

**General Dental Practice
Inspection (Announced)**
Aneurin Bevan University
Health Board
Parklands Dental Surgery

Inspection date: 5 December 2016

Publication date: 6 March 2017

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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 Parklands Dental Surgery, Bowls Terrace, Penyrheol, Caerphilly, CF83 2RD on 5 December 2016.

HIW explored how Parklands Dental Surgery 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

Parklands Dental Surgery provides services to patients in the Penyrheol area of Caerphilly. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Parklands Dental Surgery is a mixed practice providing both private and NHS dental services.

The practice staff team includes one dentist, two dental nurses, (one of whom is also the receptionist) and a hygienist.

3. Summary

Overall, we found evidence that Parklands Dental Surgery provides patients with safe and effective dental care.

This is what we found the practice did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients stated they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Clinical facilities were well-equipped and visibly clean and tidy
- Relevant audits were being undertaken which were comprehensive and provided evidence of a practice continually looking to improve their services

This is what we recommend the practice could improve:

- Staff must ensure they use the available personal protective equipment to prevent injury and/or infections
- The over use of OPG¹ (orthopantomogram) radiographs needs to be reviewed and used only when absolutely essential
- Policies and procedures to be updated to reflect the correct organisations and/or appropriate guidance

¹ OPG orthopantomogram is a panoramic radiograph, displaying all of the teeth in one single image

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. The practice had systems in place for seeking patient feedback and used this as a way of assessing the quality of the service provided.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients, to obtain their views on the services provided. In total, 17 were completed and returned. All of the patients indicated that they were satisfied with the services received at the practice. Patient comments included:

'Practice has a very high standard, would not go anywhere else. Lovely staff, caring and helpful'

'Brilliant practice, very high standard of treatment. Lovely manner of staff, very reassuring. Moved to this practice after bad experience elsewhere. Very pleased with the service here'

'always makes me feel relaxed as I'm a nervous patient'

Dignified care

We found the staff to be professional and friendly, and we observed them being polite and courteous to patients, communicating with patients in their preferred language. Feedback from the patients who completed questionnaires was positive. All of the patients told us that they were satisfied with the care and treatment they had received at the practice and felt welcomed by staff. All the patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. Any delays were verbally communicated to the patient.

An emergency contact telephone number for patients' use was displayed at the entrance to the dental practice, on a poster in the waiting room and on appointment cards. We were told that the emergency number was also provided within the practice's answer phone message, so that patients could access emergency dental care when the practice was closed.

Staying healthy

Health promotion information was available in the waiting area, including information in Welsh. A range of patient information leaflets regarding different forms of treatments and preventative care were recognised as good practice.

A 'no smoking' sign was displayed in the reception area which confirmed the emphasis being placed on compliance with smoke free premises legislation.

Individual care

The practice had a complaints policy and procedure in place for both NHS and private treatments. The documents contained contact details for alternative organisations which could assist patients with their issues if not resolved locally. Complaints information was displayed in the reception area and a system was in place to record, monitor and respond to any complaints the practice received.

Regular staff meetings took place and we observed the team meeting folder which contained minutes of the meetings. Staff also told us that informal discussions took place daily between members of the dental team. As the practice team was small, this type of communication worked well and the staff we spoke to confirmed this.

The practice had a way of seeking patient feedback via a suggestion box situated in the waiting area and patient questionnaires. The last survey results we observed had been completed and analysed by a dental payment plan provider and provided comprehensive data on what the practice did well and where improvements could be made.

The reception/waiting area was open plan. Staff told us that private conversations would take place in a separate room to ensure that patient's privacy, dignity and confidentiality was maintained. Reception staff further told us that they always asked for information from patients, as opposed to stating personal information, when using the telephone to ensure patient privacy and confidentiality was preserved.

Delivery of Safe and Effective Care

Overall, we found evidence that patients were provided with safe and effective dental care.

We identified improvements to protect staff from unnecessary injury and/or infections by using the available personal protection equipment when undertaking a decontamination cycle.

We recommended that a review of the type of X-rays being taken is considered to avoid any unnecessary over-exposure to radiation.

Safe care

Clinical facilities

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

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.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored behind a locked door. Arrangements with the local council were in place for the disposal of non hazardous (household) waste.

Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

The practice building appeared visibly well maintained both internally and externally. We saw all areas were clean and tidy. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Infection control

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- Dedicated hand washing sink

- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored appropriately and dated.

We saw evidence that an infection control audit had been completed using the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05² guidance. We recognise this as good practice due to the comprehensive content the audit covers.

During our visit we observed staff undertaking a decontamination cycle. We observed staff not fully using the personal protective equipment (PPE), despite being available. For example, it is essential that staff use an eye visor and disposable apron to protect them against injury and/or infection.

The decontamination room would benefit from signage to indicate the 'dirty' to 'clean' flow to avoid any misunderstanding and to prevent clean areas from cross contamination.

Improvement needed

The practice must ensure that staff wear and use the personal protective equipment available to prevent injury and/or infection.

Signs should be displayed in the decontamination room indicating dirty and clean areas.

The practice was using the printer log for checking the sterilisation equipment. To enhance procedures it was discussed with staff during the visit to consider using a specific log book to record the start and end of day checks/procedures. A logbook would ensure that the recording of all the required testing and maintenance is consistent and a compliant method of gathering evidence for in-house audits. Staff agreed to this recommendation and agreed to implement it immediately.

Emergency drugs and resuscitation equipment

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records

² [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes. However it was recommended that a weekly check and log was recorded to ensure all drugs are in place and fit for use. This recommendation is in accordance with the Resuscitation Council (UK) guidelines.

Improvement needed

The practice should record weekly checks to ensure emergency drugs and equipment are available and safe to use.

The practice had a named, appointed first aider. The training for the first aider had expired, however we saw evidence to show that training was booked for February 2017. It is recommended that the practice check with the Health and Safety Executive (HSE) to determine if any further action is required until the training has been completed.

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 and procedures in place for the protection of children and vulnerable adults at risk.

We were told there were arrangements in place for staff to raise any concerns about the delivery of services to patients. 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

The practice had digital X-ray equipment and the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. We saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe for use. We found that the dentist and dental nurses involved in taking radiographs had completed the

required training. This is in accordance with the requirements of the General Dental Council³ and Ionising Radiation (Medical Exposure) Regulations 2000.

We observed that the radiation protection file was completed and maintained as required.

The practice had a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. This would identify possible issues with the taking of X-rays and indicate where improvements should be made if required to ensure that good, clear X-rays supported decisions about patient care and treatment.

Effective care

We looked in detail at a sample of five patient records at the practice. Overall, we found that the majority of records were appropriate and sufficiently detailed with information about each patient's treatment. We found medical histories present in all the records we reviewed. Appropriate oral hygiene instruction had been given in line with national guidance. In all cases, basic periodontal examination was recorded and 6 point pocket chart completed where appropriate.

The areas we identified that needed improvement, included:

- Patient identifiers and dates to be recorded on paper record cards and inserts
- Consent for treatment in private/dental payment plan provider records needed to be recorded
- Extensive use of OPG (orthopantomogram) imaging instead of intra-oral radiographs

Improvement needed

Patient records need to be improved by ensuring:

- ***Comprehensive patient information is recorded on all paper records, specifically patient identifiers and dates on paper record cards and inserts***

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

- ***Consent for treatment to be recorded***
- ***The use of intra-oral radiographs rather than OPG (unless absolutely essential)***

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice completed relevant audits, including infection control and audits for a dental payment plan provider.

The dentist had been involved in external peer reviews with a dental payment plan provider. This is an area of good practice and contributes to the quality of care provided as such arrangements promote the sharing of information between practices for the benefit of patients.

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. A range of relevant policies and procedures were in place.

The practice has been managed by the current dentist since 1997.

We found that the practice was well run and supported by a range of clinical procedures and quality assurance processes to ensure that patients' care and treatment was delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team.

We identified that all policies and procedures had a review date and that staff had signed to confirm they had read them and understood their responsibilities. We noted this as an area of good practice.

We noted that the decontamination and cross infection control manual referenced an English organisation/guidance. This needs to be updated, reflecting the Welsh position or removed.

Improvement needed

Policies and procedures, specifically the decontamination and control manual 1 needs to be updated to remove English organisations and/or guidance that is not applicable to Welsh dental practices.

We saw a staff team at work who seemed happy in carrying out their roles. We found there were systems in place to ensure any new staff received an induction and that they were made aware of policies and procedures.

There was a system in place for staff to receive an annual appraisal, which ensured staff had opportunities to reflect on their work and identify any relevant training they may feel is required. Regular team meetings had taken place which were documented.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. This meant that the practice had a system in place to protect patients and staff from this blood borne virus.

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 Parklands Dental Surgery 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: Parklands Dental Surgery

Date of Inspection: 5 December 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
8	<i>The practice must ensure that staff wear and use the personal protective equipment available to prevent injury and/or infection.</i> <i>Personal Protective Equipment at Work Regulations 1992</i>	Standard 2.9	THE STAFF MEMBER CONCERNED HAS BEEN TOLD THAT PPE MUST BE USED AT ALL TIMES.	DR STEVEN BAKER	IMMEDIATE
8	<i>Signs should be displayed in the decontamination room indicating dirty and clean areas.</i>	Standard 2.4 WHTM 01-05 guidelines Chapter 5	SIGNS ORDERED	DR STEVEN BAKER	ONE MONTH

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
9	<i>The practice should record weekly checks to ensure emergency drugs and equipment are available and safe to use.</i>	Standard 2.6	ALREADY IMPLEMENTED.	DR STEVEN BAKER	IMMEDIATE
10	<p><i>Patient records need to be improved by ensuring:</i></p> <ul style="list-style-type: none"> <i>Comprehensive patient information is recorded on all paper records, specifically patient identifiers and dates on paper record cards and inserts</i> <i>Consent for treatment to be recorded</i> <i>The use of intra-oral radiographs rather than OPG (unless absolutely essential)</i> 	Standard 3.4 3.5 4.2	ALREADY IMPLEMENTED.	DR STEVEN BAKER	IMMEDIATE

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	<i>Policies and procedures, specifically the decontamination and control manual 1 needs to be updated to remove English organisations and/or guidance that is not applicable to Welsh dental practices.</i>	Standard 3.4	ALREADY IMPLEMENTED.	DR STEVEN BAKER	IMMEDIATE

Practice Representative:

Name (print):STEVEN BAKER

Title: DR.....

Date:31/01/2017.....