

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,
Charles Street Dental
Practice

6 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Charles Street Dental Practice, 147 Charles Street, Milford Haven, SA73 2HP within the area served by Hywel Dda University Health Board on 6 August 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

Charles Street Dental Practice provides services to approximately 4903 NHS patients and 1608 private patients in the Milford Haven region. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

There is a staff team, which includes four dentists; five nurses, two receptionists and a senior receptionist / practice manager.

A range of services are provided. These include:

- Routine dentistry
- Crowns and bridges
- Implants
- Dentures
- Orthodontic
- Cosmetic treatments
- Tooth whitening
- Facial cosmetics

4. Summary

HIW explored how Charles Street dental practice met the standards of care set out in the Health and Care Standards April 2015.

Most patients told us they were 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 by having a patient satisfaction / suggestion box in the reception area.

We could not be assured that care and treatment was always planned and delivered in line with relevant standards and requirements in the areas we inspected. We found that, although the standard of clinical facilities was good, there were improvements needed regarding clinical record keeping. Although arrangements for emergency equipment /drugs and waste disposal were appropriate, we found that some areas for the use of radiographic (X-ray) equipment required improvement. There was a dedicated decontamination room which met with the WHTM 01-05⁴ standards and although staff had received training on the decontamination process there were still some areas of improvement identified.

We found a committed staff team who told us they felt supported in their roles. There were robust systems to ensure clear guidance for staff, although there were areas of improvement needed in staff assessments and the complaints process.

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

⁴Welsh Health Technical Memorandum 01-05 is the guidance on decontamination of instruments in primary care dental practices and community dental services.

5. Findings

Patient Experience

Most patients told us they were 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 by having a patient satisfaction / suggestion box in the reception area.

We sent HIW patient questionnaires to the practice and 24 patients had completed these prior to our inspection. We also spoke with three patients whilst we were at the practice. The patients had been attended at the practice from eight months years to 28 years.

Without exception all patients who completed a questionnaire and spoke with us stated they were satisfied with the treatment they had received and confirmed that they were made to feel welcome by staff. A sample of patient comments included the following:

“Excellent practice. I travel over 15 miles as it is so good”

“We as a family are very happy with our quality of treatment and the professionalism shown”

“I have always been very pleased with the standard of care I receive at this practice. All staff are very kind and helpful”

“Always felt very satisfied with the service at this surgery..”

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;

“Yes they explain everything”

“Yes very helpful.”

Almost all patients knew how to access out of hours dental services. We checked the practice’s answer phone message and confirmed that the information was available. We saw that the out of hours contact details were included in the practices’ patient information leaflet and on the practice window.

The practice was open Monday to Thursday from 9:00am to 5:00pm and Friday 9:00am to 13:00pm. Emergency appointments were also available. There was

a flexible appointment system available to ensure patients could arrange to see a dentist at a time which was convenient.

Almost all patients indicated on questionnaires that they would know how to make a complaint, should the need arise. We saw that the complaints information was displayed in the waiting area and it was included in the patient information leaflet. This meant that patients could access this information easily if the need arose.

We saw a patient satisfaction / suggestion box in the reception area which was checked on a daily basis. These comments were used to provide feedback to the practice.

Patients indicated in the questionnaires that they were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment. However these conversations were not recorded in the patients' records. This is highlighted in the improvements needed later in the report. All patients were provided with a written treatment plan which outlined the planned treatment.

There was a range of health promotional material available in the waiting areas. Practice information leaflets were available to patients and gave a summary of useful information about the practice and how to raise a concern. These required updating to ensure they contain the names and qualifications of the dentists, full complaints details including the local CHC and HIW addresses and the services offered.

There was no website however the practice were considering this for the future.

Delivery of Health and Care Standards

We could not be assured that care and treatment was always planned and delivered in line with relevant standards and requirements in the areas we inspected. We found that, although the standard of clinical facilities was good, there were improvements needed regarding clinical record keeping. Although arrangements for emergency equipment /drugs and waste disposal were appropriate, we found that some areas for the use of radiographic (X-ray) equipment required improvement. There was a dedicated decontamination room which met with the WHTM 01-05⁵ standards and although staff had received training on the decontamination process there were still some areas of improvement identified.

Radiographic Equipment/Documentation

We found areas for improvement regarding the arrangements for the safe use of radiographic (X-ray) equipment. Although relevant documentation, including safety checks and testing were available and staff had attended ionising radiation training, the practice had not followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using X-ray equipment. We found that the appropriate three year checks of equipment had been undertaken but there were no annual inspection reports. This meant that robust systems were not in place to ensure the regular maintenance of X-ray equipment.

Improvement needed

The practice must have annual inspections of the radiographic equipment.

We looked at the recording of the use of X-rays in patient records and found the following areas required improvement:

- There was no justification for taking X-rays recorded
- There was no reporting on the findings of the X-rays
- There was no grading of the X-rays for audit purposes

⁵Welsh Health Technical Memorandum 01-05 is the guidance on decontamination of instruments in primary care dental practices and community dental services.

Improvement needed

The practice needs to audit patients' radiographic records and document the reasons for taking and the findings of all X-rays. The X-rays must also be graded to ensure the quality of the image is recorded for audit purposes.

Resuscitation and First Aid

Staff were knowledgeable about what to do in the event of a medical emergency and although there was a current resuscitation policy in place it did not clearly outline each staff member's roles and responsibilities.

Improvement needed

The resuscitation policy needs to be reviewed to meet the requirements of the Resuscitation Guidance (UK).

There was no dedicated staff member appointed as first aider to ensure the immediate care of patients or staff if they become ill or suffer an injury at the practice.

Improvement needed

The practice must have an appointed First Aider on site at all times who has undertaken the appropriate training.

Staff had access to appropriate, well organised resuscitation equipment in the event of medical emergencies (collapse). At the time of the inspection all staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff were trained and equipped to manage medical emergencies.

Emergency drugs

Emergency drugs were organised and stored securely in a well positioned and safe location. There was a robust system in place for monitoring the expiry dates of drugs. 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 a policy and procedure in place for the safe handling of mercury.

Decontamination of instruments and compliance with WHTM 01-05 (revision 1)¹

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments which met with the standards set out in the WHTM 01-05 (revision 1) guidance. We found that there was a clear pathway in place regarding processes for used or clean instruments and there was a separate hand washing sink. We saw the use of clearly labelled sealed boxes to carry used and clean instruments to, and from, the decontamination room.

All instruments were bagged following sterilisation and dated with a processing and use by date. All instruments checked were within date and an in house system was in place for checking that instruments were used, within specified timeframes. This meant suitable processes were in place to protect patients from cross infection in this regard.

We saw that staff conducting decontamination procedures had received general training on that topic.

We saw that 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 recently conducted the Welsh Deanery audit of the infection control requirements. This meant that 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 organised and well equipped to ensure 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 for patients and staff to wear during treatment sessions.

We saw documentation that showed that the compressor (device to supply clean air to power dental hand pieces and various other 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.

We saw dental materials which were not within the suggested expiry dates stored in cupboards in each surgery. Specifically, materials used in the surgery for treatment were well beyond the expiry dates.

Improvement needed

The practice needs to ensure all dental materials are within the suggested expiry dates.

Patient records

We looked in detail at a sample of patient records. The standard of record keeping needed attention in the following areas;

- Basic Periodontal Examinations⁶ were not seen in all dental records
- We found that although patient's medical histories were updated at every visit they were not countersigned by the dentists
- The records did not show clear recording of treatment options discussed or the treatment required for patients
- Full social histories were not currently being recorded. This would highlight potential oral health risks and would enable early intervention.

Improvement needed

The practice needs to audit patients' records to improve record keeping in the highlighted areas.

We also discussed in detail one patient's record which did not have clear recording of treatment discussions nor justification for treatment options. For example there was a mixture of NHS and private treatment and we were unable to follow the decisions for the choices of treatment. HIW has referred this case to the health board.

⁶ The **Basic Periodontal Examination** is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need

Management and Leadership

We found a committed staff team who told us they felt supported in their roles. There were robust systems to ensure clear guidance for staff in terms of their day to day work, although there were areas of improvement needed regarding information for new staff, on going staff appraisals and the complaints process.

Staff

The practice offered predominantly private dental treatment with some NHS treatment. There was a senior receptionist / practice manager who helped oversee the day to day running of the practice. Individuals had dedicated roles but worked seamlessly as a team. The staff we spoke with were committed and told us they felt supported in their work.

The dentist and dental nurses were registered with the General Dental Council (GDC) and had contracts of employment. All staff had recently applied to renew their Disclosure and Barring Service (DBS) certificates, in line with the regulations for private dentistry. HIW requested that proof of receipt be submitted when they arrive.

We saw that the dentists' certificates confirming registration with HIW were on display at the practice, as required by the Private Dentistry (Wales) Regulations 2008. One dentist could not show us his certificate however we were able to confirm their registration was up to date via information held by the HIW Registration team.

We saw Hepatitis B vaccination and immunity records for all clinical staff. The senior receptionist / practice manager told us that the practice was not aware of the occupational health service offered by the health board but would look into such availability as a matter of urgency. The dentists had individual indemnity insurance cover but it was unclear whether the nurses were covered. We asked for confirmation of this and it was submitted to HIW the day after our inspection.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role. There was currently no induction file to offer relevant information for staff new in post; although staff confirmed that there were informal induction/orientation arrangements in place to ensure that new staff were supported in becoming familiar with practice processes and procedures.

Improvement needed

The practice needs to develop a formal induction programme for new employees.

There were formal, recorded staff meetings which were held monthly. The records were made available to us and we were given verbal examples of lessons learned and also relevant sharing of information, such as changes in policy or procedures.

There was not currently a system in place for formal staff appraisals. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional development needs.

Child and Adult Protection

We found that all staff had completed training in child protection. A child protection policy was in place which included local contact details should the staff need to make referrals to the appropriate authority. This was noteworthy practice because it ensured safe and timely processes were in place to protect vulnerable children.

All members of clinical staff have attended Child protection training and two members of staff have received POVA training. There was a policy in place however there were no local contact details for safe and timely referrals should they be needed. These needed to be sourced and the policy amended.

Improvement needed

All members of staff should attend child and vulnerable adult protection training.

Complaints

There was a complaints procedure available however it did not comply with either the NHS or the private regulations requirements. The practice was therefore advised of the need for two individual complaint procedures outlining the separate timescales and contact agencies.

Improvement needed

The complaints policy for private patients must comply with the requirements of the Private Dentistry (Wales) regulations 2008 (Regulation 15).

The complaints policy for NHS patients must comply with the requirements of the “Putting Things Right” NHS Complaints guidance 2008.

Complaints were held centrally, separate to patient records. However there were no timescales documented for responses made. Verbal comments and concerns were also being recorded. This will enable trends to be highlighted at an early stage.

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

Policies and Procedures

Overall, we found the practice had a range of relevant policies and procedures available to guide staff in their daily work. The policies and procedures had been reviewed and updated to ensure staff were working to the most up to date information.

Most maintenance certificates and records were also in place, however we did not see the gas maintenance/safety certificate. HIW has therefore requested that this be submitted.

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

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

The dental practice was located in the centre of Milford Haven town and was set out over two floors. It was accessible to patients with mobility difficulties. There were currently four working surgeries; three on the ground floor and one on the first floor. There was a small private parking area at the premises but there was also ample street parking outside.

We found the practice to be adequately maintained internally, with appropriate lighting, heating and ventilation. Externally the practice was well maintained.

There was useful patient information on display both externally and internally. There was clear signage outside the practice with the names and qualifications of the dentists working in the practice. Emergency numbers for patients' use were visible from the outside.

NHS and private dental price lists were displayed inside the practice for the benefit of patients. The practice also had on display a list of staff, their designation and registration number (where applicable).

There were separate staff and patient toilets, which were visibly clean and contained suitable hand washing facilities to prevent cross infection. However there was no facility for disposal of female sanitary products.

Improvement needed

The practice needs to ensure there are facilities to dispose of female sanitary products in each toilet.

The waiting areas were suitable for the number of surgeries and contained reading materials and a small amount of health promotional posters.

The fire exits were signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building. Patients can be assured that the paper correspondence and records were stored securely.

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 Charles Street 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: Charles Street Dental Practice

Date of Inspection: 6 August 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	No improvement needed.			
	Delivery of Health and Care Standards			
Page 8	The practice must have annual inspections of the radiographic equipment. [Health and Care Standards 2.9].	Contacted DBG regarding inspections annually	Jane Connelly	Completed (awaiting inspection appointment)
Page 9	The practice needs to audit patients' radiographic records and document the reasons for taking and the findings of all x-rays. The x-rays must also be graded to ensure the quality of the image is recorded	All dentists informed of improvement required in this area. Clinical audits of patients notes to be conducted 6 monthly. These audits will include a check that all radiographs taken are documented with	Philippa Scholz	All dentists are now ensuring all radiographs are

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	for audit purposes. [Health and Care Standards 3.3, 3.5; General Dental Council Standard 4].	justification for taking them, the grading of the image and a report on findings.		recorded, justified and graded. 1 st audit to be carried out feb 2016
Page 9	The resuscitation policy needs to be reviewed to meet the requirements of the Resuscitation Guidance (UK). [Health and Care Standards 5.1; GDC 6.2.6, 6.6.6].	Policy to be reviewed and amended/updated. To confirm with CPR training officer at annual CPR training held at practice.	Oliver Badham	Completed sep 2015
Page 9	The practice must have an appointed First Aider on site at all times who has undertaken the appropriate training. [Health and Safety Executive guidance].	Principal dentist to enrol at local training centre	Oliver Badham	Next available course
Page 11	The practice needs to ensure all dental materials are within the suggested expiry dates. [Health and Care Standards 3.1; GDC 1.5.1].	Checking all dates on dental materials has been added to the monthly check list for each surgery. This is to be completed by each nurse and documented. Principal dentists have been informed that they must ensure this check is carried out.	Oliver Badham and Michael Shaw	Completed sep 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 11	<p>The standard of record keeping needed attention in the following areas;</p> <ul style="list-style-type: none"> • Basic Periodontal Examinations⁷ were not seen in all dental records • We found that although patient's medical histories were updated at every visit they were not countersigned by the dentists • The records did not show clear recording of treatment options discussed or the treatment required for patients • Full social histories were not currently being recorded. This would highlight potential oral health risks and would enable early intervention. 	<p>All dentists and nurses have been informed of shortfalls in record keeping.</p> <p>Each dentist is now conducting regular BPE's for all patients where appropriate.</p> <p>All medical histories are now being countersigned by a dentist and scanned to the patients file.</p> <p>All treatment options that are discussed with patients are now clearly logged in patients clinical notes.</p> <p>Social history is now discussed with patients in the surgery and a record of risks to oral health is logged in patient notes.</p> <p>Standards of record keeping to be audited by a clinical member of staff and findings to be discussed at practice meetings.</p>	Oliver Badham and Michael Shaw	Completed sep 2015

⁷ The **Basic Periodontal Examination** is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 3.3, 3.5; GDC Standard 4].			
Management and Leadership				
Page 13	The practice needs to develop a formal induction programme for new employees. Health and Care Standards 7.1; GDC 6.6.1.	Formal induction plan to be created.	Philippa Scholz	Completed Sep 2015
Page 14	All members of staff should attend child and vulnerable adult protection training. [Health and Care Standards 2.7; GDC 4.3.3, 8.5].	All members of clinical staff have attended Child protection training and two members of staff have received POVA training. Remaining staff to attend POVA training course as soon as one is available.	Oliver Badham and Michael Shaw	ASAP
Page 14	The complaints policy must comply with the requirements of the Private Dentistry (Wales) regulations 2008 sec 15. The complaints policy for NHS patients must comply with the "Putting Things Right" NHS Complaints guidance 2008.	Policy to be reviewed and brought up to date	Michael Shaw	Completed Sep 2015
Quality of Environment				

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 16	<p>The practice needs to ensure there are facilities to dispose of female sanitary products in each toilet.</p> <p>[Health and Care Standards 2.1; Workplace (Health, Safety and Welfare) Regulations 1992].</p>	Two sanitary bins to be added to initial waste contract.	Jane connelly	Completed and installed sep 2015

Practice Representative:

Name (print): **Philippa Scholz**

Title: **Dental Nurse**

Date: **1/10/15**
