

General Dental Practice Inspection (Announced)

**Abertawe Bro Morgannwg
University Health Board,
Cwmtawe Dental Centre**

13 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at Cwmtawe Dental Centre, 36 High Street, Clydach, Swansea, SA6 5LG within the area served by Abertawe Bro Morgannwg University Health Board on 13 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 any relevant professional standards and guidance.

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

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 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

Cwmtawe Dental Centre provides services to people in the Clydach area of West Glamorgan. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board.

Cwmtawe Dental Centre is an established dental practice which was purchased from the previous owner in August 2014 by United Dental (Wales), (which is registered with the General Dental Council as a corporate entity). United Dental (Wales) operates six dental practices, four of which are situated within the geographical area covered by Abertawe Bro Morgannwg University Health Board. The company's head office is based in Neath, West Glamorgan.

Cwmtawe Dental Centre is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes four dentists, six dental nurses (one of whom also works at reception and another who is a trainee), one therapist and a practice manager. Responsibility for day to day service provision at the dental centre is also undertaken by a general manager who divides her time each week between this practice and other United Dental services in West Glamorgan and South East Wales.

A range of dental services are provided. These include:

- Examinations and advice
- Preventative and Periodontal (gum) treatment
- Fillings
- Crowns
- Extractions
- Dentures and repairs
- Orthodontics

Cwmtawe Dental Centre is also a training practice that supports newly qualified dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer.

4. Summary

HIW explored how Cwmtawe Dental Centre met the standards of care set out in the Health and Care Standards published in April 2015.

Patients told us they were very satisfied with services provided at the dental centre. Patients also told us staff were professional and welcoming and gave them enough information about their care and treatment. The dental centre invited patient comments and suggestions as a means of improving services provided.

We were able to confirm there was an emphasis on ensuring that dental care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

However, we found there was a need to improve the content and consistency of recording aspects of patient consultations and use of X-ray equipment.

Cwmtawe Dental Centre was well run by a practice manager who was supported on a day to day basis by a general manager, clinical director and an enthusiastic and motivated team. The practice had appropriate management systems and processes in place to ensure patients' safety

We found that the dental centre was appropriately maintained to provide a safe environment for patients to receive care and treatment. Access to the building was suitable for people with mobility difficulties.

The dental centre was well maintained and provided a safe environment for patients to receive treatment. We also saw that the premises were clean and hygienic throughout.

Staff were provided with a newly created dedicated facility where they were able to change into their work uniforms and take allocated breaks during the day.

5. Findings

Patient Experience

Patients told us they were very satisfied with services provided at the dental centre. Patients also told us staff were professional and welcoming and gave them enough information about their care and treatment. The dental centre invited patient comments and suggestions as a means of improving services provided.

We sent patient questionnaires to the dental centre ahead of our inspection and 18 of those were completed.

All patients told us they were satisfied with the treatment they had received at the dental centre and were made to feel welcome by staff. Some patients told us they did experience an occasional delay in being seen by the dentist but it was only between 5-10 minutes. One person indicated that they felt that check up visits were not long enough. Other comments received from patients included the following:

'I am very pleased with the practice. The staff are great. Very friendly-they put you at ease'

'This practice provides excellent services'

'I have always received a very positive experience at this practice and am more than satisfied with the service provided'

We held conversations with three patients attending the practice on the day of our inspection and they provided further positive views of the care and treatment they had received and their ability to make appointments at times which fitted well with their home and working lives.

When we asked patients about treatment information, all patients said that the dental team explained the treatment they needed in enough detail. Patient comments about this aspect of the service provided included the following:

'Yes, every time, even on check-ups'

'Happy with everything!'

'(The dentist) provides a very good personal service which I am very satisfied with'

'Very reliable service, with good advice and treatment'

'I've always received excellent treatment and am extremely satisfied with all aspects'

Seven patients who completed questionnaires stated that they did not know how to access out of hours dental services. However, the emergency/out of hours number was available within the patient information leaflet, displayed at the dental centre premises and the answerphone message also provided patients with out of hours information.

The dental centre offered both routine and emergency appointments and was open Monday to Friday from 8.30am to 5pm; Tuesday opening hours being 8am to 6pm. The service closed for one hour each day between 1.00pm and 2.00pm.

Patients indicated that they were satisfied with services at the dental centre and had no complaints or concerns. Eleven of the 18 patients who completed a questionnaire though stated that they were not aware of how to make a complaint about their care or treatment, should the need arise. However, we saw that the complaints process/procedure was prominently displayed in both waiting areas in small and large print to assist patients to understand their rights in this regard. The patient information leaflet also made reference to this aspect of service provision.

We saw a notice displayed in the reception area inviting patients to offer suggestions and comments about their experiences at the dental centre. In addition, the staff team were in the process of developing a questionnaire which would be used annually to seek patients' views as a means of making improvements to the service as far as possible. Conversation with members of the dental team also demonstrated the emphasis placed on ensuring that patients were satisfied with their treatment before leaving the practice at each visit.

Delivery of Health and Care Standards

We were able to confirm there was an emphasis on ensuring that dental care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

However, we found there was a need to improve the content and consistency of recording aspects of patient consultations and use of X-ray equipment.

Overall, we found that the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. This included training updates for relevant staff members. We observed that the radiation protection file contained clear and explicit information with regard to the use of X-ray equipment. However, we found that six of the 12 patient records viewed failed to contain the reasons why dental X-ray views had been taken. In addition, the dental team were not routinely recording the quality and grade of patient X-ray images as required by IR(ME)R 2000⁴ regulations.

Improvement Needed

The service is advised of the need to demonstrate how it will ensure that the dental team record consistent and detailed information about the use of X-ray equipment in the future, in accordance with IR(ME)R 2000 regulations.

We saw that signs regarding the presence of a radiation hazard were present at the entrance to each of the surgeries at the dental centre.

Discussions with the dental team revealed the emphasis they placed on planning and delivering patient care and treatment in a way that was intended to ensure patient's safety and welfare. This was achieved in part, by making prompt and appropriate patient referrals to other health professionals as and when required.

⁴ Ionising Radiation (Medical Exposure) Regulations 2000 otherwise referred to as (IR(ME)R 2000).

The dental centre had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. There were also suitable regular checks in place to ensure that all emergency equipment was ready for use. We were able to confirm that staff had received recent and relevant training in cardiopulmonary resuscitation (CPR) /emergency resuscitation. In addition, one of the dental nurses had received training in the use of first aid to ensure that there was always someone working at the dental centre with such skills for the benefit of patients and staff.

We found that emergency drugs were securely stored and there were suitable recorded checks in place to ensure that drugs were replaced ahead of their expiry dates.

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the dental centre had a well established and thorough approach to this aspect of service provision.

We saw that there was a daily maintenance programme in place with regard to the equipment used to clean dental instruments. The maintenance programme included start and end of day equipment checks. The dental team also used specific (protein) test strips on a weekly basis to ensure that the ultrasonic bath⁵ remained effective, the results of which were recorded. However, the dental team disclosed that the required foil tests had not been undertaken. Further discussion with the dental team also resulted in the discovery that a decision had already been taken to remove the ultrasonic bath from the premises, with the intention to revert to cleaning and scrubbing used dental instruments manually prior to sterilisation. We were therefore informed that the ultrasonic cleaner would be removed from the premises on the day of our inspection, as planned.

Daily checks were undertaken to ensure the effective operation of the two autoclaves⁶.

Conversation with a dental nurse led to a full and satisfactory description of the decontamination process in place. We also saw that there was a dedicated

⁵ An **ultrasonic bath** cleans items using ultrasound (usually from 20–400 kHz) and an appropriate cleaning solvent.

⁶ An **autoclave** is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

decontamination room at the premises; cited as being good practice within current WHTM 01-05⁷ guidelines. In addition, we found that there were suitable arrangements in place to transport used dental instruments from the dental surgeries to the decontamination room.

We saw that staff were provided with disposable gloves, aprons and eye protection for use during the course of their work, although eye protection was not always used. This staff safety matter was brought to the attention of senior managers present at the inspection who agreed to remind the dental team of the need to use eye protection provided during the course of patient care and treatment.

Eye protection and disposable items were available to protect patients and their clothing. We found that there was adequate storage for dental instruments and dedicated hand washing facilities in each surgery.

We saw that instruments which were packaged and stored in preparation for re-use contained appropriate 'use by' dates (of one month, in accordance with the policy developed and agreed at the dental centre).

All equipment appeared to be in good condition. We also looked at the equipment maintenance records at the practice and the on-going contract in place to ensure the appropriate handling, storage and disposal of hazardous waste. All such records were found to be current and valid. We saw that hazardous waste was stored securely whilst awaiting collection.

We were able to confirm that portable appliance testing was carried out as required to ensure their safe use.

We reviewed a small sample of 12 dental records. We found that patient care entries within half of the records contained insufficient information regarding the following issues:

- Discussions held with patients during consultations-including social history
- Treatment options available to patients
- Patient consent to treatment

⁷ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

- The outcome of soft tissue examinations
- Lack of evidence that patients' medical histories were countersigned by a dentist

Improvement Needed

The service is advised of the need to demonstrate how it will ensure that all patients' records contain complete information in accordance with professional standards, guidance and the Health and Care Standards.

We found that the dental team made use of computer templates to record planned patient care and treatment although there was some evidence of over reliance on 'auto notes' (otherwise known as electronic prompts for dentists to complete information). This meant that patients' records were not as individualised as they could be; in accordance with good practice guidelines.

We held conversations with senior managers at the dental centre about patient records in general and were told that they had recently introduced a process to retain copies of patient treatment plans following patient dental consultations for future reference. This was to ensure that the dental centre held a complete audit trail of the service offered to patients. Prior to this arrangement, only patients were provided with a copy for their information and retention.

Patients' records were kept and stored securely at the dental centre in paper and electronic form. Conversation with the practice manager also revealed that there were appropriate 'off-site' computer service arrangements in place to ensure that patient records were protected at all times.

Management and Leadership

Cwmtawe Dental Centre was well run by a practice manager who was supported on a day to day basis by a general manager, clinical director and an enthusiastic and motivated team. The practice had appropriate management systems and processes in place to ensure patients' safety.

Cwmtawe Dental Centre is an established dental practice which was purchased from the previous owner in August 2014 by United Dental (Wales), (which is registered with the General Dental Council as a corporate entity). United Dental (Wales) operates six dental practices, four of which are situated within the geographical area covered by Abertawe Bro Morgannwg University Health Board. The company's head office is based in Neath, West Glamorgan.

Day to day management of Cwmtawe Dental Centre was the responsibility of a practice manager who was supported by a general manager, clinical director and an enthusiastic and motivated team. Staff who spoke with us said that they felt very well supported in their work; being able to obtain advice as and when required, from the practice manager and the senior management team.

Cwmtawe Dental Centre is a training practice that supports newly qualified dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer.

Conversations with dentists and other members of the dental team demonstrated that they were actively involved in the day-to-day running and management of the practice. A range of management systems and processes were in place to ensure that treatment was delivered safely to patients. For example, we saw evidence of completed audit activity relating to WHTM 01-05 (guidelines associated with decontamination processes), a detailed risk assessment and control measures with regard to the daily operation of the practice and a fire risk assessment, all of which had been completed since October 2014. This meant that patients could be confident that they were safe because the business was well run with due care and attention to health and care standards and current regulations.

Discussion with the dental team revealed that staff turnover and sickness/absence levels were low. In addition, the dental centre never used agency nurses, because United Dental (Wales) had its own 'in-house' bank nurse arrangements. This meant that patients received care and treatment from a dental team who were familiar to them.

We found there was an appropriate training programme in place to ensure the effective induction of new staff. This meant that patients were treated by staff who were properly trained.

Staff we spoke to stated they were happy in their roles at the dental centre, and told us the entire team worked well together. We were told staff meetings were not held on a monthly basis; the team choosing instead to hold a brief daily meeting whereby any issues of concern, or suggestions about service provision to patients could be discussed and rectified promptly as far as possible. Notes of more formal meetings held at the practice demonstrated that a range of relevant topics had been discussed. These included details of the decontamination process and a range of administrative processes in support of patient care and treatment.

We looked at training records relating to four staff and found that each person concerned had been provided with a range of relevant training opportunities to assist them with their work and in accordance with ongoing continuing professional development requirements. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

An annual appraisal system had recently been introduced at the practice as a means of promoting discussion between the management team and staff and to determine the effectiveness of training provided.

We saw evidence of Hepatitis B vaccinations and immunity records within staff files. This meant that the practice had taken appropriate steps to protect staff and patients. We were also provided with a positive example of how the dental team had been provided with practical support and advice from the occupational health department at Abertawe Bro Morgannwg University Health Board.

We saw a variety of maintenance certificates at the practice. We were, therefore, able to confirm that suitable arrangements were in place to ensure that equipment was inspected according to regulatory requirements, so that patients could be treated safely.

HIW certificates were displayed in each of the four dental surgeries in respect of the private dentistry provided at the practice. The information was incorrect in one case. The practice manager was therefore advised of the process in place to obtain an up to date certificate for the dental practitioner concerned.

We saw that the Health and Safety poster displayed contained details of appropriate Health and Safety Executive contacts as required.

Quality of Environment

We found that the dental centre was appropriately maintained to provide a safe environment for patients to receive care and treatment. Access to the building was suitable for people with mobility difficulties.

The dental centre was well maintained and provided a safe environment for patients to receive treatment. We also saw that the premises were clean and hygienic throughout.

Staff were provided with a newly created dedicated facility where they were able to change into their work uniforms and take allocated breaks during the day.

Cwmtawe Dental Centre provides services from converted commercial premises located on the main street in Clydach. The names and qualifications of the dentists working at the practice were displayed on a sign outside the building.

We saw that the main entrance and the doorways to the two ground floor surgeries would enable patients who use wheelchairs to access the building and receive treatment in a safe manner.

There were no dedicated car parking spaces at the practice premises, but parking was available in the surrounding streets.

We found that the dental centre was clean and well maintained throughout with suitable lighting, heating and ventilation. The building contained three patient surgeries, two of which were situated on the ground floor.

The waiting room on the first floor was comfortably furnished. The waiting area on the ground floor was integral to the reception and close to the two surgeries in that part of the premises. The combination of both provided sufficient space for patients.

The employer liability insurance certificate displayed at the dental centre was found to be current and valid.

There was one toilet on the ground floor which had been adapted for patients with mobility difficulties. This facility was clean and hygienic, with suitable hand washing equipment to prevent cross infection.

We saw that staff had access to a dedicated changing area/rest room and a kitchen facility.

Fire exits were clearly signposted and fire extinguishers located on both floors were recently inspected. We also found that the practice had a valid fire equipment contract and emergency lighting was present.

We found there were suitable arrangements to ensure dental records were stored securely to ensure the safety and security of patients and their information.

The premises were fitted with a security alarm as a means of preventing unauthorised access.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the Delivery of Health and Care Standards. 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 Cwmtawe 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: Cwmtawe Dental Centre

Date of Inspection: 13 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	There were no areas identified for improvement with regard to this inspection theme.			
	Delivery of Health and Care Standards			
Page 8	The service is advised of the need to demonstrate how it will ensure that the dental team record consistent and detailed information about the use of X-ray equipment in the future in accordance with IR(ME)R 2000 regulations and Health and Care Standards 3.3 (Quality of clinical records), 3.5	Audit of Records 1) Patient examination, social history areas: patient management/diagnoses 2) IR(ME)R. Justification.	Chris Wills-Wood (Director)	Have started audit cycle

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	(Record keeping) and 4.2 (Patient information).			
Page 11	The service is advised of the need to demonstrate how it will ensure that all patients' records contain complete information in accordance with professional standards, guidance and the Health and Care Standards 3.3 (Quality of clinical records), 3.5 (Record keeping) and 4.2 (Patient Information).	As above-covering this area (Audit)	Chris Wills-Wood (Director)	Audit started
Management and Leadership				
	There were no areas identified for improvement with regard to this inspection theme.			
Quality of Environment				
	There were no areas identified for improvement with regard to this inspection theme.			

Practice Representative:

Name (print): Chris Wills-Wood

Title: Director

Date: 22 June 2015