

General Dental Practice Inspection (announced)

Abertawe Bro Morgannwg
University Health Board,

Cwmdulais Dental Centre

21 January 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Cwmdulais Dental Centre at 8, Station Road, Crynant, Neath, SA10 8NW within the area served by Abertawe Bro Morgannwg University Health Board on 21 January 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of general dental practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*¹.

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

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- Information within the practice information leaflet and website
- 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

Cwmdulais Dental Centre provides services to patients in the Crynant area of Neath Port Talbot. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. The practice employs a staff team which includes three dentists, a therapist, four nurses, two reception staff and a practice manager.

A range of dental services are provided.

4. Summary

HIW explored how Cwmdulais Dental Centre met the standards of care in *Doing Well, Doing Better: Standards for Health Services in Wales*.

Patients who completed our questionnaires told us they were satisfied with the service they had received. Patients also told us they had been given enough information about their treatment.

We saw staff being polite to patients and treating them with respect. Relevant information about the services provided at the practice was readily available to patients.

Overall, we found the practice was being run with the intention to meet the standards. However, we have made recommendations regarding some aspects of dental record keeping and that the practice complete an appropriate risk assessment in relation to clinical waste. We have also asked the practice to check medication is being stored in accordance with manufacturers' instructions.

The practice had an experienced manager who worked closely with the principal dentist. A range of relevant policies and procedures were in place with the intention of ensuring patients' safety.

The practice environment was visibly well maintained both internally and externally. Appropriate arrangements were in place to protect the privacy of patients receiving treatment. We have recommended the practice explore whether access to the building can be improved for wheelchair users.

5. Findings

Patient Experience

Patients who completed our questionnaires told us they were satisfied with the service they had received. Patients also told us they had been given enough information about their treatment.

We saw staff being polite to patients and treating them with respect. Relevant information about the services provided at the practice was readily available to patients.

The practice team presented as friendly and welcoming and we saw them being courteous and polite to patients.

We invited patients who were attending the practice on the day of our visit to complete HIW questionnaires. In total nine completed questionnaires were returned. All patients who provided comments told us they were satisfied with the service they had received from the practice, were made to feel welcome by staff at the practice and had been given enough information about their treatment. Comments included:

'They are all helpful and keen to answer/explain all questions/queries.'

'...they are very supportive and empathetic.'

There was a flexible appointment system in place and we found patients could book appointments both in advance and on an emergency basis. This meant people could be confident, where they experienced dental pain, there was a system in place to try to ensure they were seen quickly.

The majority of patients who provided comments within questionnaires told us they were aware of how to contact the out of hours dental services. The contact number was included in the practice leaflet and displayed in the window of the practice premises.

Overall, patients told us they had not experienced any delays when waiting to be seen. Staff described that a process was in place for informing patients should their dentist be running late.

Delivery of Standards for Health Services in Wales

Overall, we found the practice was being run with the intention to meet the standards. However, we have made recommendations regarding some aspects of dental record keeping and that the practice complete an appropriate risk assessment in relation to clinical waste. We have also asked the practice to check medication is being stored in accordance with manufacturers' instructions.

We found suitable arrangements were in place for the safe use of radiographic equipment. All mandatory documentation, including safety checks, maintenance and testing and staff training were available on file and up-to-date.

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. A system was in place to identify and replace expired drugs. We saw certificates in staff files that indicated they had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). All emergency drugs were stored in a refrigerator and we have recommended the practice check this arrangement is in accordance with manufacturers' storage instructions.

Recommendation

The practice should make suitable arrangements to check that medication is being stored in accordance with the manufacturer's instructions.

Contract documentation was in place for the disposal of hazardous waste. We saw waste had been segregated into different coloured bags/containers to indicate correct methods of disposal. These were stored securely whilst waiting to be collected. Due to the layout of the practice, sealed waste was being transported through the waiting room. Should the bags split, waste could fall out into the waiting area posing a potential hazard to patients and staff. Therefore, we have recommended the practice conduct an appropriate risk assessment and implement any identified action to reduce the risk of harm to staff and patients, should waste inadvertently fall from the bags.

Recommendation

The practice should conduct an appropriate risk assessment in respect of the transport of sealed hazardous waste within the practice and implement any identified action to reduce the risk of potential harm to staff and patients.

We considered the arrangements for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05² (WHTM 01-05).

Observation of the decontamination process confirmed appropriate arrangements were in place for the cleaning and sterilisation of instruments. We saw that instruments were appropriately bagged and stamped with the date of decontamination and the date they had to be used by, prior to being stored. Mandatory records had been maintained and the equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. Whilst appropriate arrangements were in place, the practice could consider using an ultrasonic bath and (Type B) vacuum steriliser for the pre sterilisation and sterilisation processes in order to progress to notable practice.

We saw evidence that infection control spot check audits had been completed. Whilst these had been done using a recognised audit tool, we signposted the practice manager to an updated audit tool and specifically aligned to WHTM 01-05. This allows dental teams to self assess their practice against the policy and guidance set out within it.

Sufficient hand washing facilities and disposable protective equipment were available to reduce the risk of cross infection.

We looked at the clinical facilities of each of the surgeries within the practice. We found these contained relevant equipment to ensure the safety of patients and staff. Suitable arrangements were in place to protect patients' privacy when receiving treatment.

We looked at a sample of twelve patient dental records. This sample considered records for each dentist working at the practice. Paper and electronic records were in use at the practice. We saw variation in the record keeping practice of dentists but overall detailed records had been maintained to include the reason why patients were attending, the care and treatment provided and the advice given by the dentist.

However, the justification for the chosen recall interval (i.e. how often patients are advised to return for oral health reviews) was not always recorded. We also saw that patients' initial medical histories had not always been countersigned by the dentist and updated medical histories were not always signed by the

² The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

patient prior to every new course of treatment. These aspects of record keeping would demonstrate patient care and treatment had been planned and delivered in a manner to ensure patient safety and well being. Therefore, we have made a recommendation regarding these aspects of record keeping.

Recommendation

The practice needs to make suitable arrangements to:

Ensure patient dental records demonstrate the dentists' justification for the chosen recall interval for patients.

and

Ensure initial medical histories are countersigned by the dentist and updated patient medical histories are signed by the patient.

Management and Leadership

The practice had an experienced manager who worked closely with the principal dentist. A range of relevant policies and procedures were in place with the intention of ensuring patients' safety.

An experienced practice manager was responsible for the day to day running of the practice and she worked closely with the principal dentist. The practice team appeared to work well together and have a good understanding of their respective roles and responsibilities. We felt the practice was being well run.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. We saw that not all policies had been dated. We highlighted this to the practice manager and principal dentist so a suitable system could be introduced to demonstrate when policies had been agreed or revised.

Staff told us they felt well supported in their roles and were able to raise any work related concerns they may have. Staff also told us practice meetings were held every four to six weeks and topics relevant to their work were discussed.

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). We looked at four continuing professional development files for staff and found staff were recording evidence of training they had attended to support CPD requirements. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

Dentists working at the practice provided private dental services. Each had an up to date registration certificate issued by HIW and these were being displayed in accordance with the relevant regulations for private dentistry.

The principal dentist described how the practice had supported staff to have the vaccinations they needed to work at the practice. The practice manager confirmed all relevant staff had records available confirming their Hepatitis B vaccinations and immunity. This meant the practice had taken appropriate steps to ensure staff and patient safety.

We looked at a variety of maintenance certificates and schedules. These confirmed that equipment was inspected in accordance with mandatory requirements. Therefore, staff and patients could be assured there were systems in place to ensure equipment was inspected regularly and maintained to ensure it was fit for purpose.

The practice provided both private and NHS care and treatment and had a procedure in place for patients to raise concerns (complaints). The procedure met the arrangements covering both NHS and private care and treatment.

Information for patients on how to raise a concern (complaint) was displayed within the waiting room. However, just over half the patients who completed questionnaires told us they were not aware of the process to follow. The practice may wish to explore how patients' awareness of the procedure can be improved.

The complaints procedure was also referred to within the practice leaflet. These were readily available to patients visiting the practice; however the contact details for Healthcare Inspectorate Wales were out of date. The practice manager agreed to update the practice leaflet with the correct details added.

Quality of Environment

The practice environment was visibly well maintained both internally and externally. Appropriate arrangements were in place to protect the privacy of patients receiving treatment.

We have recommended the practice explore whether access to the building can be improved for wheelchair users.

The practice provides services from premises located in the village of Crynant within the Dulais Valley in Neath Port Talbot.

There were no designated car parking spaces at the practice but some parking was available along the street directly outside and other streets nearby. The practice was clearly signposted making it easy to find from the road. The names and qualifications of staff working at the practice were clearly displayed along with the out of hours telephone number.

Access to the practice was suitable for people with mobility difficulties as there were no steps into the practice or within areas on the ground floor. However, we did receive a comment suggesting the entrance could be further improved to make it easier for wheelchair users. The practice should explore whether this could be achieved.

Recommendation

The practice should explore whether the entrance to the building can be adapted to make access easier for wheelchair users and take suitable improvement action as necessary.

The practice had separate staff and patient toilets. The toilet for patients, located on the ground floor, was clearly signposted and suitable for wheelchair users. Both toilets were clean and contained suitable hand washing facilities to prevent cross infection.

The reception and waiting room were on the ground floor. Our observations indicated the size of the waiting area was appropriate given the number of surgeries and patients attending. During a tour of the practice we saw this area was clean and tidy with suitable lighting, heating and ventilation, so providing a comfortable area for patients to wait.

A range of oral health promotion material was displayed as posters and on a large projector screen. Leaflets were available for patients to take away and read. Information on the services provided by the practice was also clearly

displayed within the reception and waiting areas. This meant patients visiting the practice had easy access to a range of information to care for their own oral hygiene.

There were four surgeries, two on the ground floor and two on the first floor of the building. We looked at the clinical facilities of each and these contained relevant equipment to ensure the safety of patients and staff. Suitable arrangements were in place to protect patients' privacy when receiving treatment.

We observed the practice to be satisfactorily maintained internally and externally. Security precautions were in place to prevent unauthorised access to the building. Fire exits were clearly signposted for patients and staff and maintenance labels indicated fire extinguishers had been checked within the last 12 months.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the areas of delivery of *The Standards for Health Services in Wales* and the quality of the environment. 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 Cwmdulais Dental Centre 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: Cwmdulais Dental Centre

Date of Inspection: 21 January 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	None			
	Delivery of Standards for Health Services in Wales			
7	The practice should make suitable arrangements to check that medication is being stored in accordance with the manufacturer's instructions.	All medications will be checked in accordance to the Manufacturer's Instructions and storage details will be highlighted on the packaging.	Donna Brown (Practice Manager)	With Immediate effect
8	The practice should conduct an appropriate risk assessment in respect of the transport of sealed hazardous waste within the practice and implement any identified action to reduce the risk of potential harm to staff and patients.	A Risk Assessment has now been put in place for the transport of Clinical Waste in the Practice	Donna Brown (Practice Manager)	With Immediate effect

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
9	<p>The practice needs to make suitable arrangements to:</p> <p>Ensure patient dental records demonstrate the dentists' justification for the chosen recall interval for patients.</p> <p>and</p> <p>Ensure initial medical histories are countersigned by the dentist and updated patient medical histories are signed by the patient.</p>	<p>To be discussed in the next Dentist meeting and a suitable template to be formulated via Software of Excellence</p> <p>Medical Histories are now printed off at every course of treatment as opposed to annually. The Initial Medical History is signed by the treating dentist</p>	<p>Lesley Hicks (Principle Dentist)</p> <p>Lesley Hicks (Principle Dentist)</p>	<p>1 Month</p> <p>With Immediate effect</p>
Management and Leadership				
	None			
Quality of Environment				
12	The practice should explore whether the entrance to the building can be adapted to make access easier for wheelchair users and take suitable improvement action as necessary.	The front entrance has been measured and complies with DDA. In fact both downstairs surgeries are suitable for wheelchairs	Keith Hotson	With Immediate effect

Practice Representative:

Name (print): Mrs Lesley Joan Hicks.....

Title: Principal Dentist and Owner.....

Signature: [Submitted electronically].....

Date: 23/02/2015.....