preferred to discuss aspects of service provision on a daily basis; making improvements to patient care and treatment as promptly and as far as possible.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. However, none of these had been reviewed for approximately five years. In addition, the whistleblowing policy related to a local authority based in England. The above matters were discussed with a member of the dental team.

Improvement Needed

The practice is advised of the need to describe the action to be taken which will ensure that all members of the dental team have access to

current and relevant policies to assist them during the course of their work.

The dental centre had a policy/procedure in place in support of the need to alert NHS patients as to how to raise concerns (complaints), about their dental care or treatment. However, we found that the policy/procedure did not make any specific reference to the NHS 'Putting Things Right' arrangements. Neither did the procedure alert patients to their rights to seek support with their complaint from the local Community Health Council or The Public Services Ombudsman (Wales).

Improvement Needed

The practice is required to describe the action taken to ensure that its concerns (complaints) policy and procedure fully reflects the current arrangements set out under 'Putting Things Right'.

We saw that the policy/procedure relating to patients who received private dental care and treatment did not make any reference to timescales for acknowledgement or resolution. In addition, the procedure did not make any reference to Healthcare Inspectorate Wales as is required by the regulations⁵.

Improvement Needed

The practice is required to describe the action taken to ensure that it achieves compliance with the complaints element of The Private Dentistry Regulations.

The practice had an appropriate system for recording written complaints, although none had been recorded as being received in the past 12 months. We were also told that the team placed an emphasis on resolving any verbal concerns raised by patients 'on the spot'.

We saw that the practice had completed audit activity in the past twelve months in relation to the use of antibiotics and the frequency of patient X-rays. This meant that the practice had suitable and on-going arrangements in place to explore and check aspects of service provision with a view to making improvements to patient services.

We were able to confirm that all clinical staff were registered with the General Dental Council as required. We were also able to establish that staff had been

⁵ Private Dentistry Regulations 2008

provided with a wide range of training opportunities relevant to their role and in support of their continuing professional development (CPD). This included training with regard to child protection and the protection of vulnerable adults. This meant that patients could be assured that they are treated by staff who have appropriate skills and up-to-date training. We also saw evidence that appropriate indemnity insurance was in place for all clinical members of staff.

We were told that a formal induction was in place to support new employees. This meant that patients received care and treatment from staff who were confident and acquainted with processes and procedures at their place of work.

Discussion with the principal dentist and other members of the dental team revealed that staff turnover and sickness/absence levels were very low. We were also told that agency nurses were never used as the practice had a longstanding arrangement with other local dental practices whereby they supported one another at times of annual leave or staff sickness. This meant that patients received care and treatment from a dental team who were familiar to them.

We saw evidence of Hepatitis B vaccinations and immunity records within staff files. This meant that the practice had taken appropriate steps to protect staff and patients. We were also told that the dental team were able to obtain support and advice associated with their work from the occupational health department at Cardiff and Vale University Health Board as and when needed.

We examined a variety of maintenance certificates and schedules held at the dental centre. This included the testing of portable appliances. We were, therefore, able to confirm that suitable arrangements were in place to ensure that equipment was inspected according to regulatory requirements, so that patients could be treated safely.

HIW registration certificates were displayed at the dental centre for each of the dentists providing private dentistry. This was in accordance with the relevant regulations.

Quality of Environment

The practice premises provided a safe environment for patients to receive care and treatment.

Park Crescent Dental Care is situated at 29 Park Crescent, Barry, CF62 6HE. There were no dedicated car parking spaces at the premises; however, free parking spaces were available in the surrounding streets in close proximity to the practice.

The ground floor of the dental practice contained the reception area and one dental surgery. The remaining two dental surgeries were situated on the first floor of the building; hand rails being provided to assist patients to use the flight of stairs.

The premises were not suitable for people who used wheelchairs. This is because there were a series of steps leading to the entrance. The practice patient leaflet referred to this situation.

We saw that there was one waiting area on the ground floor and a seat for one patient to wait on the first floor. The combination of these areas provided patients with sufficient space to wait, in relation to the number of dental surgeries present at the premises.

Patients were provided with a toilet and separate hand washing area which was clearly signposted on the ground floor. This was accessed via a step from the ground floor waiting area toward the rear of the building. Staff were provided with a toilet on the first floor. Both facilities were seen to be clean and hygienic and contained appropriate equipment for effective hand washing.

Staff had access to a room/kitchen area where they could change into their work uniforms and take allocated breaks from their work.

We saw that the practice had valid documentation on display with regard to public liability insurance.

A wide variety of dental health promotion material was available to patients in the ground floor waiting area.

All areas within the building were clean, welcoming, fresh and tidy with the exception of one of the three dental surgeries. Information about that issue can be seen within the section of this report entitled 'Delivery of Health and Care

Standards. We also found that the practice was adequately heated, ventilated and had suitable lighting.

The name and qualifications of the dentists were clearly displayed on the front of the building together with the telephone number for the practice.

Fire exits were clearly signposted.

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, the Delivery of Health and Care Standards and Management and Leadership. 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 Park Crescent Dental Care 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: Park Crescent Dental Care, 29 Park Crescent, Barry.

Date of Inspection: 28 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 7	<p>The practice is required to demonstrate how it will ensure NHS patients are provided with accurate information on how to make a complaint about dental services received from the practice.</p> <p>Health and Care Standard 6.3. GDC standard 5.1</p>	<p>We will ensure that our complaints procedure for NHS and private patients is more visible. We do have documentation and policies designed for patients who raise a concern, and there are already copies of Welsh Government pamphlets 'Putting Things Right' for NHS patients on notice boards accessible by patients. We will produce a notice to highlight the information given in these and indicate that similar procedures are available to private patients.</p>	Marcus Brown	2 weeks
Page 7	<p>The practice should consider how to capture and use patients' feedback as a means of identifying the need for, and improving the quality of, services.</p>	<p>Feedback from the questionnaires given out prior to HIW s visit was generally favourable. We will consider using more frequent patient questionnaires to establish whether there is</p>	Marcus Brown	2 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Health and Care Standard 6.3. GDC standard 2.2	anything we can do to improve the service provided.		
Delivery of Health and Care Standards				
Page 9	<p>The practice is advised of the need to describe the changes that have been made to the decontamination process to ensure that sterilised instruments are processed in accordance with WHTM 01-05 guidance.</p> <p>Health and Care Standard 2.4</p>	<p>We will make sure that all instruments and equipment decontaminated and autoclaved are sealed in bags and dated and not left open for some time after autoclaving.</p> <p>I intend to have an extractor fan fitted in the decontamination room to ensure movement of air from clean side to dirty side.</p>	<p>Alison Pope Rebecca Murlis</p> <p>Marcus Brown</p>	<p>Immediate</p> <p>2 months</p>
Page 11	<p>The practice is advised of the need to demonstrate how it will ensure that all patients' records contain complete information in accordance with professional standards, guidance and the Health and Care Standards.</p> <p>Health and Care Standards 3.5 and 4.2. GDC standard 4</p>	<p>We will be more meticulous at making sure that smoking cessation advice is not just given but recorded in records. We will continue to ensure that full and updated medical records are recorded and signed by the dentist for all patients.</p> <p>We will continue to ensure that reference to soft tissue examination and its significance to mouth cancer is recorded in notes.</p> <p>We will make sure that discussions between dentists and patients regarding treatment options are recorded in notes.</p>	Dentists	Immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		We will make sure that there is evidence that patient's consent to treatment has been obtained and recorded in notes.		
Management and Leadership				
Pages 12/13	The practice is advised of the need to describe the action to be taken which will ensure that all members of the dental team have access to current and relevant policies to assist them during the course of their work. Health and Care Standards 2.1, 2.9, 3.1, 3.4	Policies will be reviewed and updated if necessary and reviewed more regularly	Marcus Brown	2 weeks
Page 13	The practice is required to describe the action taken to ensure that its concerns (complaints) policy and procedure fully reflects the current arrangements set out under 'Putting Things Right'. Health and Care Standard 6.3	We will make sure that policy/procedure relating to NHS patients who raise concerns makes reference to 'Putting Things Right' literature We will also make reference to the right to seek support from the local Community Health Council or the Public Services Ombudsman (Wales)	Marcus Brown	Immediately
Page 13	The practice is required to describe the action taken to ensure that it achieves compliance with the complaints element of The Private Dentistry Regulations.	We will make sure that the policy/procedure relating to private patients who raise concerns regarding care and treatment makes reference to time scales relating to acknowledgement and resolution, and we will make reference to	Marcus Brown	Immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	(Regulations 15 & 16).	Healthcare Inspectorate Wales.		
Quality of Environment				
	There were no areas for improvement identified in relation to this aspect of inspection.			

Practice Representative:

Name (print):Marcus Brown.....

Title:Principal/Provider.....

Date:01/07/2015.....