

General Dental Practice Inspection (Announced)

Abertawe Bro Morgannwg
University Health Board,
Broadlands Dental Practice

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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 Broadlands Dental Practice at Unit 1, Gentle Way, Broadlands, Bridgend, CF31 5EJ on 20 October 2016.

HIW explored how Broadlands 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

Broadlands Dental Practice provides services to patients in the area of Bridgend. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

Broadlands Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes; eight dentists, one hygienist, and a large team (full and/or part-time) of dental nurses, receptionists and one practice manager.

A range of NHS and private dental services are provided.

3. Summary

Overall, we were satisfied that the practice was meeting the standards necessary to provide safe and effective care. We observed that there was a friendly and professional approach adopted toward patients by members of the dental team. Patients who completed HIW questionnaires indicated that they were satisfied with the service received at Broadlands Dental Practice.

We examined equipment maintenance records and considered the presentation of the dental premises. Consequently, we were able to confirm that the dental team placed considerable emphasis on the health and safety of patients and staff.

This is what we found the practice did well:

- Patients were happy with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well-equipped, visibly clean and tidy
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the practice could improve:

- Patient health promotion and complaints information
- Review of policy, procedure, risk assessment and training updates
- Record keeping processes
- More robust quality assurance arrangements.

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive. The practice had a system for 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. Complaints details should be readily available.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, 12 questionnaires were completed and returned. The majority of patients indicated that they were made to feel welcome and were satisfied with the services received at the practice. Patient comments included:

“Very, very happy with the service I have received”

“Brilliant practice, as seen from how long we have been here. Would highly recommend”

Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining confidentiality.

We observed staff speaking to patients in a friendly and professional way. Feedback from the majority of patients who completed HIW questionnaires was positive with patients stating they were satisfied with the care and treatment they received at the practice and all patients said that they felt welcomed by staff.

There was a range of information about the practice on display and leaflets were available for patients. We saw that a price list for treatments was available so that patients were informed about costs. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed at times when patients were in the room to maintain privacy and dignity.

Timely care

The practice made every effort to ensure that care was provided in a timely way. The majority of patients indicated in HIW questionnaires that they had not experienced any undue delay in being seen by the dentist. The emergency contact telephone number was displayed on the website and in the window so that patients could access emergency dental care when the practice was closed.

Staying healthy

The majority of patients who completed the questionnaires told us they received enough information about their treatment. There were patient information and health promotion leaflets available in the waiting area and handy hints available on the practice's website. However, we advised that the practice could consider providing some further health promotion information/posters 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.

Individual care

We saw evidence that the practice had a way of seeking patient feedback. Patient questionnaires were given out and the results were passed to the practice manager and reviewed. We saw that information about the price of NHS and private treatment was available, so that patients were informed about costs.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. We found the procedure was generally compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations¹. However, the details of other organisations that patients could contact, including the Community Health Council, Public Services Ombudsman for Wales and HIW were missing. The procedure also needed to make clear where there are differences, depending on whether the patients were receiving private or NHS treatment.

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

The practice manager was the designated complaints manager and we advised that they should undertake continuing professional development training in complaints handling, to support this role. The practice's complaints procedures were signposted on its website as being available on request at the practice reception desk. We advised that complaints details should be made available on the website as well as being visibly displayed in the waiting area and to include HIW contact details.

Improvement needed

Complaints details, to be available on the website, displayed in waiting areas and to include all relevant contact details.

Delivery of Safe and Effective Care

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical facilities were well-equipped, visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. Clinical waste was handled, stored and disposed of safely. There were arrangements in place for the safe use of X-ray 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.

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, some risk assessments required review and updating.

The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk, with training up dates being required. We found a very good standard of record keeping in general, although some areas need to be consistently maintained.

Safe care

Clinical facilities

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

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH) and we saw that safety data sheets had been kept for each substance in addition to appropriate risk assessments. However, the practice needs to ensure that all COSHH items are stored away securely.

There was a health and safety policy and we saw that appropriate environmental risk assessments had been carried out. However, we noted that a review of several risk assessments was required.

Improvement needed

The practice must review and update risk assessments relating to secure storage of COSHH items, the main stairs area, storage of items under the stairwell and secure storage arrangements for some dental equipment.

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. Examples included the following:

- A designated 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
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

However we advised that the decontamination policy be signed and dated by staff to confirm they have read this policy. The practice also needs to ensure that an infection control audit be completed, as recommended by Welsh Health Technical Memorandum 01-05² (WHTM 01-05) guidelines and that staff complete decontamination refresher training on a five yearly basis.

Improvement needed

An infection control audit to be completed, as recommended by WHTM 01-05 guidelines.

² <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Improvement needed

Staff to complete decontamination refresher training on a five yearly basis.

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). Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. We noted that there was limited disposable needles available and the practice manager accepted that either an EpiPen or more disposable needles be made available in the event of an allergic reaction.

We advised that a record of the regular emergency drugs checks should be maintained. There was an appropriate accident book in place and we advised the practice to tear out the completed accident sheets and file these securely to maintain data protection.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had appointed several first aiders in the team who had completed relevant training. We advised that the first aid kit should include an eye wash.

We recommend that the practice review and update its resuscitation policy to include roles and responsibilities for staff.

Improvement needed

The practice should review and update its resuscitation policy to include roles and responsibilities for staff.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children at risk, with a child protection policy in place and refresher training for staff arranged for this. However, a protection of vulnerable adults policy was required and staff training in the protection of vulnerable adults needed to be undertaken.

Improvement needed

The practice must develop a policy for the protection of vulnerable adults and ensure that all staff have received training.

We were told there were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We were told that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. However, DBS three yearly refresher clearance checks needed to be renewed for five dentists, two dental nurses and three reception staff.

Improvement needed

Five dentists, two dental nurses and three reception staff required their DBS safeguarding checks to be updated.

Radiographic equipment

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. However, the details of the Radiation protection advisor need to be included on the local rules. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that the majority of staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council³ and Ionising Radiation (Medical Exposure) Regulations 2000. However, some staff required refresher training in this area.

We found that the practice completed radiograph audits for quality assurance purposes. However, we advised that the effectiveness of these audits could be improved if there was more detailed recording to include audit results, conclusions and improvement actions.

Improvement needed

The details of the Radiation protection advisor need to be included in the local rules.

Radiation protection refresher training to be arranged for staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.

³ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Effective care

We viewed a sample of 20 dental records from across the 8 dentists and spoke with the lead dentist on the day of our inspection. Overall, we found there was a very good quality of patient care and record keeping was very good for a number of the dentists. However, we identified that there were some gaps in the consistency of record keeping across the practice and so identified the following areas for improvements:

- Patients' ongoing informed consent needed to be recorded
- Treatment plans to be signed by the patient
- Intra and extra oral examination records needed to be clearly distinguished and consistently recorded
- Patients' social history including smoking, alcohol consumption and oral hygiene needed to be consistently recorded
- Oral cancer screening records needed to be recorded
- Patients recall intervals needed to be recorded
- Radiographs to be taken prior to extraction or explanation given where this is not required
- Radiograph justification and findings to be recorded at all times.

Improvement needed

Patient notes must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.

Quality of Management and Leadership

Broadlands Dental Practice has a large practice team which are well established with a low turn over of staff. The day to day management of the practice was provided by the lead dentist and a part-time practice manager. Staff we spoke with were committed to providing high quality care for patients.

We found that improvements were needed to some policies, procedures and audit processes. Record keeping and training refreshers required improvement also. We recommended that the practice ensure there are sufficient and effective management arrangements in place to address this.

We saw records to show that staff were able to access training relevant to their role and for their continuing professional development. However, some training needed to be reviewed and/or updated as addressed above.

Clinical staff did not undertake formal peer review, although we were told that ad hoc discussions about any clinical issues took place. We found that the practice's engagement in clinical audits, as a way of ensuring the quality of the care provided, could be further developed. We recommended that the practice formalise arrangements for both the peer review of clinical staff and conduct regular audits at the practice as a way of ensuring the quality of the care provided.

Improvement needed

The practice should formalise quality assurance arrangements, including peer review of clinical staff and the conduct of regular audits.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. We recommended however that confirmation be sought to show that staff had a sufficient level of protection and if not that the practice take appropriate action to address this.

Improvement Required

The practice should ensure that levels of immunity for all staff regarding Hepatitis B are sufficient and put plans in place to address this where needed.

We confirmed that all relevant staff were registered with the General Dental Council. One dentist had just recently started practicing at the surgery and was

in the process of registering with HIW. We saw that patient records were held securely in lockable metal cabinets and in compliance with data protection.

The practice had a large staff team, many of whom were part-time. We were told that staff appraisals were currently being conducted and brought up to date for staff. Annual appraisals of staff are important to help ensure the quality of care provided and to identify any training needs.

Formal team meetings were stated to be scheduled on a three monthly basis. Whilst communication between staff and the dentists was occurring on a regular informal basis, it was agreed that formal team meetings, needed to be prioritised and occur on a more frequent basis. Formal staff meetings would provide an opportunity to discuss practice issues on a more formal basis.

Improvement needed

All staff annual appraisals to be brought up to date.

Given the number of improvements needed to policies, procedures and self audit processes, we recommend that the practice ensure there are sufficient management arrangements so that these aspects can be met and maintained in timely way moving forward.

Improvement needed

The practice must ensure there are sufficient and effective management arrangements in place for the creation, review and regular update of all policies, procedures and self audit process.

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 Broadlands 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 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 inspections of the NHS 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 2008⁴ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁵. 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

⁴ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁵ <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: Broadlands Dental Practice

Date of Inspection: 20 October 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	Complaints details, to be available on the website, displayed in waiting areas and to include all relevant contact details.	Health and Care Standard 6.3 Private Dentistry (Wales) Regulations 2008 15 (4) (a) <i>GDC standard 5.1</i>	Complaints guidelines added to website for the practice and posted in waiting rooms. HIW contact details also added.	Josie Porter Practice Manager	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
9	The practice must review and update risk assessments relating to secure storage of COSHH items, the main stairs area, storage of items under the stairwell and secure storage arrangements for some dental equipment.	Health and Care Standard 2.1 Private Dentistry (Wales) Regulations 2008 14 (2) <i>Management of Health and safety at Work Regulations 1999</i>	All dental equipment now stored in secure filling cabinet with lock.	Josie Porter Practice Manager	Completed
9	An infection control audit to be completed, as recommended by WHTM 01-05 guidelines.	Health and Care Standards 3.1 Private Dentistry (Wales) Regulations 2008	WHTM 01-05 Infection control Audit completed. Team meeting held to discuss the findings and implement actions.	Amanda Mc Andrew Dental Nurse/ Admin Assistant	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		14 (1) (b)			
10	Staff to complete decontamination refresher training on a five yearly basis.	Health and Care Standard 7.1 Private Dentistry (Wales) Regulations 2008 14 1(b) <i>GDC Standard 7 and CPD for Dental Professionals guidance</i>	Decontamination courses for relevant staff booked and to be completed to bring all staff in line with training requirements.	Josie Porter Practice Manager	31/3/2017
10	The practice to review and update its resuscitation policy to include roles and responsibilities for staff.	Health and Care Standard 5.1 Private Dentistry (Wales) Regulations 2008 14 1(b)	The resuscitation policy has been updated with roles and responsibilities of staff included.	Josie Porter Practice Manager	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>GDC Standards 6.2.6 and 6.6.6</i>			
10	The practice must develop a policy for and ensure that all staff have received training in respect of safeguarding for vulnerable adults.	Health and Care Standards 2.7 Private Dentistry (Wales) Regulations 2008 14 1(b) <i>GDC Standards 4.3.3 and 8.5 and CPD for Dental Professionals guidance</i>	All staff booked on the safeguarding vulnerable adults course and refresher training will be maintained.	Josie Porter Practice Manager	31/1/2017
11	Five dentists, two dental nurses and three reception staff required their DBS safeguarding checks to be updated.	Health and Care Standard 7.1 Private	DBS checks undertaken for all required staff.	Josie Porter Practice Manager	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Dentistry (Wales) Regulations 2008 13 (2)			
11	The details of the Radiographic protection advisor need to be included on the local rules.	Health and Care Standard 2.9 Private Dentistry (Wales) Regulations 2008 14 1(b) <i>Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000</i>	The local rules have been updated in all surgeries.	Amanda McAndrew Dental Nurse/ Admin Assistant	Completed
11	Radiographic protection refresher training	Health and	Radiographic protection	Josie Porter	16/2/2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	to be arranged for staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Care Standard 2.9 Private Dentistry (Wales) Regulations 2008 14 1(b)	refresher course arranged for all relevant staff.	Practice Manager	
12	Patient notes must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.	Health and Care Standard 3.3, 3.5 and 4.5 Private Dentistry (Wales) Regulations 2008 14 1(b) <i>GDC Standards 4</i>	Patient notes will be maintained in accordance with professional record keeping guidance. A regular audit will be undertaken.	Anna Humphries	Completed
Quality of Management and Leadership					
13	The practice should formalise quality assurance arrangements, including peer	Health and Care Standard 3.3	Practice quality assurance policies updated and process of audits arranged and will be	Josie Porter Practice Manager	March 31 st 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	review of clinical staff and the conduct of regular audits.	Private Dentistry (Wales) Amendment Regulations 2008 16A (1) <i>Maturity Matrix Dentistry (MMD)</i>	maintained. Peer reviews to be arranged considering maturity matrix dentistry guidance.	Anna Humphries	September 31 st 2017
13	The practice should ensure that levels of immunity for all staff regarding Hepatitis B are sufficient and put plans in place to address this where needed.	Health and Care Standard 7.1 Private Dentistry (Wales) Regulations 2008 14 1(b) <i>GDC Standards 1.5.2</i>	Majority of staff have now received updated immunity vaccinations. Date arranged to bring remainder of staff up to date.	Josie Porter Practice Manager	20 th February 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
14	All staff annual appraisals to be brought up to date.	Health and Care Standard 7.1 Private Dentistry (Wales) Regulations 2008 14 1 (b) <i>GDC Standards 6.6.1 Maturity Matrix Dentistry (MMD)</i>	Staff appraisal processes have been reviewed and staff appraisals brought up to date/appraisal dates have been arranged.	Josie Porter Practice Manager	Completed
14	The practice must ensure there are sufficient and effective management arrangements in place for the creation, review and regular update of all policies, procedures and self audit process	Health and Care Standard 3.3 Private Dentistry (Wales) Amendment Regulations 2008	Practice manager has put in place systems to ensure policies and procedures are kept up to date and regular audits are being undertaken.	Josie Porter	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		16A (1)			

Practice Representative:

Name (print): Josie Porter / Anna Humphreys

Title: Practice Manager / Dentist and Practice Owner

Date: 06.01.17