

General Dental Practice Inspection (Announced)

Cwm Taf University Health
Board,

**Isfryn Dental Surgery
(Wesley, Blinman and
Associates)**

4 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Isfryn Dental Surgery (Wesley, Blinman and Associates) at 56 High Street, Treorchy, CF42 6NR within the area served by Cwm Taf University Health Board on 4 February 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

Isfryn Dental Surgery (Wesley, Blinman and Associates) provides services to patients in the area of Rhondda Cynon Taf. The practice forms part of dental services provided within the geographical area known as Cwm Taf University Health Board. The practice employs a staff team which includes four dentists, one hygienist, three nurses, two receptionists and a practice manager.

A range of services are provided.

HIW understands that Isfryn Dental Surgery is a mixed practice providing both private and NHS dental services. In this respect, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011.

4. Summary

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

Patients we spoke to and those who completed our questionnaires indicated they were very satisfied with the service provided by the practice team. Patients also told us they had been given enough information about their treatment and had not experienced any significant delays in being seen by a dentist.

Overall, we found the practice was being run with the intention to meet the standards. However, we identified improvement was needed regarding training for staff who use X-ray equipment, the process for identifying expiry dates of dental instruments (following cleaning and sterilisation), checking compressor equipment and checking of emergency drugs and equipment. We also identified improvement was needed in some aspects of dental record keeping.

The practice had a manager who worked closely with the practice partners. Whilst a range of relevant policies and procedures were in place, many of these were brief and did not contain contact details of relevant external organisations and agencies.

The practice premises were 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 owners make arrangements to display details of costs associated with private dental treatment.

5. Findings

Patient Experience

Patients we spoke to and those who completed our questionnaires indicated they were very satisfied with the service provided by the practice team. Patients also told us they had been given enough information about their treatment and had not experienced any significant delays in being seen by a dentist.

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

We were able to speak to a number of patients attending the surgery on the day of our visits. Without exception all told us they were happy with the service provided to them by the practice staff.

Prior to our inspection visit, we also provided the practice owners with HIW questionnaires to distribute to patients attending the practice. Patients were invited to provide comments on their experience at the practice. In total 22 completed questionnaires were returned. All patients who provided comments indicated they were very 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:

'Yes – very satisfied [with the service]'

'Always – very welcoming.'

'Yes. If I need treatment my dentist explains the options and why I need it.'

A suggestion box was available at the reception as a means of allowing patients to post comments and suggestions on the quality of the service provided. However, we were told this was not well used. Rather should patients raise any particular issues, we were told the practice team would try and address these on the spot.

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, when they experienced dental pain, there was a system in place to try to ensure they were seen quickly.

Overall, patients we spoke to and who had completed HIW questionnaires 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.

Other comments provided within completed questionnaires included:

'I have always been seen by the dentist within 24 hours of contact.'

'I would like them to operate a late session, or a weekend occasionally. This would allow those who work days greater choice.'

'Excellent service'

'...the team that treat me always put me at ease....'

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 identified improvement was needed regarding training for staff who use X-ray equipment, the process for identifying expiry dates of dental instruments (following cleaning and sterilisation), checking compressor equipment and checking of emergency drugs and equipment. We also identified improvement was needed in some aspects of dental record keeping.

Overall, we found suitable arrangements were in place for the safe use of radiographic equipment. All mandatory documentation, including safety checks, maintenance and testing and were available on file and up-to-date. We looked at a sample of training records for persons responsible for using radiation equipment. Whilst we found staff had attended relevant training, they required updated training in accordance with the requirements of the Ionising Radiation (Medical Exposure) Regulations 2000. These regulations require relevant staff to receive training every five years.

Improvement Needed

The practice owners must make suitable arrangements for all relevant practice staff who have not attended ionising radiation training within the last five years to receive update training as a matter of priority.

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. The practice manager described a system was in place to check, identify and replace expired drugs and check emergency equipment regularly. However, we recommended that a more formal system be implemented so these checks were logged and also conducted weekly as recommended by the Resuscitation Council (UK)².

² The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

Improvement Needed

The practice owners should implement and maintain a system to demonstrate emergency drugs and equipment are being checked in accordance with current Resuscitation Council (UK) guidelines.

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). This meant staff had been taught on the correct procedures to deal with patient emergencies.

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.

We considered the arrangements for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05³ (WHTM 01-05).

Overall, we found 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 prior to being stored. However, we recommended the expiry date be used as recommended by WHTM 01-05. The practice manager and practice owners agreed to implement this.

Mandatory records for the autoclave (sterilising) machine had been maintained. However, we were told daily checks were not being conducted in respect of compressor equipment used at the practice. We discussed that regular checks of this equipment needed to be completed and a system implemented to demonstrate appropriate checks were taking place.

Improvement Needed

The practice owners must make suitable arrangements to ensure they can demonstrate appropriate checks in respect of compressor equipment are being performed.

³ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

The equipment being used for the cleaning and sterilisation of instruments was visibly in good condition.

We saw evidence that infection control spot check audits had been completed. 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 random sample of 20 patient dental records. This sample considered records for each dentist working at the practice. We saw some variation in the record keeping practice of dentists but overall detailed records had been maintained. We identified some improvements were required in relation to the recording of smoking cessation advice and oral cancer screening. We also found medical history documentation was not always being countersigned by dentists and scanned into the electronic record.

Improvement Needed

The practice owners must make suitable arrangements to ensure details of smoking cessation advice and oral cancer screening is appropriately recorded within patient dental records.

Improvement Needed

The practice owners must make suitable arrangements to ensure medical histories are countersigned by the dentist.

Management and Leadership

The practice had a manager who worked closely with the practice owners. Whilst a range of relevant policies and procedures were in place, many of these were brief and did not contain contact details of relevant external organisations and agencies.

A practice manager was responsible for the day to day running of the practice, working closely with the practice owners. The practice team appeared to work well together and have a good understanding of their respective roles and responsibilities.

Staff told us they felt well supported in their roles and were able to raise any work related concerns they may have with senior staff. Staff also told us practice meetings were held monthly and topics relevant to their work were discussed. We saw written minutes of meetings that supported this.

Staff told us they were able to access training relevant to their role. We looked at a sample of 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 both NHS and private dental services. Those required to be registered with HIW each had an up to date registration certificate (issued by HIW) and these were being displayed in accordance with the Private Dentistry (Wales) Regulations 2008.

The practice had a range of relevant written policies and procedures with the intention of ensuring patient care and treatment was delivered safely. However, many of these were in the form of general guidance and needed to be more detailed and specific to the working arrangements in place at the practice.

For example policies and associated procedures for safeguarding vulnerable children and adults did not contain relevant contact details for local safeguarding officers. This meant that staff may not be directed to the most appropriate person to contact in the event of abuse being suspected by staff. Another example was the practice policy on data protection. This was a brief statement and did not contain detail around the specific arrangements in place on how the practice team were complying with the principles of the Data Protection Act.

The practice had a health and safety policy. However, associated staff risk assessments had not been completed in respect of specific moving and handling tasks and display screen equipment.

We informed the practice manager and the practice owners who were present at the time of our inspection of our findings so appropriate arrangements could be made to make improvements.

Improvement Needed

The practice owners should review all written policies and procedures within the practice to ensure they are detailed and fully reflect the arrangements at the practice. Where necessary these need to contain contact details for relevant local agencies and statutory bodies should practice staff need to contact them.

Improvement Needed

The practice owners must ensure relevant risk assessments are completed and take appropriate action to reduce risk of harm to staff where required.

We saw records confirming staff had received vaccinations against Hepatitis B. It was not absolutely clear in all cases whether staff had sufficient immunity and staff should take appropriate steps to ensure they are effectively immunised as a means of protecting themselves and patients from the risk of cross infection with blood borne viruses.

Up to date maintenance documentation was available in respect of gas appliances and fire equipment. 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). Whilst this met the arrangements covering private care and treatment, it was not absolutely consistent with the *Putting Things Right* arrangements for dealing with concerns (complaints) about NHS care and treatment in Wales. We have recommended the practice revise the complaints procedure so it meets the requirements of *Putting Things Right*.

Improvement Needed

The practice owners must revise the practice's complaints procedure so it is consistent with the timescales and process set out by the 'Putting Things Right' arrangements.

Information for patients on how to raise a concern (complaint) was displayed within the waiting room. However, just under half the patients who completed questionnaires (ten) 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.

Quality of Environment

The practice premises were 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 owners make arrangements to display details of costs associated with private dental treatment.

The practice provides services from premises located in the town of Treorchy within the Rhondda Fawr Valley. We were told dental services had been provided from the premises for many years

There was no designated car parking at the practice but parking was available along the main road directly outside and the side streets nearby. The practice was clearly signposted making it easy to find from the road immediately outside the practice. The emergency telephone number for patients to contact outside of the practice's opening hours was clearly displayed. This meant that patients attending the practice when it was closed were directed to a number they could call for advice on obtaining emergency dental treatment. The names and qualifications of dentists working at the practice were displayed within the waiting room. This meant patients were provided with basic information on the dentists providing them with treatment. The practice owners may wish to make arrangements for this information to be displayed and visible from outside the practice as an additional means of informing patients.

Access to the practice was suitable for people with mobility difficulties as there were no steps into the practice and a waiting room and surgery were available on the ground floor.

The practice had a toilet for use by both staff and patients. The toilet was located on the first floor making it unsuitable for use by wheelchair users or patients with significant mobility difficulties. The toilet facilities were clean and contained suitable hand washing facilities to prevent cross infection.

Waiting rooms were situated on both the ground and first floor. Our observations indicated the size of the waiting areas were appropriate given the number of surgeries and patients attending. During a tour of the practice we saw these areas were clean and tidy with suitable lighting, heating and ventilation, so providing comfortable areas for patients to wait.

Limited health promotion material was available for patients to read. Therefore the practice owners may wish to increase the amount available so that patients have easy access to information on how to care for their own oral hygiene.

Information on the services provided by the practice together with details of NHS treatment costs was also clearly displayed. This meant patients visiting the practice had access to information on how much NHS treatment was likely to cost. Dentists at the practice also provided private dental services and arrangements should be made to clearly display costs associated with private dental treatment.

Improvement Needed

The practice owners should make suitable arrangements to display information for patients on costs associated with private dental treatment provided at the practice.

There were three surgeries, two on the ground floor and one 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.

The practice premises appeared well maintained externally and decorated to a high standard internally. 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 recently.

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 *Standards for Health Services in Wales*, Management and Leadership and 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 Isfryn 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: Isfryn Dental Surgery

Date of Inspection: 4 February 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	No issues identified for improvement in this area.			
	Delivery of Standards for Health Services in Wales			
8	The practice owners must make suitable arrangements for all relevant practice staff who have not attended ionising radiation training within the last five years to receive update training as a matter of priority.	The member of staff with IRMER training just out of date range has already made arrangements to update CPD	Gareth Blinman	April 2015
9	The practice owners should implement and maintain a system to demonstrate emergency drugs and equipment are being checked in accordance with current Resuscitation	Weekly checklist now in operation	Gareth Blinman	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Council (UK) guidelines.			
9	The practice owners must make suitable arrangements to ensure they can demonstrate appropriate checks in respect of compressor equipment are being performed.	Arrangements have already been made with our compressor engineer to give us regular services and a daily log check sheet is being completed	Karl Wesley	Completed
10	The practice owners must make suitable arrangements to ensure details of smoking cessation advice and oral cancer screening is appropriately recorded within patient dental records.	A meeting between staff has already taken place to ensure notes are recorded adequately in regards to smoking cessation and cancer screening, and medical history countersigning.	Karl Wesley	Completed
10	The practice owners must make suitable arrangements to ensure medical histories are countersigned by the dentist.	See above		Completed
Management and Leadership				
12	The practice owners should review all written policies and procedures within the practice to ensure they are detailed and fully reflect the arrangements at the practice. Where necessary these need to contain contact details for relevant local agencies and statutory bodies should practice staff need to contact them.	Relevant written policies to be update with the appropriate contact numbers as discussed	Sarah Parry	June 2015
12	The practice owners must ensure relevant risk assessments are completed and take	Manual handling and VDU risk assessments to be completed for all staff	Sarah Parry	May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	appropriate action to reduce risk of harm to staff where required.			
12	The practice owners must revise the practice's complaints procedure so it is consistent with the timescales and process set out by the 'Putting Things Right' arrangements.	Response times to complaints have been adjusted to reflect the required time limit for NHS and PRIVATE complaint policies	Sarah Parry	April 2015
Quality of Environment				
14	The practice owners should make suitable arrangements to display information for patients on costs associated with private dental treatment provided at the practice.	Private fees to be more clearly displayed for patient's to see	Sarah Parry	completed

Practice Representative:

Name (print):Sarah Parry.....

Title:Practice Manager.....

Signature:Miss S K Parry.....

Date:5th March 2015