

**General Dental Practice
Inspection (Announced)**
Abertawe Bro Morgannwg
University Health Board:
St Teilo Dental Centre

11 February 2016

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

1.	Introduction	2
2.	Context.....	4
3.	Summary.....	5
4.	Findings	6
	Quality of the Patient Experience	6
	Delivery of Safe and Effective Care.....	9
	Quality of Management and Leadership.....	13
5.	Next Steps.....	14
6.	Methodology.....	15
	Appendix A	17

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 St. Teilo Dental Centre at 168 St. Teilo Street, Pontarddulais, Swansea. SA4 8LH on 11th February, 2016.

HIW explored how St. Teilo 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.

St. Teilo Dental Centre provides services to patients in the Pontarddulais, Hendy and Fforest areas of West Glamorgan. The practice forms part of dental services provided within the area served by Abertawe Bro-Morgannwg University Health Board.

St. Teilo Dental Centre is a mixed practice providing a range of NHS and private dental services

The practice staff team includes 2 qualified dentists, 1 trainee dentist, 1 dental hygienist, 2 qualified dental nurses and 2 in training and, 3 admin staff.

A range of NHS and private dental services are provided together with some domiciliary visits for NHS housebound patients living within the Pontarddulais area.

3. Summary.

Overall there was evidence that St. Teilo Dental Practice provides patients with safe and effective dental care and is well regarded by patients. The majority of staff had worked at the practice for many years and perceived it to be a happy and friendly place to work. We saw staff engaging with patients in a professional, polite and informative manner.

This is what we found the practice to do well:-

- Clinical facilities were well-equipped, clean and tidy.
- Patients found it easy to get an appointment and an instant messaging system was in place to advise patients if there was going to be a delay to their appointment.
- There were good infection control policies and procedures.
- Patients were happy with the service they received.
- The practice had considered the needs of patients with impaired mobility.

Clinical waste was handled, stored and disposed of safely. This is what we recommend the practice could improve:

- Patient records should be consistent and should record the health promotion advice given by dentists.
- There should be a system for regularly finding out what patients think of the service.
- The practice should explore possibilities for Welsh language literature for those patients wishing to communicate in Welsh.
- Dental instruments should be removed from their sterilisation wrapper immediately prior to use in order to further reduce the potential for contamination

4. Findings

Quality of the Patient Experience

There was evidence from patient questionnaires and talking to 2 families that the practice is committed to providing a positive experience for their patients.

Prior to the inspection we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patients comments included:-

“Fabulous team, polite, so welcoming, lovely team.”

“The information sharing is excellent and at an appropriate level to ensure my understanding.”

“I am normally seen within minutes of arrival.”

“My son has autism and he’s treated slowly and the dentist does his best to ensure my son is never distressed, I cannot thank the practice enough.”

Dignified care

We found the staff professional, respectful and caring in their conversations with patients attending the surgery and on the telephone. There was a small area behind the reception desk for patients to talk in private with staff and we were told patients could also use an upstairs waiting room when available. Feedback from the patient questionnaires was very positive. Patients who responded to our questionnaire had been registered with the practice between 5 and 50 years and overall were happy with information provided to them. Patients indicated they felt comfortable in raising any concerns or questions with staff.

Timely care

The practice strives to ensure dental care is provided in a timely way and neither the patients who completed the questionnaires nor the two families we talked to had experienced delays in their appointments. The practice had an ‘instant messaging’ system to inform patients if there should be a delay. Patients found it easy to make an appointment and stated that staff always tried to accommodate their requests. Patients knew how to access out of hours

dental care as there was a message on the telephone answering machine and a notice displayed on the front door of the practice indicating the number to call.

Staying healthy

Responses from patient questionnaires showed that patients felt they were given enough information about their treatment. Some health promotion leaflets were available at the reception desk and a few leaflets were displayed in the waiting area. When we looked at patient records we saw that social history such as smoking and alcohol use was not explored during patient examinations. We recommended that the practice improve their health promotion information and advice.

Two of the patient questionnaires we received were completed in Welsh. We were told that one of the dentists is a fluent Welsh speaker and can communicate with patients in Welsh. However, in accordance with the Health and Care Standards (April 2015) we recommended that the practice consider if there is a need to also have written information available through the medium of Welsh. The practice could undertake a patient survey to identify the need and demand for this.

Individual care

Access to the practice is via a series of steps and the practice is therefore inaccessible to wheelchair users. However, the staff had considered this and instead offered domiciliary visits to their patients who are unable to attend the practice. Patients who could attend the practice but who had mobility difficulties were seen in the ground floor surgery. Completed patient questionnaires indicated that patients were satisfied that the care given was in line with their individual needs and that the dentists and staff took time to listen to their concerns and answer questions.

The practice had a complaints book, we noted that no complaints had been recorded and were told that none had been received. Staff stated that issues raised by patients were dealt with at the time via 'face to face' conversations and this enabled prompt responses and solutions. We suggested that compliments also be recorded.

Information was displayed advising patients how to make a complaint, including the NHS complaints arrangements (known as 'Putting Things Right') and a procedure for private patients. There was no reference to HIW in the complaints procedure for private patients and we recommended this was required in line with the Private Dentistry (Wales) Regulations.

We noted that the price lists for treatment were displayed in surgeries rather than in the patient waiting area. We suggested the practice could move these price lists to the waiting area so that they are more easily seen by patients.

Improvement needed:-

The contact details for HIW should be added to the complaints policy for private patients

Delivery of Safe and Effective Care

Overall we found that the practice meets the required standards. Patients are cared for in a clean and safe environment with appropriate management of hazardous substances) We identified concerns regarding the lack of a contract relating to servicing of radiographic machines. The practice did however rectify this within 24 hours of the inspection. We also identified a need for floor plans to identify controlled zones (areas where there is a risk of radiation relating to x-rays).

Safe care

Clinical facilities

The practice appeared well maintained, clean and spacious. The health, safety and welfare of staff and patients was ensured by having approved testing of small electrical appliances (PAT testing), strategically placed fire extinguishers and a current Fire Equipment Maintenance contract in place. We also saw that the practice had conducted risk assessments relating to hazardous substances.

At the time of inspection we saw that there was a named radiation protection advisor at the practice but there was no evidence that a contract was available for the servicing of radiographic (x- ray) machines. However, we highlighted this serious issue to the practice and immediately following the inspection we received assurance that a contract was in place.

Both dentists had up to date training of Ionising Radiation within the last 5 years in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 and the General Dental Council Standards for the Dental Team. We found there were no floor plans showing 'Controlled Zones' for each surgery. Controlled zones identify where there is a risk of exposure to radiation. We saw evidence that the practice conducts radiographic audits to ensure the equipment is in working order.

Improvement needed:-

Radiation controlled zones should be clearly identified.

We did not see evidence of a Gas Maintenance contract and since there was gas supply to the premises we advised the practice that this needed to be addressed urgently. Following the inspection the practice sent to HIW a gas safety certificate confirming that the gas supply to the premises had been checked and was safe. We were satisfied with this information.

Most dental instruments and equipment were stored in a clean, safe place but some endodontic instruments were seen to be loose in the surgery drawers. Whilst we were assured that the practice was not reusing any instruments, we recommended that instruments are only removed from their packaging immediately prior to use, rather than being prepared ahead of time.

Improvement needed:

The practice should only remove dental instruments from their sterile packaging immediately prior to use.

We also advised the practice to review their arrangements for handling sharps (needles) to ensure that it is in line with current guidelines.

Infection control

The practice had an infection control policy and there was evidence that the practice had undertaken an infection control audit in line with the Welsh Health Technical memorandum 01-05 (WHTM 01-05). Nursing staff were clear about their responsibilities in connection with sterilising and decontamination procedures. Examples of how the practice met the required standards include the following:-

Logbooks showing the testing of sterilisation equipment were maintained.

Personal protective equipment (PPE) including disposable gloves, eye masks and aprons were available.

There was a dedicated room for cleaning and sterilisation of instruments.

The decontamination room lacked a hand washing sink which was located separately in the toilet next door. The practice should explore options so that in future they can have a dedicated hand washing sink within the decontamination room if this is possible.

Whilst we found that the two autoclaves (sterilising equipment) used at the practice were appropriately maintained and that satisfactory daily checks were made of the pressure and temperature, the system in use to confirm that each cycle of sterilisation had been conducted properly was not as robust as it needs to be. We discussed this with the practice and advised them to consider installing data loggers which would automatically record this information.

Improvement needed:-

The practice must ensure that data from each sterilisation cycle is appropriately recorded in line with WHTM 01-05 guidelines.

Effective care

We looked at the practice procedures for dealing with a patient emergency (collapse) at the practice. The practice had an appropriate resuscitation policy and two named First Aiders, but not all staff had up to date cardiopulmonary resuscitation (CPR) training. We were informed however that an in house training session had been arranged for the week following the inspection and were satisfied with this..

We found that the practice had an appropriate supply of emergency drugs . As the practice undertakes domiciliary visits, an appropriate emergency pack was available for this purpose. We advised the dentist to ensure their car insurance covered the transportation of emergency drugs and oxygen which is combustible in nature.

Safeguarding

Both dentists and dental nurses had current Disclosure and Barring Service (DBS) certificates. Not all of the staff had received training in child and adult protection and we found the practices' current Child and Adult Protection policies needed updating.

Improvement needed:-

The practice must ensure that all staff have received appropriate safeguarding training for child and adult protection.

The practice must ensure up to date child and adult safeguarding policies are available which include accurate local procedures.

Patient records

We looked at patient records for the dentists, trainee dentist and dental hygienist. We found that whilst overall, records were satisfactory, the following issues needed to be addressed:-

- Medical histories needed to be recorded appropriately and include details of smoking, alcohol and cancer risk.

- Medical histories were not always signed or countersigned for each course of treatment. Whilst countersigning is not mandatory, the practice must have a consistent system for ensuring each medical history is checked by the dentist.
- Treatment plans needed to be signed by the patient (informed consent) and options discussed and recorded.
- The specific type of examination conducted should be recorded in patient notes, for example, where oral cancer screening has taken place this should be specifically recorded in accordance with GDC standards.
- Patient's records must include written justification for x rays taken, grading of x-rays and findings recorded.

To ensure consistency in patient record keeping and to enhance learning and best practice, we advised the practice to conduct regular peer reviewed clinical audits.

Improvement needed:-

The following improvements should be made in relation to patient records:

- ***Medical histories should be recorded and should include social history***
- ***Medical histories should be signed and checked by the dentist***
- ***Treatment plans should be signed by the patient (informed consent) and options discussed and recorded***
- ***The specific type of examination conducted should be recorded in patient notes, for example, where oral cancer screening has taken place this should be specifically recorded***
- ***Justification, grading and clinical findings for x rays should be recorded.***

Quality of Management and Leadership.

From conversations with nurses, dentists and administrative staff it was evident they understood their roles and obligations and seemed to be a happy, contented and cohesive group, the majority of staff having been employed at the practice for many years.

Staff told us they felt confident and secure in raising any work related issues with senior staff either through appraisal or on a more informal basis. Staff also commented that when personal needs arose, every effort was made to accommodate these.

The practice had a good selection of relevant policies kept in a policy folder and we advised practice of the importance of keeping up to date with policies and procedures. We also suggested that staff could sign when they have read a policy and that the practice keeps a log of this.

We verified that all relevant staff were registered with the General Dental Council and were up to date with Hepatitis B vaccinations and as noted both registered dentists were up to date with DBS checks.

We confirmed that appropriate indemnity insurance was in place and covered all staff employed at the practice.

The practice has regular staff meetings, which combined with 'Lunch and Learn' sessions, promoted learning and staff development. We also saw evidence that the practice promotes continued professional development (CPD) of staff (as seen in CPD files).

Whilst we saw evidence that the practice does conduct some relevant audits, there was no evidence of other formal clinical governance or quality assurance arrangements in place and this need to be reviewed.

Improvement needed:

Formalise clinical governance and quality assurance arrangements.

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 St.Teilo 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 action(s) taken 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 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 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising

¹<http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

²<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 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: St. Teilo Dental Centre.

Date of Inspection: 11 February 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
8.	The contact details for HIW should be added to the complaints policy for private patients	Private Dentistry Regulations 2008 4. Section 28(1) Notice of changes.			
Delivery of Safe and Effective Care					
9	Radiation controlled zones should be clearly identified.	Health and Care Standards			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		2.9 Ionising Radiation (Medical Exposure) Regulations 2000			
10	The practice should only remove dental instruments from their sterile packaging immediately prior to use.	WHTM 01-05. 2.20			
11	The practice must ensure that data from each sterilisation cycle is appropriately recorded in line with WHTM 01-05 guidelines	WHTM 01-05. Sec.4.			
12	The practice must ensure that all staff have received appropriate safeguarding training for child and adult protection. The practice must ensure up to date child and adult safeguarding policies are available which include accurate				

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	local procedures.				
13	<p>The following improvements should be made in relation to patient records:</p> <ul style="list-style-type: none"> • Medical histories should be recorded and should include social history • Medical histories should be signed and checked by the dentist • Treatment plans should be signed by the patient (informed consent) and options discussed and recorded • The specific type of examination conducted should be recorded in patient notes, for example, where oral cancer screening has taken place this should be specifically recorded • Justification, grading and clinical findings for x rays should be recorded. 	<p>General Dental Council Standard 4.1.</p> <p>Ionising Radiation (Medical exposure) Regulations 2000</p>			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of Management and Leadership					
15	Formalise clinical governance and quality assurance arrangements				

Practice Representative:

Name (print):

Title:

Date: