

General Dental Practice Inspection (Announced)

Cwm Taf University Health
Board, Whitcombe Dental
Centre

05 January 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Whitcombe Dental Centre at 19 Whitcombe Street, Aberdare on 5 January 2016.

HIW explored how Whitcombe Dental Centre met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Whitcombe Dental Centre provides services to patients in the Aberdare area. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

Whitcombe Dental Centre is a mixed practice providing mainly NHS and a small amount of private dental services.

The practice staff team includes four dentists, five nurses, two receptionists and a practice manager.

Whitcombe Dental Centre is part of a group of six Welsh dental practices managed by United Dental (Wales) LTD.

3. Summary

Overall, we found evidence that Whitcombe Dental Centre provides patients with safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Up-to-date policies and procedures to protect patients' safety
- Staff we spoke to were happy in their roles, understood their responsibilities
- Clinical facilities are well-equipped, visibly clean and tidy
- There are arrangements in place for the safe use of x-rays
- Dental instruments are cleaned and sterilised appropriately
- Clinical waste is handled, stored and disposed of safely.

This is what we recommend the practice could improve:

- Information displayed at the practice, including information on how patients could make a complaint
- Risk assessments for hazardous substances
- Staff training in decontamination, protection of vulnerable adults and radiation protection
- Arrangements for quality assurance audits and peer review
- Recording of patient notes.

4. Findings

Quality of the Patient Experience

We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained through our patient questionnaire was positive. The practice had a system for regularly seeking patient feedback as a way of assessing the quality of the service provided. We recommended the practice display further health promotion information to help support patients to take responsibility for their own health and well-being.

Prior to the inspection, we asked the practice to give out HIW questionnaires to get patients views on the dental services provided. Twenty questionnaires were completed and returned to us. Patient comments included:

“The people here are always happy to help. Very friendly staff. Always get seen on my appointment time.”

“I am happy here and even though I have received a lot of treatment, staff have always made me comfortable and reassured me.”

“Reception and practice staff are always very helpful and pleasant.”

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in a private area, away from other patients if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

Timely care

The practice tries to ensure that dental care is provided in a timely way. There was a flexible appointment system so that patients could book appointments both in advance and for emergencies. The majority of patients told us they did not experience delay in being seen by the dentists and knew how to access out of hours dental care. We saw a sign in the window of the practice with details of

the emergency contact telephone number so that patients could access emergency dental care when the practice is closed.

Staying healthy

All patients who completed the questionnaires told us they received enough information about their treatment.

We noticed a lack of health promotion leaflets/posters in the waiting area. We advised the practice to consider providing further health promotion information relevant to their patient population, such as mouth cancer awareness, smoking cessation and general information on how patients could improve their oral health. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

Improvement needed

Further health promotion information should be provided to patients.

The practice should also consider how they could make information more accessible to a wider range of patients, such as by providing information in other formats and languages, including Welsh. The need for this could be assessed through gaining patient feedback.

Individual care

We saw evidence that the practice had a way of seeking patient feedback. Patient questionnaires were given out at reception and the results were passed to the practice manager. We looked at a sample of completed questionnaires which showed patients were satisfied with the service provided. In addition to this, the practice also had plans to add a suggestions box in the reception area.

We saw that posters were displayed about the price of NHS treatment, so that patients were informed about costs. We understood that only a small amount of private treatments were provided, but a private price list was not displayed.

Improvement needed

A private price list should be displayed so that patients are fully informed of the costs associated with their dental treatment.

The practice had a procedure in place so that private and NHS patients could raise concerns (complaints). We found the procedure to be generally compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations¹. The complaints policy was displayed in the reception and waiting areas and included relevant other organisations for patients to contact. However, we noticed that this did not include a reference to HIW.

Improvement needed

The contact details for HIW should be added to the complaints policy and posters.

We were told that the practice had not received a complaint since being taken over by United Dental. We saw there was a folder and a summary template where complaints would be recorded. We advised the practice to improve the way they record verbal concerns so that any emerging themes could be easily identified.

¹ The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Delivery of Safe and Effective Care

Overall, we found evidence that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were satisfied that x-ray equipment was used appropriately and safely.

We looked at patient records and found that improvements were needed. We recommended that the dentists conduct a clinical records audit together in order to share learning and best practice.

Safe care

Clinical facilities

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. The practice was visibly well maintained and fire extinguishers were placed strategically and had been serviced regularly. Contract documentation was in place for the disposal of non hazardous and hazardous waste.

We found that all surgeries were clean, tidy and well organised. We also saw that the head nurse had organised each surgery in the same way, meaning that all staff could find materials and equipment easily regardless of which surgery they were working in. We noted this as good practice. We noticed that two of the chairs used by dental staff in Surgery 2 had ripped, but we were told that replacement chairs had already been ordered.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH)² and we saw that safety data sheets had been kept for each substance. However, in accordance with the guidelines from the Health and Safety Executive, while safety data sheets should be kept, a risk assessment should also be completed that is specific to the workplace and environment.

² COSHH is the law that requires employers to control substances that are hazardous to health. More information can be found on the Health and Safety Executive website via the following link <http://www.hse.gov.uk/coshh/index.htm>

Improvement needed

COSHH risk assessments specific to the practice should be conducted in addition to keeping safety data sheets.

Infection control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence that there were infection prevention and control measures in place based on the Welsh Health Technical Memorandum 01-05³ (WHTM 01-05) guidelines. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing. Records for each sterilisation cycle were kept electronically and backed-up
- Instruments were stored appropriately and dated.

We saw evidence that infection control audits had been completed, as recommended by the Wales specific WHTM 01-05 guidelines.

On the day of inspection, we could not find evidence that all dental nurses had completed decontamination training, as recommended by the WHTM 01-05.

Improvement needed

All staff involved in decontamination should complete training and training records should be maintained.

³ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Emergency drugs and resuscitation equipment

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). This training should be completed annually in line with UK Resuscitation Council Guidelines. We saw that four members of staff had last completed this training in mid December 2014, but we were assured that all staff had been booked to attend update training the week following the inspection.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults. All clinical staff had received training in the protection of children. However, not all staff had completed training in the protection of vulnerable adults.

Improvement needed

Training in the protection of vulnerable adults should be conducted by all staff.

We were told there were arrangements in place for staff to raise any concerns. The practice told us that pre-employment checks of any new members of staff are carried out before they join the practice, including Disclosure and Barring Service (DBS) clearance.

Radiographic equipment

We saw documentation to show that x-ray machines had been regularly serviced to help ensure they were safe for use. We were found that the dentists involved in taking radiographs had completed the required training. This is in accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations 2000. However, training in ionising radiation had not been completed by all dental nurses.

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Improvement needed

The relevant training in ionising radiation should be conducted by all dental nurses.

Following the change of practice ownership in 2015, we found that the practice had completed a quality assurance audit for radiographs in June 2015, in accordance with the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). The practice assured us that they had an ongoing radiographic quality assurance programme.

Patient records

We looked in detail at a small sample of patient records across each of the dentists at the practice. One of the dentists had recently started working at the practice, so we did not include them in our review. Overall, we found that the records needed improvement, including the following areas:

- Patient consent was not always recorded
- Treatment plans were not consistently provided and signed by the patient, as required by the General Dental Council Standards
- Treatment options and discussions with patients were not always recorded in notes
- Social history, including details about whether a patient smoked and their diet and oral hygiene were not always recorded. This is important to identify a patient's risk of decay and mouth cancer
- Mouth cancer screening was not always recorded. The recording of this is advised
- Medical histories were not consistently countersigned by the dentist. Countersigning is not mandatory, however, the practice must have a consistent system of ensuring each medical history is checked by the dentist
- There were a few instances where a patient's tooth had been extracted but no x-rays had been taken (this would be recommended practice) and an explanation for this had not been recorded
- Baseline basic periodontal examination and information about patient's gum condition was not always recorded in the notes.

Improvement needed

The following improvements should be made to patient notes, including the consistent and correct recording of:

- ***Patient consent***
- ***Treatment plans***
- ***Treatment options and discussions with patients***
- ***Social history***
- ***Consistent method of checking medical histories***
- ***X-rays should be taken as appropriate and explanations for why an x-ray is not required should be noted***
- ***Basic periodontal examination, information about patient's gum condition and details of any treatment offered to the patient.***

Given the improvements needed to patient records, we recommended that the dentists conduct a clinical records audit together in order to share learning and best practice.

Improvement needed

The dentists at the practice should conduct a clinical records audit and share learning from this.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engages in some relevant audits, including infection control. We were told that the dentists had access to a clinical director to provide any clinical support as required and to conduct regular appraisals.

There were no formal arrangements for staff to conduct regular peer review audits together. We advised the practice that learning from peer review and audits contributes to the quality of care provided. We discussed the range of audit topics provided by the Welsh Deanery and the practice manager told us they had considered arranging time for staff to conduct audits as a team.

Improvement needed

The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, share best practice and helping to ensure the quality of the care provided.

Quality of Management and Leadership

We found evidence of effective management and leadership at this practice. Staff we spoke to were happy in their roles, understood their responsibilities and felt supported by the practice manager. A range of relevant policies and procedures were in place.

The practice had been acquired by United Dental LTD in April 2015 and we were told of the improvements that had been made to the environment/facilities and also to the management arrangements. The day to day management of the practice is the responsibility of the practice manager who was new in post.

We saw a staff team at work who seemed happy and competent in carrying out their roles. Staff we spoke to told us they felt supported by the practice manager and were happy with the new management arrangements. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD).

As the practice manager was new in post, appraisals had not yet been conducted for staff, but we were told that there were plans to do this. We were told that appraisals for the dentists were conducted by the clinical director.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. We noticed that two certificates needed to be updated and we made arrangements for this following the inspection.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. We saw that one of the records indicated that a staff member needed to have a booster, which was overdue. We advised that this was followed-up.

We found there were systems in place to ensure any new staff received an induction and that they are made aware of practice policies and procedures.

We looked at the policies and procedures in place and saw evidence that they had been reviewed regularly and organised. We noticed that there were a number of different policies covering the same areas and we advised the practice to consider combining this information to make it easier for staff to locate and update as appropriate.

We were told that staff meetings were held monthly and these were recorded. Previously, staff meetings had been held with mainly the nursing staff, but the practice manager confirmed their plan to involve all practice staff in meetings in future.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Whitcombe Dental Centre will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to NHS inspections in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

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
- 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Whitcombe Dental Centre

Date of Inspection: 5 January 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	Further health promotion information should be provided to patients.	Health and Care Standards 1.1			
6	A private price list should be displayed so that patients are fully informed of the costs associated with their dental treatment.	GDC standard 2.4.1			
7	The contact details for HIW should be added to the complaints policy and posters.	Private Dentistry (Amendment) Regulations 2011 section			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		15(4a);			
Delivery of Safe and Effective Care					
9	COSHH risk assessments specific to the practice should be conducted in addition to keeping safety data sheets.	Health and Safety Executive			
9	All staff involved in decontamination should complete training and training records should be maintained.	WHTM 01-05 guidelines section 24o			
10	Training in the protection of vulnerable adults should be conducted by all staff.	Health and Care Standards 2.7; General Dental Council Standards 8.5			
11	The relevant training in ionising radiation should be conducted by all dental nurses.	General Dental Council: CPD for dental professionals			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	<p>The following improvements should be made to patient notes, including the consistent and correct recording of:</p> <ul style="list-style-type: none"> • Patient consent • Treatment plans • Treatment options and discussions with patients • Social history • Consistent method of checking medical histories • X-rays should be taken as appropriate and explanations for why an x-ray is not required should be noted • Basic periodontal examination, information about patient's gum condition and details of any treatment offered to the patient. 	Health and Care Standards 3.5; General Dental Council Standards 4			
12	The dentists at the practice should conduct a clinical records audit and share learning from this.	Health and Care Standards			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		3.5; General Dental Council Standards 4			
12	The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, share best practice and helping to ensure the quality of the care provided.	Health and Care Standards 3.3; Private Dentistry Regulations Section 14(2);			
Quality of Management and Leadership					
	<i>No improvements required</i>				

Practice Representative:

Name (print):

Title:

Date: