

General Dental Practice Inspection (Announced)

Aneurin Bevan University
Health Board, Ponthir
Dental Practice (Restore
Dental Group)

2 March 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 at Ponthir Dental Practice, Stokes Court, Ponthir NP18 1RY on 2 March 2016

HIW explored how Ponthir Dental Practice 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

Ponthir Dental Practice provides services to patients in the Newport, Gwent area. The practice provides dental services within the area served by Aneurin Bevan University Health Board. Ponthir Dental Practice was taken over by The Restore Dental Group and is part of three dental practices. The other two practices are based in Cardiff. Ponthir Dental Practice offers a range of NHS and private dental treatments.

The practice staff team includes nine dentists, two hygienists and nine dental nurses and two trainee dental nurses. There is a practice manager and two dedicated receptionists as well as an operational manager. The practice is in a purpose built building adjoining a GP surgery and pharmacy.

3. Summary

Overall, we found that Ponthir Dental Practice provided patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Staff appeared happy in their roles and understood their responsibilities
- Clinical facilities are very well equipped, visibly clean and tidy
- Patient records are generally of a high standard
- There are arrangements in place for the safe use of x-rays.

This is what we recommend the practice could improve:

- Risk assessments for hazardous substances
- Improvements to decontamination processes
- Arrangements for the security of emergency drugs
- Staff training in the protection of children and vulnerable adults
- Arrangements for quality assurance audits and peer review.

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 from the patient questionnaires was extremely positive. The practice had a system in place for regularly seeking patient feedback, via patient feedback slip, as a way of assessing the quality of the service. There was a pleasant reception and waiting area.

Prior to the inspection, we invited the practice to distribute HW questionnaires to patients to obtain views on the dental services provided. Twenty two questionnaires were completed and examples of patient comments included the following:

“The practice is always clean and the girls that are on the front desk are very friendly and always happy to help.”

“I came to this surgery when it was quite new. The dentist is very good and has helped me to save my badly filled and crowned teeth. His advice is common sense and I have never felt that I have received unnecessary treatment. I am over the moon with my treatment and the modern equipment used. The reception team are lovely and friendly and don't make me feel uncomfortable. They even laugh at my silly jokes – bonus!”

“I have recently had braces fitted and am very pleased with the service and care provided.”

Dignified care

All patients stated they were satisfied with the care and treatment they received at the practice and felt welcomed by the staff. We also observed the friendly and professional approach adopted by staff towards patients. The practice had arrangements to protect patient's privacy including a space for patients to have private conversations with staff and discretion when dealing with patient telephone messages. Patients told us that they were extremely satisfied with the care and treatment they received.

Timely care

The practice tries to ensure that dental care is provided in a timely way. All patients who completed questionnaires told us they had not experienced delays in being seen by the dentist. Two thirds of patients also told us they knew how to access out of hours care. There was a sign on the window of the surgery giving the emergency contact number. There were also contact numbers provided in the patient information sheet, on the practice's telephone phone message and on the practice's website.

Staying healthy

The practice was purpose built five years ago and the reception area and waiting room provide a bright, spacious and attractive first impression. The walls were freshly decorated, but there was no evidence of dental health promotion material around the reception areas. Staff told us that there were leaflets in the surgeries that dentists and hygienist gave out, but there were none in the public areas. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

Improvement needed

Further dental health promotional information should be made available for patients.

All the patients who completed questionnaires said they were given appropriate information about their treatment.

Individual care

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service, when they attended the practice. We were told that patient feedback slips are given out and the comments are reviewed. This showed that there are systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment two thirds of patients who completed the questionnaires said that they did not know how to make a complaint. There was no notice in the waiting areas about raising concerns, but there was information in the patient information book and patient leaflet in reception. We found that the complaints procedure needed to be updated in order to comply with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Regulations. Specifically, this needed to include the timescales for

addressing concerns and the relevant organisations for patients to contact, including HIW.

Improvement needed

Information about how patients can make a complaint should be displayed in an area visible to patients, so that patients do not have to ask for this information.

The complaints procedure should be updated to include the relevant time scales for responding to complaints and details for other relevant organisations that patients could contact, specifically HIW.

We saw that complaints were placed in a file under 'on-going' or completed complaints and all the documentation was attached. There was evidence that verbal/informal complaints were also recorded electronically and in the complaints file. Staff told us that trends were also analysed and acted upon.

Delivery of Safe and Effective Care

Overall, we found that patients are provided with safe and effective dental care. We saw evidence to show that the x-ray equipment and the decontamination process were used appropriately and safely. However, we were not satisfied that there were arrangements in place to protect patients and staff from preventable healthcare associated infections.

Safe care

Clinical facilities

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice environment and surgeries were visibly clean and tidy. We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients and the dental team.

We looked at the dental laboratories used by the practice and we were not able to confirm if they were registered with the Medicines and Healthcare Products Regulatory Agency (MHRA) because the registration number had not been included on the paperwork.

Improvement needed

The practice must check that all laboratories are registered with the MHRA.

The surgeries were well organised to help nurses to work efficiently. We looked at the machine for providing compressor air to the surgery (compressor). We saw there was an up to date safety check certificate but there were no records of daily checks performed.

Improvement needed

Daily checks on the compressor machine should be recorded.

We noted that the portable appliance testing (PAT) had been completed on all the electrical equipment, in February 2015, to help ensure that small appliances were safe to use. We were told that the next test had been booked for 5 March 2016. We found that the gas maintenance certificate was also up to date. Fire equipment was in place and had been recently checked. There was clear signage to the emergency exits.

There was a file available containing data sheets relating to Control of Substances Hazardous to Health (COSHH), but very few risk assessments, indicating the current control measures to prevent harm, for chemicals kept on the premises. Staff told us that chemicals were kept securely behind lockable doors. However, the chemical cupboard was unlocked at the time of inspection.

Improvement needed

Comprehensive COSHH risk assessments must be in place for all substances hazardous to health.

The door to the chemical cupboard should be kept locked.

Radiographic equipment

We saw evidence that suitable arrangements were in place for the safe use of radiographic (x-ray) equipment and that staff had completed the necessary training in ionising radiation. However, we saw that the controls and emergency isolation switches for the x-ray machine and panoramic x-ray (OPG) were left switched on, on the wall outside the surgery. This meant that there was a risk the x-ray machines could be activated by an unauthorised person and could cause an unintended x-ray exposure.

Improvement needed

The practice must review the location of the isolation switches to ensure that both patients and staff are protected from accidental or unintentional x-ray exposure.

We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of x-ray equipment were also seen in the radiation protection file and attached to the door in the surgeries. Staff also confirmed that the quality of the x-rays taken were considered and recorded on a daily basis, but the practice has not completed a dental x-ray audit. Robust quality assurance arrangements and regular radiographic audits are requirement of - both the Ionising Radiation Regulations and Ionising Radiation Medical Exposure Regulations.

Improvement needed

The practice must ensure that there sufficient quality assurance arrangements regarding the use of radiographic equipment, including conducting regular audits.

Drug storage and emergency equipment

We saw records that indicated that the team had received training on how to perform cardiopulmonary resuscitation (CPR) and there was a designated first aider. However, a first aid certificate was not available on the day of inspection. We recommended that the practice keep copies of these training certificates in future.

The resuscitation equipment and emergency drugs were stored in separate cupboard in the sterilising room and were immediately available in the event of a medical emergency (collapse) at the practice. However, we found that the first aid cupboard that contained midazolam which is a controlled drug, and was unlocked during the day. We also found there was no logbook or daily check in place to ensure the equipment and emergency drugs did not exceed their expiry date and were safe to use.

Improvement needed

The practice must improve the arrangements for the storage of controlled drugs to ensure their security.

A more effective system for checking the suitability of emergency drugs and equipment, including expiry dates should be put in place.

Decontamination

The practice has a dedicated area for the cleaning and sterilisation of dental instruments. Overall, we were not satisfied with the arrangements for infection control and we found improvements were needed to the decontamination process to comply with Welsh Health Technical Memorandum 01-05¹ (WHTM 01-05) guidelines. This is because we identified the following areas for improvement:

- We found that some unsealed instruments were stored in open areas in the decontamination room and in drawers in the surgery, meaning that they were not sufficiently protected against the risks of contamination

¹ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

- Staff told us that any unsealed instruments that were not used were packaged at the end of the day, however, in accordance with the WHTM 01-05 guidelines, these instruments should be re-sterilised due to the risks of contamination whilst unsealed
- Although most instruments are packaged and dated before being stored in sealed plastic boxes in the decontamination room, we found several instruments that had not been dated. This meant that it was not possible to identify when the storage period for these instruments was due to expire
- We saw that the decontamination area did not appear to be visibly clean. We also saw that the seals had come away from the work top edge in the dirty area, meaning that dirt and bacteria could accumulate
- There was no dedicated hand washing sink and staff said they used hand gel rather than washing their hands. Hand gel should be used in addition to thoroughly washing hands for effective infection control
- The practice recorded daily and weekly checks on the steriliser to help ensure that equipment remained in good working order and that the decontamination process was effective. However, we found that the practice were not currently recording all recommended daily steriliser checks in line with WHTM 01-05 guidelines, including time, temperature, and steam pressure
- The practice recorded daily and weekly checks on the cleaning equipment (ultrasonic), but this did not include a type of test (foil test) that is recommended within the WHTM 01-05 guidelines
- Most staff had received training in decontamination, but not all staff had individual decontamination training records available at the practice. We advised the practice that a copy of staff certificates for decontamination training should be kept by the practice.

Improvement needed

The practice must ensure that there are effective decontamination processes for sterilising and storing dental instruments which are consistent with the WHTM 01-05 guidelines. Specifically, the practice must address the storage of instruments, cleanliness of the decontamination area, staff hand hygiene and the conducting of regular checks on all equipment used in the decontamination process.

The practice had completed an infection control audit in 2015. There was an action plan attached to show what actions had been identified. However, given the findings from this inspection, an infection control audit needed to be re-conducted. The practice is also advised to sign up to the infection control audit run by the postgraduate section of the Wales Deanery, as recommended by the WHTM 01-05 guidelines.

Improvement needed

Given the findings from this inspection relating to decontamination processes, the practice should re-conduct an infection control audit and produce an improvement plan, with timescales, to address any areas highlighted.

Waste disposal

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous and non-hazardous waste. We saw that there was a secure area outside the building to store waste whilst awaiting collection. However, on the day of inspection the waste had been collected and the compound had been left unlocked.

Improvement needed

The waste collection compound should be secure at all times to prevent unauthorised access.

Safeguarding

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. While we saw that some staff had completed training in the protection of children and vulnerable adults, not all staff had completed this training.

Improvement needed

All staff should complete safeguarding training.

Effective care

It was evident that the practice is seeking to continuously improve the service provided. However, there was little evidence of audits being completed by the practice. The practice had completed an infection control audit but there were

no radiographic audits or any other audits being used as part of a quality assurance.

Improvement needed

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

The practice manager said that the practice had undergone a training day about eighteen months ago on the Maturity Matrix Dentistry tool but they had not followed it up since. We advised the practice to consider implementing a practice development tool to assist them in their work.

Patient records

There was evidence that patient records were generally of a high standard, which demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing.

A sample of patient records was reviewed. Overall, we found that patient records contained sufficient information regarding discussions held about treatment options and patient questionnaires confirmed this. There was evidence of good records of planned patient care and treatment. We also saw evidence that the practice had a suitable method of obtaining and updating patient medical histories. However, some of the records we looked at did not include information about smoking cessation or oral cancer screening. We advised the practice to record this.

We found the practice had suitable arrangements in place to back up patient records to ensure continuity of care. The paper records are kept in lockable filing cabinets in a locked room.

Quality of Management and Leadership

We found evidence of effective management and leadership at the practice. A range of relevant policies and procedures are in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

The practice has been operating for a number of years but was taken over by Restore Dental Group in 2013. The day to day management of the practice is the responsibility of the practice manager but was overseen by the operational manager. There was a large staff team who worked well together and understood and were happy with their roles and responsibilities. The practice management team had been working hard to put procedures in place to bring the practice up to standard. Staff also told us they felt supported and able to approach the practice manager with any concerns.

New staff have Disclosure and Barring Service checks (DBS) and we saw induction folder templates which were very thorough. All staff were given access to the policies and procedures and the handbook requires them to ensure that these are read. Yearly appraisals are carried out and objectives set. We also saw minutes of monthly team meetings where staff had the opportunity to listen and to participate. Various topics have been covered and staff had learnt from these.

We confirmed that all relevant staff were registered with the General Dental Council. There were signs displaying the name and qualification of the dentists outside the practice.

We looked at the policies and procedures in place and found them to be up to date. Staff were aware of the policies and procedures and we saw evidence that they reflected actual practice.

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 Ponthir Dental Practice 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 HW with sufficient assurance concerning the matters therein.

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

The improvement plan, once agreed, will be published on HW'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 hospital inspections in NHS 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

Radiation (Medical Exposure) Regulations 2000 and any other relevant 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 HW
- 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
- HW 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: Ponthir Dental Practice

Date of Inspection: 2 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	Further dental health promotional material should be made available in the reception areas for patients.	Health and Care Standards 1.1,3.1,4.1, 4.2,5.1			
7	Information about how patients can make a complaint should be displayed in an area visible to patients, so that patients do not have to ask for this information. The complaints procedure should be updated to include the relevant time scales for responding to complaints and details for other relevant organisations	Private Dentistry Regulations 2008			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	that patients could contact, specifically HIW.				
Delivery of Safe and Effective Care					
9	All laboratories should be MHRA registered.	MHRA Regulatory Agency Department of Health			
10	Comprehensive COSHH risk assessments must be in place for all substances hazardous to health. The door to the chemical cupboard should be kept locked.	Health and Care Standards 2.1			
9	Daily checks on the compressor machine should be recorded.	Pressure Systems Safety Regulations 2000			
10	The practice must review the location of the isolation switches to ensure that both patients and staff are protected from	Ionising Radiation Regs 2000			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	accidental or unintentional x-ray exposure.	IR(ME)R 2000			
10	The practice must ensure that there sufficient quality assurance arrangements regarding the use of radiographic equipment, including conducting regular audits.	IRR 1999 IR(ME)R 2000			
11	The practice must improve the arrangements for the storage of controlled drugs to ensure their security. A more effective system for checking the suitability of emergency drugs and equipment, including expiry dates should be put in place.	Health and Care Standards 2.6			
12	The practice must ensure that there are effective decontamination processes for sterilising and storing dental instruments which are consistent with the WHTM 01-05 guidelines. Specifically, the practice	WHTM01-05 2.4r, 2.4.jiii, 2.4.jiv,2.4k 4.18, 4.33,			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	must address the storage of instruments, cleanliness of the decontamination area, staff hand hygiene and the conducting of regular checks on all equipment used in the decontamination process.	6.39,15.6-15.12			
13	Given the findings from this inspection relating to decontamination processes, the practice should re-conduct an infection control audit and produce an improvement plan, with timescales, to address any areas highlighted.	WHTM01-05 2.23			
13	The waste collection compound should be secure at all times to prevent unauthorised access.	Duty of Care Regulations 1991 Hazardous Waste Wales 2005			
13	All staff should complete safeguarding training	Health and Care Standards 2.7			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		GDC 4.3.3,8.5			
14	The practice should formalise quality assurance arrangements, including peer review and regular audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.	Health and Care Standards 3.3			
Quality of Management and Leadership					
	No improvements required				

Practice Representative:

Name (print):

Title:

Date: