

General Dental Practice Inspection (Announced)

Promenade Dental
Practice Abertawe Bro
Morgannwg University
Health Board

Inspection Date: 28 February 2017

Publication Date: 31 May 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 to Promenade Dental Practice at 600 Mumbles Road, Swansea, SA3 4DL on 28 February 2017.

HIW explored how Promenade 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

Promenade Dental Practice provides services to patients in the Mumbles, Swansea and surrounding areas. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

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

The practice staff team includes three dentists, five dental nurses, one hygienist, one practice manager and two receptionists.

A range of NHS and private dental services are provided.

3. Summary

Overall, we found evidence that Promenade Dental Practice was meeting the standards necessary to provide safe and effective care.

This is what we found the practice did well:

- Patients were satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well equipped and generally clean
- 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:

- Complaints procedures must be displayed and visible
- Decontamination refresher training
- Clinical fridge storage
- Radiograph audits for quality assurance purposes
- Patient record keeping
- Annual staff appraisals.

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. Information regarding complaints procedures must be displayed and visible in accordance with guidance and standards

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, 17 questionnaires were completed and returned. Without exception patients indicated that they were made to feel welcome and were satisfied with the services received at the practice. Patient comments included:

“The dental staff are always both professional and friendly”

“Very friendly dentists”

“Excellent service and attention”

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 patient confidentiality. We observed staff speaking with patients in a friendly and professional way. We saw that information about the price of both NHS and private treatment was available in the waiting area, 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 to maintain privacy and dignity.

Timely care

Staff told us that they made every effort to ensure that care was provided in a timely way. However, eight out of 17 questionnaire respondents indicated that they had experienced a delay in receiving their treatment. We therefore advise that the practice may want to consider how they communicate with patients, where delays arise. 10 out of the 17 questionnaire respondents stated they were uncertain about emergency out of hours arrangements. However, we saw that the details of the emergency contact number, the practising dentists' details and the surgery opening hours were being displayed externally.

Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. All of the 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.

Individual care

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. 12 of the 17 respondents stated they did not know how to make a complaint. The practice manager was advised that copies of the complaints procedure should be displayed and accessible, on the notice board in the waiting room. This was completed on the day of the inspection and meant that patients could easily access this information, should they require it. The practice manager was advised to update the practice website in line with GDC guidance for ethical advertising and specifically to include details of the practice's complaints procedure.

Improvement needed

Information regarding complaints procedures must be displayed and visible in accordance with guidance and standards.

The complaints procedures were compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations¹.

We found that a record of compliments, concerns and complaints was being maintained. The practice manager was the designated complaints manager. We advised that a periodic review and audit of complaints be undertaken by staff, to inform lessons learnt. We advised that the practice consider having key documents, such as the complaints procedures, available in the Welsh language.

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

The practice had an established way of seeking patient feedback. We saw evidence that patient satisfaction surveys were distributed to seek patient's feedback and suggestions. The practice was advised to develop a formal process for reviewing patient feedback received. Any outcomes, actions or learning from patient feedback should be summarised and fed back to patients for their information.

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 and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. However, decontamination training needed to be refreshed for two of the dentists.

There were arrangements in place for the safe use of X-ray equipment. However, radiographic quality assurance and audits need to be undertaken. Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. However, we found that a clinical fridge was required for dental materials and any medications which may require refrigerated storage.

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

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 surgeries were clean, tidy and well organised.

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 saw evidence of an electrical wiring installation certificate for the premises which was in date.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH)² and we saw that safety data sheets had been kept for each substance in addition to appropriate risk assessments. However, we advised that COSHH items should be stored safely or securely, in the kitchen area.

² <http://www.hse.gov.uk/coshh/index.htm>

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored.

Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. There was a health and safety policy and we saw that environmental risk assessments had been carried out.

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.

A decontamination policy was in place and we saw that all staff were signing and dating to indicate that they had considered key policies. Records of immunity must be up to date and a record maintained and/or evidence of life long immunity kept where that applies. We found that inoculation immunity check status for staff members was up to date.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05³ (WHTM 01-05) guidelines and

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

relevant staff had completed decontamination refresher training on a five yearly basis, training certificates, which indicated that infection control training had been undertaken, were clarified and reissued to indicate that this had covered decontamination training requirements.

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). A resuscitation policy was in place including roles and responsibilities for staff. 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 one appointed first aider in the team who had completed relevant training and a first aid kit was available. There was an appropriate accident book in place and completed accident sheets were filed securely to maintain data protection.

Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks was being maintained. However, we found that a clinical fridge was required for dental materials and or any medications which may require refrigerated storage.

Improvement needed

A clinical fridge is required for dental materials and or any medications which may require refrigerated storage.

Safeguarding

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was being provided for relevant staff. 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. DBS three yearly refresher clearance checks were up to date for all dentists.

Radiographic equipment

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use.

We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000⁵. A radiation protection file was being maintained. However, the practice needed to completed radiograph audits for quality assurance purposes.

Improvement needed

The practice is required to completed radiograph audits for quality assurance purposes.

Patient Records

We viewed a sample of dental records and spoke with the dental practitioners on the day of our inspection. Overall, we found there was a good quality of record keeping and patient care.

However, we identified the following areas for improvement:

- Medical histories were not consistently countersigned by the dentists and patient to identify they had been checked. There was not a clear system of updating them
- Patients' ongoing informed consent needed to be recorded consistently
- Written NHS treatment plans for NHS Band 2 and Band 3 treatments and for treatments plans which were mixed (NHS and private treatment provided within the same course of treatment) were not being consistently provided for patients.

Improvement needed

Patient notes need to be maintained in accordance with professional record keeping guidance.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in relevant audits, including infection control.

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

⁵ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

There was evidence to indicate that arrangements were in place for staff to conduct some peer review audits together. We advised the practice that learning from peer review and audits contributes to the quality of care provided. We discussed the range of audit topics provided by the Welsh Deanery.

Quality of management and leadership

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

The day to day management of the practice was the responsibility of the lead dentist and practice manager. We saw a staff team at work who appeared happy and competent in carrying out their roles.

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). We found there were systems in place to ensure any new staff received an induction and that they were made aware of practice policies and procedures. We gave advice on developing the induction documents and records. We were told that staff meetings were held on a regular basis and these were recorded. However, staff appraisals needed to be undertaken for staff.

Improvement needed

All staff should have regular appraisals as a way of ensuring the continued quality of the care provided.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. The storage of patient files was appropriate, to ensure the safety and security of personal data.

We advised that all policies should be regularly reviewed so they are signed and dated and a next review date added. Some policies needed consideration to ensure that they are practice specific, rather than generic. The practice manager was advised to further develop their quality assurance policy and to implement an ongoing process of audit and review as a way of continuously improving the quality of the care provided.

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 Promenade 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 2008⁶ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁷. 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

⁶ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁷ <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: Promenade Dental Practice

Date of Inspection: 28 February 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
6	Information regarding complaints procedures must be displayed and visible in accordance with guidance and standards.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Guidance 5.1</i>	Both the private and NHS complaints procedures are now displayed and available in the reception area of the practice.	Nicola Steele	Completed

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
Delivery of safe and effective care					
10	A clinical fridge is required for dental materials and or any medications which may require refrigerated storage.	Health and Care Standards 2.6 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	All clinical and dental materials removed from the staff fridge and specific dental fridge to be arranged.	Darril Williams	30 April 2017
11	Patient notes need to be maintained in accordance with professional record keeping guidance.	Health and Care Standards 3.3, 3.5, 4.2 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Standards for the Dental Team -</i>	Patient notes being kept complete, accurate and up to date in line with guidance.	All dentists at the practice	Completed and ongoing

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Standard 4</i>			
11	The practice is required to completed radiograph audits for quality assurance purposes	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>Ionising Radiation Regulations 1999</i> <i>Ionising Radiation (Medical Exposure) regulations 2000</i>	Audits being completed monthly using computer software system	Nicola Steele	Completed and ongoing
Quality of management and leadership					
13	All staff should have regular	Health and Care	Appraisal policy in place. Appraisals to be undertaken in		30 April 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	appraisals as a way of ensuring the continued quality of the care provided.	Standards 7.1 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Standards for the Dental Team - Standard 6.6.1 Maturity Matrix Dentistry (MMD)</i>	April.		

Practice Representative:

Name (print): Nicola Steele

Title: Practice manager

Date: 24/03/2017