

General Dental Practice Inspection (Announced)

Beddau Dental Practice, Cwm Taf
University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Beddau Dental Practice at 1 The Crossroads, Beddau, Pontypridd CF38 2AD, within Cwm Taf University Health Board on 8 August 2017

Our team, for the inspection comprised of two HIW inspectors and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Beddau Dental Practice provided safe and effective care to its patients.

The well equipped practice was patient focussed and it had the appropriate policies and procedures in place to ensure staff and patient safety. These were comprehensive in their content and could easily be accessed by staff. Some, for example safeguarding policies, were supported by essential information being made available on the noticeboard in the staff room.

We found evidence of systems and processes in place which ensure the practice and the staff are supported and committed to providing a high quality service.

Clinical records were maintained to a high standard as were staff files and practice information.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice manager and practice owner.
- Audits were being taken which showed evidence that the practice was continually looking to improve its services.
- The clinical areas were visibly clean and tidy, well-equipped and well maintained.
- Patients were treated with respect and received a good standard of care.
- During the inspection the practice took immediate action to resolve issues as soon as they were highlighted.

This is what we recommend the service could improve:

- For consistency all policies have review dates and evidence that they have been read by all staff.
- Ensure that the packaging of decontaminated instruments displays the date by which they should be used or re-processed.

3. What we found

Background of the service

Beddau Dental Practice provides services to patients in the Beddau and surrounding area. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice has a staff team which includes one dentist, one dental nurse and two part time receptionists and one practice manager.

The practice provides a range of NHS dental services and in addition, a private service of tooth whitening.

Beddau Dental Practice has a sister dental surgery located close by.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that the practice is committed to providing a positive experience for their patients. The practice actively sought patient feedback by providing feedback forms in the waiting area and invited verbal and written comments. Patients who provided comments indicated that they were satisfied with the care and treatment they had received. We recommended the practice display a price list for the private treatments that are available at the practice.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice.

We received 20 completed questionnaires in total, mostly from patients that had been with the dental practice for more than two years.

Overall, patient feedback was positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides; some of the patient comments included:

"Keep doing what you are doing"

"If the dentist is off would be good if cover would be provided instead of cancelling last 2 appointments"

"Open longer hours – have to take time off work to have an appointment"

Staying healthy

We saw that health promotion information leaflets were available in the waiting area. These included information leaflets, posters and specific information regarding treatments and preventative information.

A sign displaying "no smoking" was displayed in the waiting area confirming the emphasis being placed on complying with smoke free premises legislation.

All but one of the patients who completed a questionnaire indicated that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice had an open plan reception and waiting area. Staff told us that if there was a need to have a private conversation with a patient they could utilise a room on the first floor, away from the reception and waiting areas. Telephone calls could also be made away from other patients providing privacy to the patient.

The door to the dental surgery would be closed when a patient received care, to maintain privacy and dignity.

Patient information

Every patient who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that they had received clear information about available treatment options.

While every patient who completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment, almost a half of patients told us they didn't understand how the cost of their treatment was calculated. One patient suggested in the questionnaires that they would like to see a "leaflet on dental costs".

There was dental health promotion information available in the waiting area and a price list was displayed setting out NHS treatment costs. Staff told us that approximately 1% of the care and treatment provided by the practice is private. At the time of the visit there was no price list displayed showing private treatment costs. This was discussed with staff who confirmed they would display all treatment costs.

We found that both handwritten and electronic patient information was stored securely in locked cabinets to ensure that personal and sensitive information was protected.

Improvement needed

The practice needs to display a price list that sets out costs of private treatment.

Communicating effectively

Patients were asked in the questionnaires whether they considered themselves to be a Welsh speaker; those patients that did consider themselves to be a Welsh speaker said that they were only sometimes able to speak to staff in Welsh. Most non-Welsh speaking patients, however, indicated on the questionnaire that they were always able to speak to staff in their preferred language, with only one patient saying that they were never able to.

We noted the reception staff were polite and courteous when speaking to patients on the telephone.

Timely care

The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem.

The patient that suggested in the questionnaires that they would like to see a leaflet on dental costs also said that they would like to see the emergency dental treatment telephone number included in the leaflet

We found that the practice made efforts to ensure patients were seen in a timely manner. Staff told us that if the dentist was running late they would make sure the patients were kept informed.

Displayed both inside and outside of the practice were details of how patients could access emergency care when the practice was closed. This was also provided on the practice's answerphone message.

Individual care

Planning care to promote independence

All patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice had in place an equality and diversity policy. Both the main entrance, the waiting area and the one surgery, which is on the ground floor, are accessible for patients with mobility difficulties.

Listening and learning from feedback

Almost half of the patients that completed a questionnaire told us that they wouldn't know how to raise a concern or complaint about the services they receive at the dental practice.

The practice had a complaints policy and procedures relating to both NHS and private treatment, in place. This was also displayed bilingually in the waiting area. There was no "Putting Things Right¹" poster or leaflets available in the practice and staff agreed to obtain these from the health board.

The practice had a process in place to record, monitor and respond to any complaints and concerns that they received. Whilst very few complaints had been received we noted their file, in each instance, contained a copy of the complaint, how it was handled and the final response. The practice manager is responsible for monitoring all concerns and complaints received.

The practice encouraged patient feedback and we noted that it provided its own feedback forms in the waiting area but there was no box or pen available at the time of our visit. Staff told us that any verbal comments were recorded and filed appropriately. These were also monitored by the practice manager.

Only 12 of the 20 patients that completed a questionnaire said that they are asked for their views on the dental practice, for example, through patient questionnaires

¹ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by Responsible in Wales.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that patients were provided with safe and effective dental care. The surgery was clean and well laid out.

We saw evidence of various contracts in place ensuring the facilities and environment were safe and well maintained.

The practice had refurbished its decontamination room approximately 12 months ago and infection control procedures were aligned to the necessary guidance. We noted that the practice had used the Wales Deanery audit tool which is seen as an indication of good practice.

The practice had in place appropriate safeguarding policies and all staff had received relevant training in child and adult protection.

Safe care

Managing risk and promoting health and safety

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

There were no concerns given by patients over the cleanliness of the dental practice; all but one of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. Fire extinguishers were placed on both the ground and first floors and we saw evidence that they were serviced regularly.

Contracts were in place for the safe disposal of hazardous (clinical) and non-hazardous (household) waste. During the inspection a new hazardous waste

bin arrived and was being secured at the rear of the practice. Prior to this, hazardous waste was being stored in a lockable cupboard on the first floor.

We noted the practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which included the Health and Safety Executive (HSE) contact details and protocols. There was a health and safety policy in place and we noted the health and safety poster, with relevant information, on the door of the decontamination room.

There was one signposted, unisex toilet on the first floor for both staff and patients. It was visibly clean and tidy. Being on the first floor meant the toilet would not be accessible to those in a wheelchair. It was suggested to the practice that they might wish to consider installing handrails to provide some support for patients with mobility issues. We saw cleaning materials were being stored in an unlocked cupboard below the hand basin. Staff moved these to a lockable cabinet during the inspection.

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05². The decontamination room had been refurbished within the last 12 months. It was visibly clean and tidy and we saw evidence that there were appropriate infection prevention and control measures in place.

Decontaminated dental instruments were being stored in sealed bags to prevent cross contamination. At the time of the inspection we noted that a number of these bagged instruments were not dated. The dates by which instruments must be used or reprocessed should be recorded on the packaging in line with WHTM 01-05. When brought to the attention of the dental nurse she immediately removed them for re-cleaning, sterilisation and re-packaging correctly. We recommended that the practice ensure all clinical staff in the practice and sister practice were advised of the incident to ensure lessons are learnt.

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.

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) 01-05 guidance. We recognise this as good practice due to the comprehensive content the audit covers. The audit was not dated and we suggested it is dated to clearly identify the timescale the audit refers to.

The practice had a decontamination policy in place and we saw evidence that all clinical staff had certificates on file to confirm their decontamination training was current.

Improvement needed

The practice to ensure the actual WHTM 01-05 audit is dated to evidence when it was undertaken

Medicines management

The practice had procedures in place to deal with patient emergencies and all staff had received cardiopulmonary resuscitation training (CPR). The practice manager was the appointed First Aider but, because she is not present at the practice full time, arrangements were being made to train additional staff.

We saw that emergency drugs and equipment were stored appropriately and there was evidence that, in accordance with the standards set out by the Resuscitation Council (UK)³, they were being checked and expired drugs and syringes replaced.

Safeguarding children and adults at risk

The practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults which contained contact details for all

³ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

the appropriate local authority safeguarding teams. This information was mirrored on an "Emergency Contacts" poster and a Flowchart in the staff room. We saw certificates confirming that all staff had received appropriate training.

We were told that pre-employment checks of any new members of staff were carried out, and we saw Disclosure and Barring Service (DBS) certificates for all members of staff.

Medical devices, equipment and diagnostic systems

We saw that the surgery contained appropriate equipment for the safety of patients and the dental team. The surgery and equipment were visibly very clean and in good condition. It had been planned and laid out to ensure the safe use of the radiation equipment. The practice had recently started using digital X-rays.

We saw documentation to show that the X-ray machine was regularly serviced and the Radiation Protection file was maintained and contained all essential information. In accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 all staff involved in taking radiographs had completed the required training.

All decontamination equipment was checked regularly and logbooks maintained.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw evidence that the practice had undertaken an infection control audit and a number of in-house audits, including, radiographs and medical records. We were pleased to note that the practice owner was arranging for future audits to include the sister practice.

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

Quality improvement, research and innovation

We noted that clinical staff at the practice use the Deanery Maturity Matrix Dentistry practice development tool⁵. The Maturity Matrix Dentistry (MMD) Self-Evaluation Tool is a dental practice team development tool to allow the team to focus on how they work. It covers a number of topics, including Clinical Assessment and Clinical Risk Management, Patient Experience and Handling Feedback, Disinfection and Decontamination, Evidence based practice and Audit of Clinical Performance. The tool should involve all team members and encourages responsibility and team working. There are a number of benefits, including the identification of best practice, promotion of team communication, and the recognition of best practice.

Information governance and communications technology

The storage of patient files was appropriate to ensure the safety and security of personal data. The practice had a combination of paper and electronic records and we noted that the storage of the records was appropriate to ensure the safety and security of personal data. The electronic files were regularly backed up and stored in a fire proof cabinet. Access to computer screens was secure and discreet.

The practice had a number of appropriate policies and procedures in place including data protection policy and social media policy.

The practice also had developed a patient leaflet setting out how it looks after and safeguards patient information.

Record keeping

We reviewed a sample of patients' records and spoke with the dental practitioner and practice owner on the day of our inspection. Overall, we found there was good quality record keeping and patient care. The records

⁵ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

In accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, the reason for taking X-rays and the dentists' findings from them had been recorded.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of good leadership and lines of accountability. The practice manager is responsible for the day to day management of this and the sister practice and was continually looking to improve processes in the practice.

There are robust management procedures in place for the benefit of staff, including annual staff appraisal and the proposed introduction of practice meetings.

A comprehensive range of relevant policies and procedures were in place and supported, where applicable, with appropriate supplementary guidance and contact information.

All staff had received the necessary training for their roles and responsibilities.

Governance, leadership and accountability

Beddau Dental Practice is owned by the principal dentist who is based full time at its sister practice in Talbot Green. We found the practice to have good leadership and clear lines of accountability. The practice manager oversees the day to day management of the two practices, ensuring she spends at least one day a week in this practice. We noted a good rapport between the staff within the practice and with the sister practice.

We saw that there were a wide range of policies and procedures in place to ensure the safety of both staff and patients. We noted that whilst there were version numbers on the documents, there were no review/issue dates. It is recommended for consistency that all documents have an issue and review date, ensuring they are all up to date so staff have access to the relevant/current information. We noted within the staff files that evidence was

recorded to confirm staff had read and understood some key policies and procedures. However, we recommended that this process is carried out for all the policies and procedures at the practice to evidence knowledge and understanding.

Improvement needed

It is recommended for consistency that all policies have review dates and records are kept of whether they have been read by all staff.

Staff and resources

Workforce

The practice manager told us that she was in the process of introducing formal practice team meetings and that they would be recorded. In the meantime any issues or actions are disseminated to staff via email and/or would be recorded in a communication book held in the reception area. This, in particular, enabled the two part time receptionists to communicate effectively. We saw that all staff had accessed a variety of training, fulfilling their continuous professional development (CPD) requirements. In addition, there was in house staff training which took place with the staff of the sister practice.

We saw evidence in the staff files of an induction process for staff. Agency dental nurses had been used in the past and staff confirmed that they ensure the individuals have the necessary checks, experience and training in place to fulfil the practices requirements. The practice manager was in the process of introducing formal annual appraisals for staff at the practice and we saw evidence of those that had been undertaken.

The staff told us that they were confident in raising any issues or concerns directly with the practice manager or lead dentist.

We found all relevant clinical staff were registered with the General Dental Council to practise and had indemnity insurance cover in place. The dentist working at the practice provided some private dental services and we saw his HIW registration certificate displayed and clearly visible in the surgery.

We saw records to show that all clinical staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The regulations for private dentistry require that that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all staff members.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Beddau Dental Practice

Date of inspection: 8 August 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
There were no immediate assurance issues	Insert specific Health and Care Standard which applies			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Beddau Dental Practice

Date of inspection: 8 August 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice needs to display a price list that sets out costs of private treatment.	4.2 Patient Information	Only private treatment provided at the practice is tooth whitening – cost of this will be added to the poster advertising it in the reception area.	Lowri Farr	To be completed by November 2017
Delivery of safe and effective care				
The practice to ensure the actual WHTM 01-05 audit is dated to evidence when it was undertaken	3.3 Quality Improvement, Research and Innovation	All WHTM 01-05 audits done in the future will be dated and signed by the person carrying out the audit. The current WHTM 01-05 will be dated and signed by the person who	Lowri Farr	To be completed by October 2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
		undertook it in May 2017.		
Quality of management and leadership				
It is recommended for consistency that all policies have review dates and evidence that they have been read by all staff.	Governance, Leadership and Accountability	<p>All policies will be dated as and when they are updated in the next 12 months. They currently have version numbers instead of dates.</p> <p>The document that confirms all staff have read the policies was in the file but hadn't been signed by all staff – they will sign and date this to confirm they have read the policies.</p>	Lowri Farr	<p>Within the next 12 months as policies will be reviewed periodically over that period.</p> <p>Evidence that all policies have been read by staff will be signed by October 2017.</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Lowri Farr

Job role: Practice Manager

Date: 13 October 2017