

General Dental Practice Inspection (Announced)

**Aneurin Bevan University
Health Board, Bridges
Dental Surgery**

28 August 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Bridges Dental Surgery at 6 Newport Road, Caldicot, Monmouthshire within the area served by Aneurin Bevan University Health Board on 28 August 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
- Conversations with nursing 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>

- 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

Bridges Dental Surgery provides services to patients in the Caldicot area of Monmouthshire. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board.

Bridges Dental Surgery is a mixed practice providing both private and NHS dental services. The practice also has a contract with the health board to provide NHS emergency dental treatment to patients who are not registered at the practice.

Bridges Dental Surgery was previously a training practice for dentists with the Wales Deanery (School of Postgraduate Medical and Dental Education). At the time of this inspection, the practice had one dentist who had recently finished undertaking a foundation year of dental training. The foundation dentist had been subsequently employed by the practice and there were no plans to have another foundation dentist.

The practice staff team includes four dentists, one hygienist, one dental therapist, six nurses and one practice manager.

A range of general dental services are provided. The practice also conducts some domiciliary visits in the community for patients who have difficulties getting to the practice.

4. Summary

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

Patient feedback to HIW questionnaires was very positive. All patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment.

Overall, we found evidence to indicate that care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean and tidy. We also found that the practice had systems to help protect patients from the risk of cross-infection. In the sample of records we looked at, we found that patient record keeping was of a good standard.

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients, but we identified some improvements were needed to policies. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team.

We found the practice was visibly well maintained to provide a safe environment for patients to receive treatment. Access to the practice is generally suitable for wheelchair users.

5. Findings

Patient Experience

Patient feedback to HIW questionnaires was very positive. All patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views of the dental services provided. Eighteen patient questionnaires were completed prior to the date of inspection. Overall, patient feedback was positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentists. Those that had experienced delay said this had only been occasionally. A sample of patient comments (with the permission of those who completed the HIW questionnaires) included the following:

“Have always been pleased with the treatment I have received at this practice from all the team.”

“Always very caring and empathetic, fitting me in for any urgent work when needed.”

“The dental services I have received over many years have always been of a high standard.”

“Have always been pleased with service received. Have trust in my dentist and the advice given.”

“A very well run and professional practice.”

“Whole team are very friendly and polite.”

All patients said they received enough information about their treatment. The majority of patients said they knew how to access out of hours dental services. We confirmed there was an emergency contact number provided on the practice’s answer phone message and displayed outside the practice.

There was a flexible appointment system in place enabling appointments to be booked both in advance and on an emergency basis. We were told the practice ensured that appointment slots were kept free each day for patients needing emergency treatment.

There were patient information leaflets available in the reception area which included useful information about the practice. The practice did not have a website, but basic details were available through the health board website.

The practice had a Welsh speaking dentist and patients were able to have their treatment conducted in Welsh if they preferred.

The practice had a system for obtaining feedback from patients. We were shown detailed results of a survey conducted of private patients at the practice, which also included general aspects of the practice. We were told that the foundation dentists historically conducted annual patient surveys. As the practice had no plans to employ another foundation dentist, we advised them to ensure that regular patient surveys of both private and NHS patients continue at the practice.

We advised the practice to consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of written information in other languages including Welsh. The need for this could be assessed through gaining patient feedback. This is because the Health and Care Standards state that patients must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs.

When we asked about the complaints process at the practice, eleven out of eighteen patients said they did not know how to make a complaint. We saw that the complaints procedure was displayed in the patient waiting area. However, this needed to be updated and we have made a recommendation regarding this within the Management and Leadership section of this report (page 14). Considering the comments from patients, the practice should consider how information regarding complaints could be made more visible.

Delivery of Health and Care Standards

Overall, we found evidence to indicate that care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean and tidy. We also found that the practice had systems to help protect patients from the risk of cross-infection. In the sample of records we looked at, we found that patient record keeping was of a good standard.

Clinical facilities

We looked at the clinical facilities of all surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean and tidy.

We 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 also looked at the checks conducted on the machine that provides compressed air to the surgeries (compressor) and found this had been serviced. However, there was no evidence of daily/regular checks being performed in accordance with the manufacturer's guidelines, as this was not recorded.

Improvement needed

Regular checks of the compressor machine (in accordance with the manufacturer's guidelines) should be recorded.

Decontamination of instruments

The practice did not have a dedicated room for the cleaning and sterilisation of dental instruments. There was some separation of cleaning equipment, where some of the sterilisers were located in separate rooms, but the cleaning of instruments was mainly performed in the dental surgeries. We were shown detailed plans for converting one of the downstairs storage rooms into a dedicated decontamination room. We were told that this work was planned to be carried out in 2016/2017.

Overall, while the current set up for instrument cleaning at the practice was not ideal, we found there were suitable processes in place to prevent patients from cross infection. We saw that there were log books completed for the daily testing and maintenance of cleaning equipment to ensure that instruments were cleaned effectively. There was also a suitable system to ensure that instruments were used within the recommended storage period.

Because there was more than one nurse conducting decontamination of instruments each day, we advised that the boxes used for transporting clean and dirty instruments should be more clearly labelled to avoid any confusion which could lead to potential cross-contamination.

We saw evidence that staff had individual training records in decontamination, but we advised the practice to ask staff to sign these records in future as an acknowledgement they had received this training.

The practice had conducted an infection control audit in April 2015 and had used the tool developed by the Dental Postgraduate Section of the Wales Deanery, as recommended by Welsh Health Technical Memorandum⁴ (WHTM 01-05) guidelines. We also saw the practice had an improvement plan as a result of the audit which they had actioned. We were also told that the practice used another infection control audit tool to conduct audits approximately every three months.

Radiographic (x-ray) equipment

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. We saw evidence that all clinical staff had conducted appropriate training on ionising radiation. We also saw that the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow, was available and contained relevant information.

We noticed that there were very small radiation exposure warning signs on the side of the doors of the surgeries, but this was difficult to see and we recommended the practice ensure these signs were visible. This is because the Ionising Radiations Regulations 1999 state that in addition to describing controlled areas in local rules, there should be suitable and sufficient signs displayed giving warning of radiation controlled/supervised areas.

Improvement needed

The practice should ensure suitable radiation warning signs in controlled areas are easily visible.

⁴ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Waste disposal

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

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. We saw that the resuscitation equipment and emergency medication was in date and safe for use. We were told that the practice conducted weekly checks to ensure that the resuscitation equipment and emergency medication to ensure it was safe to use. However, this was not recorded. We also found that an emergency medication (glucagon) was being stored in a domestic fridge. We advised the practice to consult the manufacturer's guidance regarding storage, as best practice is to have all emergency equipment and medication in one place so that it can be accessed easily in an emergency (in accordance with UK Resuscitation Council Guidelines). If storing medication in a domestic fridge, the temperature would also need to be monitored and we advised the practice of this. We saw evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies. However, the practice did not have a trained and appointed first aider.

Improvement needed

The practice should ensure that records of weekly checks performed on the resuscitation equipment and emergency medication are maintained in accordance with guidelines set out by the UK Resuscitation Council.

The practice should re-consider the arrangements for storing glucagon (in line with manufacturer's guidance).

The practice should ensure that there are appointed and trained first aiders.

We were told that the practice takes emergency resuscitation equipment when attending domiciliary visits to patients in the community which was provided by the health board and was shared between practices in the area. This equipment was not kept at the practice, so we were not able to see this during the inspection.

Patient records

We looked in detail at a total of eight patient records across the dentists and hygienist. Overall, we found the record keeping was of a good standard. Treatment procedures and options were explained to patients verbally and

patients were given treatment plans. The practice had a suitable system for checking medical history forms, which were countersigned by the dentists. We saw evidence that oral cancer screening was routinely performed and this was explained to patients.

Management and Leadership

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients, but we identified some improvements were needed to policies. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team.

The practice is independently owned by two principal dentists. An experienced practice manager was responsible for day-to-day running of the practice. We saw the practice was being run efficiently and staff worked effectively together as a team.

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 policies were regularly reviewed and staff were aware of them. However, we identified that the following improvements should be made:

- We found the practice had a policy which included arrangements for the protection of patient confidentiality and privacy, but this did not cover how patient's dignity would be maintained
- We looked at the health and safety policy and found this did not include the arrangements for the provision and use of work equipment provided at the practice
- The safeguarding policy for adults needed to be updated to cover general safeguarding considerations, in addition to mental capacity.

Improvement needed

The practice should update the relevant policies to include:

- ***Details of how patients dignity should be maintained***
- ***A comprehensive adult safeguarding policy***
- ***Arrangements for the provision and use of work equipment.***

We were told that formal practice meetings were conducted approximately every two to three months. We saw meeting notes from January 2015, but we advised the practice to record more details including who attended the meetings so that this could be referred to at a later date. We also advised the practice to record notes from all formal meetings that were held.

We looked at the arrangements for appraisals at the practice and we were told these were conducted for all staff.

We looked at the clinical governance arrangements at the practice. We found the practice conducted a range of audits and some of these audits had been conducted with other practices, such as the x-ray quality assurance audit. The practice had also completed an audit in infection control with the Dental Postgraduate Section of the Wales Deanery and had held numerous meetings as a practice to discuss the implications and improvements needed as a result of this. This meant that the practice had suitable clinical governance arrangements in place to help ensure the quality and safety of the care provided.

We were told that staff were given a general induction to the practice, but this was not recorded and we advised the practice to do this in future. 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. We found that staff had received training child protection, but had not completed training in the protection of vulnerable adults (POVA).

Improvement needed

Training on the protection of vulnerable adults should be completed by relevant staff.

In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice.

At the time of our inspection, we found that not all dentists had a Disclosure and Barring Service (DBS) certificated dated within the last three years in line with the regulations for private dentistry. We were told that updated DBS certificates had been applied for by the practice. Whilst not mandatory for practice staff, we saw evidence that other practice staff had DBS certificates as part of pre-employment checks.

The practice had suitable arrangements for the recording of accidents and incidents. We were told the practice had arrangements for occupational health support through the health board. We saw records to show that with the exception of one, all clinical staff had received appropriate vaccinations to protect them against the Hepatitis B blood-borne virus. The immunisation record for one of the nurses was not available as this had been taken to another practice, but we were told the staff member had received vaccinations

recently. We saw that one vaccination record was unclear whether a booster was required and we advised the practice to follow this up.

Improvement needed

The practice should ensure that the missing immunisation record for one staff member is located and a copy maintained.

The practice should also clarify the immunity records for one staff member regarding immunity status and whether boosters are required, to ensure that staff are sufficiently protected against blood borne viruses.

We also advised the practice to ensure that additional checks are in place to establish that any new clinical staff members are not chronically infected with Hepatitis C or HIV, in accordance with the guidance for the NHS on health clearance for healthcare workers issued by the Welsh Government.

We looked at how patient complaints were handled at the practice and we found there were arrangements for recording and responding to concerns. We saw that complaint correspondence was kept together in a paper file, but we advised the practice to use the summary sheet that was available to assist with reviewing and organising records more clearly. We were told that verbal and informal complaints were appropriately captured.

We looked at the complaints process and found that the complaints poster displayed in the waiting area needed to be updated to ensure the timescales for acknowledging and responding to complaints comply with the NHS patient complaints procedure known as 'Putting Things Right' and the private dentistry regulations and are consistent with the timescales provided in the policy. We also noticed that both the complaints policy and poster needed to be updated to include other organisations that patients could contact in the event they had a concern, including HIW, Aneurin Bevan University Health Board, Public Services Ombudsman for Wales and the Community Health Council.

Improvement needed

The complaints poster should be updated to ensure timescales are consistent with the complaints policy and comply with both the NHS procedure 'Putting Things Right' and the private dentistry regulations.

Both the complaints policy and complaints poster should be updated to include contact details for HIW, Aneurin Bevan University Health Board, Public Services Ombudsman for Wales and the Community Health Council.

Quality of Environment

We found the practice was visibly well maintained to provide a safe environment for patients to receive treatment. Access to the practice is generally suitable for wheelchair users.

The practice is located in the town centre of Caldicot in a converted cottage. The practice has four surgeries, with three surgeries on the first floor and one surgery on the ground floor. There is no dedicated car parking at the practice, but public car parking is available nearby. We were also told that disabled parking was available outside the practice entrance.

Access to the practice is generally suitable for wheelchair users, but the internal doorways may pose difficulties for some large wheelchairs. There is no lift to the first floor due to the constraints of the building, but patients with mobility difficulties and wheelchair users could be seen in the ground floor surgery. We were told that the practice treated a number of wheelchair users without difficulty.

A tour of the building confirmed the practice was visibly well maintained. The practice had areas for staff to change and make refreshments. All areas of the practice were visibly clean, tidy and satisfactorily lit throughout.

There was a sign outside the practice with the opening hours, emergency contact number and the names and qualifications of the dentists. A price list for both NHS and private treatment was displayed in the waiting/reception area.

The fire exits were signposted and fire extinguishers had been appropriately inspected. Detailed examination of other fire protection systems was not part of this inspection; however, it is the responsibility of the practice to ensure that suitable measures and systems are in place to protect staff and patients in the event of a fire.

There were arrangements to ensure patient records were stored securely and these were backed-up appropriately. We found that some patient information such as treatment plans and medical history forms were stored in cabinets behind the reception desk, but they were not lockable. We discussed this with the practice who felt that they had other arrangements in place to ensure the security of this information. The practice is advised to keep these arrangements under review.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified within this report. 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 Bridges 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: Bridges Dental Surgery

Date of Inspection: 28 August 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	-			
	Delivery of Health and Care Standards			
8	Regular checks of the compressor machine (in accordance with the manufacturer's guidelines) should be recorded. [Health and Care Standards 2.9]			
9	The practice should ensure suitable radiation warning signs in controlled areas are easily visible. [Health and Care Standards 2.1; Ionising Radiations Regulations 1999 - 18 (1) (a) and			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	(ii)]			
10	<p>The practice should ensure that records of weekly checks performed on the resuscitation equipment and emergency medication are maintained in accordance with guidelines set out by the UK Resuscitation Council.</p> <p>The practice should re-consider the arrangements for storing glucagon (in line with manufacturer's guidance).</p> <p>The practice should ensure that there are appointed and trained first aiders.</p> <p>[Health and Care Standards 2.9; General Dental Council Standards 6.6.6; UK Resuscitation Council - Primary dental care guidelines]</p>			
Management and Leadership				
12	<p>The practice should update the relevant policies to include:</p> <ul style="list-style-type: none"> • Details of how patients dignity should be maintained • A comprehensive adult safeguarding policy 			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> • Arrangements for the provision and use of work equipment. <p>[Health and Care Standards 4.1, 2.7, 2.9; General Dental Council Standards 6.6]</p>			
13	<p>Training on the protection of vulnerable adults should be completed by relevant staff.</p> <p>[Health and Care Standards 2.7]</p>			
14	<p>The practice should ensure that the missing immunisation record for one staff member is located and a copy maintained.</p> <p>The practice should also clarify the immunity records for one staff member regarding immunity status and whether boosters are required, to ensure that staff are sufficiently protected against blood borne viruses.</p> <p>[Health and Care Standards 2.4; General Dental Council Standards 1.5.2]</p>			
14	<p>The complaints poster should be updated to ensure timescales are consistent with the complaints policy and comply with both the NHS procedure 'Putting Things Right' and the private dentistry regulations.</p> <p>Both the complaints policy and complaints</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>poster should be updated to include contact details for HIW, Aneurin Bevan University Health Board, Public Services Ombudsman for Wales and the Community Health Council.</p> <p>[Health and Care Standards 6.3; Private Dentistry (Amendment) Regulations 2011 section 15; General Dental Council Standards 5.1.3; The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011]</p>			
Quality of Environment				
	-			

Practice Representative:

Name (print):

Title:

Date: