

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board,

Dental Excellence

3 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Dental Excellence, 2 Station Road, Pembroke SA71 4AH within the area served by Hywel Dda University Health Board on 3 June 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

Dental Excellence provides services to approximately 8,000 patients in the Pembroke region. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

Dental Excellence provides only private dental services.

The practice employs a staff team, which includes one dentist, one hygienist, and three nurse/receptionists.

A range of services are provided. These include:

- Routine dentistry
- Same day crowns or onlays
- Dentures
- Cosmetic treatments
- Tooth whitening
- Implants.

4. Summary

HIW explored how Dental Excellence meets the standards of care set out in the Health and Care Standards April 2015.

Without exception patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services by having a suggestion box in the reception area.

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities was high and although there were minor improvements needed, the record keeping was good. Appropriate arrangements were in place for radiographic equipment, emergency drugs, waste disposal and decontamination.

We found a committed staff team who told us they felt well supported in their roles. There were robust systems to ensure clear guidance for staff, although the on-going monitoring of staff requirements needed to be established. Complaints arrangements and policies and procedures were available but needed refinement.

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

5. Findings

Patient Experience

Without exception patients told us they were extremely satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services by having a suggestion box in the reception area.

We sent patient questionnaires to the practice and 20 patients had completed these prior to our inspection. We also spoke with one patient whilst we were at the practice. The patients had been registered at the practice from a month to 25 years.

Without exception, all patients who completed questionnaires told us they were satisfied with the treatment they had received at the practice and they were made to feel welcome by staff. No one had experienced a delay in being seen by the dentist. A sample of patient comments included the following:

“Very pleased with service”

“Excellent care received-thank you”

“Always made to feel welcome, comfortable and pleasant experience”

“Perfect. Amazing service from all members of staff. In an emergency I was seen and assisted by members of staff. So thanks you. Keep up the amazing work”

“Excellent service never had any issues and will continue using this dentist”

“All the staff is courteous and professional and it’s a pleasure coming here”

“All the staff are very polite and caring”

“First class service”.

When we asked patients about treatment information, all patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

“Very good service and clear advice”

“Treatment explained clearly”.

Eighteen patients knew how to access out of hours services. We checked the practice’s answerphone message and found that out of hours information was recorded for patients’ information. Patients also stated that the text message service was good.

The practice was open Monday, Tuesday and Friday from 9:00am to 5:00pm. Emergency appointments were available on Wednesday and Thursday evenings. Only the office was open on Wednesday and Thursday from 9:00am to 3:30pm.

Almost a third of patients indicated on questionnaires that they did not know how to make a complaint, should the need arise. This may have been because the complaints procedure was not displayed in the waiting area, patient information leaflets nor on the website. This meant that patients could not find this information easily if the need arose.

We saw a suggestion box for patients to provide feedback to the practice. The practice had also undertaken a patient satisfaction questionnaire. At present staff do not recorded informal and verbal feedback from patients. This would enable the practice to look at trends and possibly prevent escalation of any concerns.

Improvement needed

The practice should to develop a central log for informal and verbal feedback.

Patient records and our questionnaires confirmed patients were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment. All patients were also provided with a written treatment plan.

There was a small range of health promotional material available in the reception/waiting area. We did not see any information on smoking secession. Practice information leaflets were available to patients and gave a summary of useful information about the practice. However this needs to be developed to include treatment prices and the concerns process including HIW’s address.

Improvement needed

The practiced leaflet must contain the information set out in the GDC guidelines.

There was also a practice website which gave clear guidance and patient information. This was currently under development and we discussed the requirement to meet with the GDC Ethical Guidelines on Advertising 2012.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities was high and although there were minor improvements needed the record keeping was good. Appropriate arrangements were in place for radiographic equipment, emergency drugs, waste disposal and decontamination.

Radiographic Equipment/Documentation

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 and staff had attended ionising radiation training.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic equipment and had carried out quality assurance audits for radiographic equipment. This meant there were systems in place to ensure the safe use and ongoing monitoring of radiographic equipment.

Resuscitation and First Aid

We found there were detailed flow charts in place outlining how to deal with different medical emergencies; however these were not stored with the emergency drugs. We suggested that a system be developed whereby the relevant flow chart and medication was stored together. Staff were knowledgeable about what to do in the event of a medical emergency although there was not a current resuscitation policy in place to clearly outline each staff member's roles and responsibilities. Staff stated that this would be completed immediately.

Improvement needed

The practice must ensure a resuscitation policy is in place.

Three members of staff were appointed First Aiders on site and had completed appropriate training. Staff had access to appropriate, well organised resuscitation equipment in the event of medical emergencies (collapse). At the time of the inspection all staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff were trained and equipped to manage medical emergencies.

Emergency drugs

Emergency drugs were well organised and stored securely in a well positioned and safe location although the emergency flow charts (which give guidance in emergencies) were not stored with them. This has been discussed in the preceding paragraph. We could not see any drugs to use in the event of an Asthma attack. This should be included in the emergency drug box. There was a robust system in place for monitoring the expiry dates of drugs. We saw that prescription pads were stored loosely in a cupboard and not securely to avoid unauthorised access. There was a system in place for responding to, and reporting, adverse reactions to drugs. There was a discussion with the practice manager regarding developing a form to record any drugs administered in an emergency, which could be given to medical professionals (if required). This was indicative of a practice that was forward thinking and open to new ways of working.

Improvement needed

The practice must ensure that all drugs required in an emergency are available and stored in the emergency drugs box.

The practice must store prescriptions in a secure environment when the clinician is not in the surgery.

Handling, storage and disposal of hazardous and non-hazardous waste

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was a policy and procedure in place for the safe handling of mercury.

Decontamination of instruments and compliance with WHTM 01-05 (revision 1)

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments which, although very small, met with the standards set in the WHTM 01-05 (revision 1) guidance. Staff used appropriate sealed containers to carry instruments between surgeries.

Dedicated hand washing sinks were available and staff used appropriate personal protective equipment. All instruments were bagged following sterilisation and dated with a processing date. All instruments checked were within date and an in house system was in place for checking this, within suitable specified timeframes. This meant suitable processes were in place to protect patients from cross infection.

We found that not all staff conducting decontamination procedures had received appropriate training to demonstrate competency in their duties.

Improvement needed

Staff undertaking decontamination procedures must have appropriate training for the work they are undertaking.

We saw logbooks for cleaning equipment were appropriately maintained. This included standard checks performed at the start and end of each day.

We saw that the practice had conducted a British Dental Association (BDA) audit of its infection control requirements. Although it is good practice to undertake audits, the BDA is not in line with WHTM 01-05 guidelines. This meant that there were systems in place to monitor ongoing compliance with infection control requirements and to ensure equipment was clean and safe for patient use. We suggested that the practice use the WHTM 01-05 audit tool in future.

We saw that the practice offered implant treatment but there was no vacuum unit for sterilisation of equipment. We advised the practice to ensure the appropriate vacuum for sterilisation of implant equipment was available. This is a requirement for safe practice.

Clinical facilities

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised with all relevant equipment for the safety of patients and staff.

There were sufficient numbers of dental instruments and equipment, all in good condition, stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment.

We saw documentation that showed that the compressor (device to supply clean air to power dental hand pieces and various other dental tools) was maintained and inspected in line with requirements. 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.

Overall we found clinical facilities to be of a very good standard.

Patient records

We looked in detail at a sample of patient records. Overall, the standard of patient records at the practice was good and although the radiograph (x-ray) recording needed some attention, on the whole the records were thorough and detailed the care and treatment.

We found that patient's medical histories were updated at every visit to ensure any changes could be recorded and responded to. The practice had a paper system in use, whereby histories were checked by the reception staff and signed by the patients. We advised the practice that these need to be countersigned by the dentist.

Patients' social histories were not currently being recorded. This would highlight potential oral health risks and would enable early intervention. We suggested that the social and medical histories could be recorded on the same form.

We found that the dentist obtained and recorded patients' consent to treatment, recorded treatment planning and discussion regarding treatment options.

Radiograph documentation needs to be improved in the following areas;

- Recording of justification for taking x-rays
- Detail of radiograph reporting
- No system of radiograph grading / audit (although the practice used digital radiography and the standards was high)
- The separation of recording intra and extra oral examination in the dental records
- Charting was not consistently updated on each treatment
- Date of birth was missing on some patient notes inserts

However, overall we were assured that the quality of record keeping and x-rays was of a very high standard.

Improvement needed

The practice needs to audit patients' records to improve record keeping in the highlighted areas.

The practice had arranged a clinical audit programme with a neighbouring practice which is noteworthy practice.

Management and Leadership

We found a committed staff team who told us they felt well supported in their roles. There were robust systems to ensure clear guidance for staff, although the on-going monitoring of staff requirements needed to be established. Complaints arrangements and policies and procedures were available but needed refinement.

Staff

There was one principal dentist who owned two practices; Dental Excellence and another practice in England. The practice only offered private treatment. There was no practice manager, the staff team had dedicated roles and worked seamlessly as a team. There were two days of the week set aside for administrative duties. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported by each other and the principal dentist.

The dentist was registered with the General Dental Council (GDC) and had contracts of employment. All staff had Disclosure and Barring Service (DBS) certificates dated within the last three years, in line with the regulations for private dentistry. This is noteworthy practice because the regulations only require that dentists hold DBS certificates.

We saw that the dentists' certificate confirming registration was on display at the practice, as required through the Private Dentistry (Wales) Regulations 2008.

We saw hepatitis B immunity records for all clinical staff and all clinical staff held indemnity insurance cover for their clinical practice.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role. We saw an induction file with relevant information, which had not yet been used because there had been no new staff since the pack had been developed.

There were no formal recorded staff meetings but staff told us that meetings were held ad hoc and informally. We discussed implementing formal staff meetings as a way of formally recording lessons learned and for cascading relevant information, such as changes in policy or procedures.

There was not a system in place for formal appraisals. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional development needs. These must be developed.

Improvement needed

The practice should ensure staff have access to regular appraisals.

Child and Adult Protection

We found that all staff had completed training in child protection. A child protection policy was in place although this did not include local contact details to make referrals.

Staff had also completed a protection of vulnerable adults training (POVA). There was a policy in place and we suggested adding local contact details, should staff need to make a referral.

Complaints

There was a complaints procedure covering the arrangements for private patients. This did not fully comply with requirements under the Private Dentistry (Wales) Regulations 2008.

Improvement needed

The complaints policy must comply with the requirements of the Private Dentistry (Wales) regulations 2008 sec 15.

Complaints were held centrally, separately to patient records. Verbal comments and concerns were also recorded although these were recorded in patients' records. We suggested a central log for verbal/informal concerns to enable trends to be highlighted at an early stage. We suggested the practice could formalise the way in which they reviewed complaints as a whole over time, for trends and patterns as an additional way to improve the service.

Staff told us they were comfortable in raising concerns with the dentist. There was a whistleblowing policy in place which staff could use to formally raise and escalate concerns.

Policies and Procedures

Overall, we found the practice had a range of relevant policies and procedures available although some still had the previous company name and address. We advised the practice to review the documents and correct the information. There was no policy for Privacy and Dignity. The policies and procedures were reviewed and updated to ensure staff were working to the most up to date information. Maintenance certificates and records were also in place.

Improvement needed

There should be a Privacy and Dignity policy available.

Quality of Environment

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

The practice was located on the outskirts of Pembroke. The building had been converted to a very good standard. The practice was set over one floor and was accessible for patients with mobility difficulties. There were currently two working surgeries with a third almost completed. There was a small parking area to the rear of the practice.

We found the practice to be very well maintained internally and externally. Internally the environment was appropriately lit, heated, ventilated, clean and tidy.

There was useful patient information on display both externally and internally. However there was no signage outside the practice with the name and qualifications of the dentist. Opening hours and emergency numbers for patients' use were visible from the outside. Price lists were displayed on the reception desk.

Improvement needed

The name and qualification of the dentist must be visible from the outside of the practice.

There was a separate staff toilet. Toilets were visibly clean and contained suitable hand washing facilities to prevent cross infection.

The waiting area was a suitable size for the number of surgeries. Reception staff had a good awareness of how to maintain patient confidentiality. The waiting room contained reading materials and a small amount of health promotional posters and leaflets.

The fire exits were signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

Patients' paper correspondence and records were securely locked away. This meant the practice took suitable precautions to protect patient information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings as outlined in 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 Dental Excellence 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: Dental Excellence

Date of Inspection: 3 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
Page 7	The practice should to develop a central log for informal and verbal feedback. [Health and Care Standards 6.3; General Dental Council (GDC) 5.1.7].	We have created a central log which is kept at reception.	PK	Completed
Page 7	The practiced leaflet must contain the information set out in the GDC guidelines. GDC 2.4.2, 5.1.5].	We are currently updating our practice leaflet to include this information.	PK	End of Aug
Delivery of Health and Care Standards				
Page 9	The practice must ensure a resuscitation	We have completed a resuscitation policy	PK	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	policy is in place. [Health and Care Standards 5.1, GDC 6.2.6, 6.6.6].			
Page 10	The practice must ensure that all drugs required in an emergency are available and stored in the emergency drugs box. [Health and Care Standards 2.6, GDC 1.5.3].	We now store all emergency drugs / kit in the decontamination room along with flow charts.	PK	Completed
Page 10	The practice must store prescriptions in a secure environment when the clinician is not in the surgery. [Health and Care Standards 2.6, GDC 1.5.1].	Prescriptions are now kept in locked filling cabinet.	PK	Completed
Page 11	Staff undertaking decontamination procedures must have appropriate training for the work they are undertaking. [Health and Care Standards 2.4, WHTM 01-05 Section 3].	Janette has taken a cross infection course in November 2013 and we are currently looking into courses for our other staff members to attend.	PK	End of Dec
Page 12	The practice needs to audit patients' records to improve record keeping in the highlighted areas.	This is being arrange to take place in September	PK	End of Sept

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 3.3; The Private Dentistry (Wales) Regulations 2008 14.2].			
Management and Leadership				
Page15	The practice should ensure staff have access to regular appraisals. [Health and Care Standards 7] GDC Standards 6.6.1].	Staff are currently undergoing appraisals and this will be updated every 6 months.	PK	End of Aug
Page 15	The complaints policy must comply with the requirements of the Private Dentistry (Wales) regulations 2008 sec 15.	We are currently updating our complaints policy.	PK	End of Aug
Page 16	There should be a Privacy and Dignity policy available. [Health and Care Standards 4.1].	We have now completed and put this policy in place.	PK	Completed
Quality of Environment				
Page 17	The name and qualification of the dentist must be visible from the outside of the practice. [Health and Care Standards GDC 6.1.5].	Currently getting quotes for sign for outside the building.	PK	End of Sept

Practice Representative:

Name (print): Pakavach Leghaei

Title: Dr

Date: 29th July 2015