

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,
Achddu Villa Dental
Practice.

12 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Achddu Villa Dental Practice at 18 Stepney Road, Burry Port, Carmarthenshire SA16 0BH within the area served by Hywel Dda University Health Board on 12 May 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. 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 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

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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.

3. Context

Achddu Villa Dental Practice provides services to patients in the Burry Port area of Carmarthenshire. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

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

The practice employs a staff team which includes three dentists (one is a trainee), one hygienist, four nurses, one practice manager and one receptionist.

A range of services are provided. These include:

- Diagnosis and prevention
- Restorative
- Crown and Bridge
- Cosmetic Treatment
- A range of private treatment.

4. Summary

HIW explored how Achddu Villa Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

Overall, patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was positive.

We found, on the whole, care and treatment was planned and delivered safely to patients. Although there were some areas of improvement needed. We found that all surgeries were visibly clean, tidy and well-organised. We saw evidence that indicated that the care provided was of a satisfactory standard. The areas which required immediate attention i.e. the decontamination room and the Disclosure and Barring checks, were discussed on the day of inspection and an immediate assurance letter was issued.

The practice had a range of relevant policies and procedures in place which aimed to ensure the provision of safe care to patients. However, these need to be personalised to the practice and dated to ensure they meet with current legislation and guidance. Although there were areas of improvement required, we saw that staff worked effectively together. There was a professional and cohesive team.

We found the practice was clean and appropriately maintained to provide a safe environment for patients to receive treatment. Although there were some areas which were looking worn and tired. Access to the practice is not suitable for wheelchair users.

5. Findings

Patient Experience

Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was positive.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. Twenty patient questionnaires were completed prior to the date of inspection. We also spoke to two patients on the day of inspection. Patients who completed the questionnaire had been with the practice for between six months and 30 years. Feedback was consistently positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. Most patients told us they had not experienced any delay in being seen by the dentists, although three stated a short delay due to patients requiring emergency treatment.

Patient comments included the following:

“Excellent service at every appointment.”

“Excellent dental service, always friendly and professional. I do have a fear of any dentistry treatment but every experience has been positive – excellent analgesia and team are always patient and helpful. I would highly recommend.”

“The practice is ace.”

“Very satisfied. Very professional.”

“Excellent service, very friendly advice and support.”

“The dentist and staff are very welcoming, approachable and professional. They provide an excellent service and dental treatment is of a high standard. My family and I are very happy and fortunate with the overall care and service provided.”

The majority of patients said they knew how to access out of hours dental services. We saw a sign in the practice window with the emergency contact number and we confirmed there was a contact number provided on the practice’s answer phone message.

All patients said they received enough information about their treatment. However, we did not find written evidence of this recorded in patient notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis, enabling patients to be seen quickly if required.

There were practice information leaflets available in the reception area. The practice does not currently have a website.

The practice had a range of health promotion information available in the waiting areas, including smoking cessation and mouth cancer awareness.

The practice did not have a system for regularly gaining patient views and acting on them.

Improvement needed

The practice should develop a system for regularly gaining patients views and acting on them.

When asked about making complaints, most patients told us they did know how to make a complaint, although everyone added that they had no reason to complain. We saw that the complaints process was displayed on a television screen, however the information needs to be updated with the correct HIW address and the Community Health Council's address. It would also be beneficial if the information was visible for longer to enable the patient to fully read the screen.

Delivery of Health and Care Standards

We found, on the whole, care and treatment was planned and delivered safely to patients. Although there were some areas of improvement needed. We found that all surgeries were visibly clean, tidy and well-organised. We saw evidence that indicated that the care provided was of a satisfactory standard. The areas which required immediate attention i.e. the decontamination room and the Disclosure and Barring checks, were discussed on the day of inspection and an immediate assurance letter was issued.

Clinical facilities

We looked at the clinical facilities of all three surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well organised. All surfaces were free from clutter to enable effective cleaning. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

We saw a prescription pad stored in an unlocked drawer in a surgery which was not being used on the day of inspection.

Improvement needed

Prescription pads must be stored in a safe environment when the dentist is not in the surgery.

Decontamination of instruments

The practice did not have a dedicated room for the cleaning and sterilisation of dental instruments and the passageway between two doors which was currently being used was not suitable in size, ventilation or meeting the Welsh Health Technical Memorandum (WHTM 01-05) standards. The principal dentist showed us the plans for an extension which would incorporate a designated decontamination room, but these had been drawn up two years ago and had not been actioned. Further discussion with the principal dentist indicated there was also a plan to change an existing room, currently used for storage / kitchen and this was more achievable in the short term. HIW sent an immediate assurance letter on 13 May 2015 requesting assurance, with timescales, that the decontamination area would be addressed in line with the WHTM 01-05 standards. The response from the practice gives a timescale of six to nine months for the refurbished room and two years for the new building. HIW has

requested a response by the 31 July 2015 with the definitive decision on which improvement the practice intend making

There was an infection control policy in place. We saw evidence of the daily cleaning and checking regimes carried out by the nurses which, although being undertaken, were not recorded rigorously.

Improvement needed

The recording of cleaning regimes and daily equipment checks needs to be clearly documented.

We saw evidence that staff had completed training on decontamination and infection control. The practice had conducted an infection control audit, however, it was not dated and there were no conclusions, or improvement plans to address the issues highlighted.

Improvement needed

The practice should regularly audit their decontamination processes and demonstrate progress against a plan for improvement.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

Radiographic (x-ray) equipment

We saw evidence that all qualified clinical staff had conducted appropriate training on ionising radiation. However, we found inconsistencies in regard to the clinical practice of recording radiographs (x-rays). We identified the following issues:

- Not always sufficient justification for taking the x-rays
- Not always sufficient clinical evaluation of the x-rays
- Not always sufficient quality grading of x-rays.

Improvement needed

All dentists must clearly record the reason for, a clinical evaluation and grading of all x-rays.

Following the scrutiny of the radiation protection file containing documentation and guidance relating to safe use of x-ray, we found that the information retained within the file needed reviewing and updating.

Improvement needed

The practice must ensure that the radiation protection file is up-to-date.

We saw examples of x-ray audits, however these lacked detail and were not sufficient to identify improvements in practice.

Improvement needed

The practice must undertake robust audits of x-rays and demonstrate progress against a plan for improvement.

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. We saw certified evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies, however there was not an appointed first aider who had undertaken the recognised course within the last three years as required. We also discussed with the principal dentist, the benefits of a children's pre-measured auto-injector (for use in the case of a severe allergic reaction).

Improvement needed

The practice must appoint a first aider who has undertaken the recognised three yearly training.

Patient records

We looked in detail at a sample of patient records. Overall, we found the record keeping required improvement in the following areas:

- Patient consent to treatment needs to be recorded
- Treatment plans need to be recorded and provided to patients
- Treatment discussions need to be recorded
- Local anaesthetic batch numbers and expiry dates need to be recorded

- Oral cancer screening needs to be recorded.

Improvement needed

Patients records should be audited and demonstrate progress against a plan for improvement.

Management and Leadership

The practice had a range of relevant policies and procedures in place which aimed to ensure the provision of safe care to patients. However, these need to be personalised to the practice and dated to ensure they meet with current legislation and guidance. Although there were areas of improvement required we saw that staff worked effectively together. There was a professional and cohesive team.

Achddu Villa Dental Practice is independently owned by one principal dentist. The day-to-day management was the responsibility of the practice manager. We saw the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles, had a clear understanding of their responsibilities and felt supported by the principal dentist and practice manager. In our discussions with the dentists, it was clear they had a high level of care and compassion for their patients and were keen to work in their best interests at all times.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place and there was a suitable system to ensure these certificates were regularly reviewed. However, policies and procedures needed to be individual to the practice and review dates recorded. The practice also needs to develop a whistleblowing policy and a privacy and dignity policy. This would ensure agreed ways of working were localised and the practice could demonstrate they were regularly reviewed.

Improvement needed

The practice needs to develop, individualise and date the discussed policies.

Staff told us that there were no formal, recorded staff meetings. These need to be implemented and have minutes which detail discussions and actions from the meetings.

Improvement needed

The practice needs to implement regular formal recorded staff meetings.

There were currently no annual staff appraisals, to ensure the competency of staff and identify any training or development needs. Discussion with the practice manager indicated that this was an area for development.

Improvement needed

The practice must develop a system for annual staff appraisals to ensure the competency of staff and ensure they have formalised support.

The practice is an established training practice for dentists and currently had one dentist undertaking a foundation year of dental training. However, there was no induction programme available for new staff.

Improvement needed

The practice needs to develop an induction programme for new staff.

We looked at the clinical governance arrangements in place at the practice. We saw very little evidence of any meaningful audits. This meant that the practice did not have suitable systems in place to monitor the quality and safety of the care provided. We did discuss peer audit with the principal dentist and we were told that arrangements were in place to develop clinical peer auditing with a neighbouring practice. This was subsequently confirmed with the neighbouring practice.

Improvement needed

The practice needs to develop a system of regular audits to ensure the quality and safety of the care they are providing.

We looked at staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We also saw evidence that all staff had employment contracts in place. We discussed with the practice manager the need to update these to reflect the change of name of the practice.

We saw examples of personal continued professional development (training) completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. This meant patients could be assured they were treated by staff who had appropriate skills and up-to-date training and who were confident and acquainted with their place of work. However, these files were difficult to navigate and there was no filing system apparent. We also found certificates of attendance mixed within incorrect staff files. It would be beneficial if these were revisited and stored in a more effective manner.

At the time of our inspection, not all dentists had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. An immediate assurance letter was sent on 13

May 2015 requesting confirmation that these had been requested. HIW received confirmation on 3 June 2015.

The practice had suitable arrangements for the recording of accidents and incidents. Suitable arrangements for occupational health support were also in place through the local health board. We saw records to show that all clinical staff had received appropriate vaccinations to protect them against blood-borne viruses.

We found there were arrangements for recording and responding to formal concerns (complaints) although these were not within the correct timescales set out in the Putting Things Right document, and verbal or informal concerns were not currently being recorded. This is not in line with current guidance. We saw that all concern correspondence was kept together centrally in a paper file, separate to patient records. The policy did not comply with The Private Dentistry (Wales) Regulations 2008, whereby the HIW address must also be made available for private patients. We also discussed the use of a television screen to display the information and whilst this was acceptable the information needed to remain visible for longer periods to enable the patients to accurately read the information.

Improvement needed

The practice must ensure timescales and the recording of verbal or informal concerns are in line with the 'Putting Things Right' 2011 guidance⁴.

The practice must ensure that the HIW address is available on the private patients' complaints policy.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

⁴'Putting Things Right' are Regulations aimed at streamlining the handling of NHS concerns.

Quality of Environment

We found the practice was clean and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is not suitable for wheelchair users.

The practice is located in the town centre of Burry Port. The practice has three surgeries, two on the ground floor and one on the first floor. However, there are steps to reach the ground floor surgeries and therefore access is restricted for some people. The practice has dedicated patient car parking to the front of the practice.

Access to the practice is not suitable for wheelchair users due to stairs and the width of door frames.

A tour of the building confirmed the practice was well maintained externally, however there were areas internally which looked tired and worn. Carpets needed renewing and walls in the storage area had visible mould. The practice was however clean, tidy and satisfactorily lit throughout. The conservatory provided a very pleasant environment for patients to wait for treatment. The reception and waiting areas were suitable sizes for the number of surgeries.

The practice did not have toilet facilities for patients. There was one toilet upstairs for staff which was clean and had suitable hand washing facilities for infection control.

There was a sign outside the practice with the opening hours and emergency contact number. The names and qualifications of dentists were displayed outside. However, a list of all staff, their designation and GDC registration needs to be visible inside the premises. Price lists were also displayed in the reception area.

Improvement needed

A list of all staff, their designation and GDC number must be visible inside the practice.

In accordance with the Private Dentistry (Wales) Regulations 2008, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice.

The fire exits were signposted and fire extinguishers had been appropriately inspected. We saw evidence that there were measures and systems in place to

protect staff and patients in the event of a fire. We also found there were suitable arrangements to prevent unauthorised access to the building.

Patient records and information were stored securely and electronic records were backed-up daily onto an external device. This meant the practice has taken measures to ensure the safety and security of patients and their information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the identified areas. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Achddu Villa Dental Practice will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Achddu Villa Dental Practice

Date of Inspection: 12 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
Page 7	The practice should develop a system for regularly gaining patients views and acting on them. [The Health and Care Standards 6.3 and General Dental Council guidance(GDC) 2.1]	Patient feedback forms have been created for the practice and views can be acted on.	Emma / Jayne	Completed
Delivery of Health and Care Standards				
Page 8	Prescription pads must be stored in a safe environment when the dentist is not in the surgery. [The Health and Care Standards 2.6]	All staff have been informed. All prescription pads are now brought out to the reception and are locked in the filing cabinet.	Emma / Jayne	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 9	<p>The recording of cleaning regimes and daily equipment checks needs to be clearly documented.</p> <p>[Welsh Health Technical Memorandum (WHTM) 01-05 2.4].</p>	Purchased logbook from Isopharm Dental (surgery checklist log book) complying with HTM01-05. These are used in each surgery.	Emma	Completed
Page 9	<p>The practice should regularly audit their decontamination processes and demonstrate progress against a plan for improvement.</p> <p>[Health and Care Standards 2.4,3.1,3.3; WHTM 01-05 2.22]</p>	An audit has now been carried out from an audit tool given to us through Denplan, outcomes and action plan to be completed.	Emma	2 months
Page 9	<p>All dentists must clearly record the reason for, a clinical evaluation and grading of all x-rays.</p> <p>[Health and Care Standard 3.5]</p>	All members of staff are aware of the software system which grades all x-rays and also completing the justification of x-rays.	David Clarke	Completed
Page 9	<p>The practice must ensure that the Radiation Protection File is up to date.</p> <p>[Health and Care Standards 2.9; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000].</p>	Currently being completed online using the DBG system (Dental Buying Group).	David Clarke / Emma	2 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 10	The practice must appoint a First Aider who has undertaken the recognised three yearly training. [Health and Care Standards 7.1;GDC guidance 1.5.3]	Mrs Joyce Nelson (Practice Manageress) now appointed the First Aider.	D. Clarke	Completed
Page 10	The practice must undertake robust audits of x-rays and demonstrate progress against a plan for improvement. [Health and Care Standards 2.9; Ionising Radiation Regulations 1999;Ionising Radiation (Medical Exposure) Regulations 2000].	An audit has been undertaken by our vocational trainee on x-rays and are aware of any action plans and plans on improvement. Future audits will be undertaken.		Complete
Page 10	Patients notes should be audited and demonstrate progress against a plan for improvement. [Health and Care Standards 3.3; The Private Dentistry (Wales) Regulations 2008 14.2]	Dentists have agreed to outline a template for recording of patient notes ensuring notes are recorded consistently.	D.Clarke	6 weeks
Management and Leadership				
Page 11	The practice needs to develop, individualise	In process of updating and personalising policies.	Emma	3 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	and date the discussed policies. [Health and Care Standards 2-7].			
Page 11	The practice needs to implement regular formal recorded staff meetings. [Health and Care Standards 7.1;GDC 6.6.4, 6.6].	Immediate action taken meeting arranged for September 3 rd 2015. Will be carried out by practice manager.	Emma / Jayne	Complete
Page 12	The practice must develop a system for annual staff appraisals to ensure the competency of staff and ensure they have formalised support. [The Health and Care Standards 7.1 and the GDC6.1.1].	Templates for appraisals are complete. Intentions of carrying out have been decided and are being done after all staff summer holidays are taken.	Jayne / David Clarke	3 months
Page 13	The practice must ensure timescales and the recording of verbal or informal concerns are in line with the 'Putting Things Right' 2011 guidance ¹ .	Timescales have now been recorded in our complaints policy.	Jayne / Emma	Completed
Page 13	The practice must ensure that the HIW	Correct address available on the complaints	Emma	Completed

¹'Putting Things Right' are Regulations aimed at streamlining the handling of NHS concerns.

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	address is available on the private patients' complaints policy. [The Private Dentistry (Wales) Regulations 2008].	policy.		
Quality of Environment				
Page 14	A list of all staff, their designation and GDC number must be visible inside the practice. [General Dental Council Standards 6.6.10].	Lists now displayed in waiting room and also visible on our display screen.	Emma	Complete

Practice Representative:

Name (print): David Clarke

Title:

Date: 1/7/15