

**General Dental Practice
Inspection (Announced)
Cwm Taf University
Health Board, Maendy
Dental Practice**

9 February 2016

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Maendy Dental Practice at 2-3 Maendy Place, Aberdare, Rhondda Cynon Taf, CF44 7AY on Tuesday 9 February 2016

HIW explored how Maendy Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Maendy Dental Practice provides services to patients in the Aberdare area of Rhondda Cynon Taf. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

Maendy Dental Practice is a mixed practice providing mainly NHS dental and a small amount of private services.

The practice staff team includes four dentists, two of whom are the principal dentists, one who has a management consultancy role and the other who is the associate dentist. There is a practice manager, a dedicated receptionist, a lead dental nurse who also acts as an administration assistant, four dental nurses and a trainee dental nurse.

A range of general NHS and private dental services are provided.

3. Summary

Overall, we found that Maendy Dental Practice provides patients with high quality, safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Staff appeared happy in their roles and understood their responsibilities
- Clinical facilities are well equipped, visibly clean and tidy
- Patient records are of a high standard
- There are arrangements in place for the safe use of x-rays
- Dental instruments are cleaned and sterilised appropriately
- Clinical waste is handled, stored and disposed of safely
- Audits, induction, appraisals and staff meetings are conducted regularly and used to improve practice.

This is what we recommend the practice could improve:

- A number of policies needed reviewing to include new guidelines and further detail was needed to the complaints policy
- Staff training is needed on decontamination, protection of vulnerable adults and children, and radiation protection
- Improvements to the recording of daily checks entered in the decontamination log books
- Arrangements for the security of emergency drugs need to be put in place
- Consistency in regard to patient medical histories and counter signatures.

4. Findings

Quality of the Patient Experience

We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained from the patient questionnaires was positive. The practice had a system in place for regularly seeking patient feedback as a way of assessing the quality of the service.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

“Very professional treatment and courteous approach from all members of staff.”

“The dentist has a lovely chair-side manner and I am made to feel very comfortable by her assistant.”

“All staff are always friendly; explanations are always given in terms I understand regarding my treatment. Surgery is always very clean and has books and TV for entertainment whilst waiting.”

“The fact that I have been at this practice for over 30 years (as have my family) says it all.”

Dignified care

All patients stated they were satisfied with the care and treatment they received at the practice and felt welcomed by the staff. We also observed the warm friendly and professional approach adopted by staff towards patients. The practice had arrangements to protect patient’s privacy, including a space for patients to have private conversations with staff and discretion when dealing with patient answer phone messages. Patients told us that they were extremely satisfied with the care and treatment they received.

Timely care

The practice tries to ensure that dental care is provided in a timely way. The majority of patients who completed questionnaires stated that they had not experienced any delays in being seen by the dentist on the day of an appointment. Two thirds of the patients told us they knew how to access out of

hours care. There was a sign on the door of the surgery giving the emergency contact number and this was also provided on the practice's answer phone message.

Staying healthy

There was varied health promotion material around the reception areas, with a good range of leaflets on offer. In the past the practice had offered oral health education sessions for children. This was not currently being offered but one of the nurses was about to train to be able to offer this service again. There was a dedicated area for these sessions and there was evidence of good interactive educational material for children to use.

All the patients who completed questionnaires said they were given appropriate information, about their treatment.

Individual care

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service, when they attended the practice. We also saw that the two reception/waiting areas had a suggestion box (although one had come off the wall) and suggestion slips for patients to record their views. We were told that these slips are discussed and reviewed at the quarterly staff meetings and any valid suggestions are implemented. Recently, a patient had made a suggestion on changing the lock on the patient toilet to allow emergency access and this had been implemented. The suggestion slips are retained in the file along with the minutes of the meeting. This showed that there are systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment half of the patients who completed the questionnaires acknowledged that they knew how to make a complaint and had seen the posters on the board in the reception area. We saw there was a complaints procedure on the notice board but it did not go into enough detail about the time scales for addressing concerns, or contain all the relevant addresses for other organisations that patients could contact.

Improvement needed

There should be complaints notices for both the NHS and Private Dentistry complaints procedure. The complaints poster should be updated to include time scales for responding to complaints and details for other relevant organisations that patients could contact.

Staff told us they rarely receive complaints but we saw there was an established process for recording any concerns/complaints received and how they had been addressed.

Although there were notices in the surgeries and behind reception to inform patients about private dental charges there was no notice displayed in the public reception/waiting areas. We advised the practice to do this.

Delivery of Safe and Effective Care

We found that patients are provided with safe and effective dental care. We were satisfied that there arrangements in place to protect patients and staff from preventable healthcare associated infections. We saw evidence to show that the x-ray equipment and the decontamination process were used appropriately and safely.

We identified some improvements were needed to decontamination, including the recording of daily checks on the steriliser equipment and training in decontamination for the dental nurses.

Safe care

Clinical facilities

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment. Toilet facilities were visibly well maintained and there was an accessible unisex toilet. Some of the patient areas had been refurbished and were light and airy. The staff said that they were in the process of renewing lighting in the other corridors which were less bright.

We looked at the clinical facilities in each of the four surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We noted that the surgeries were visibly clean and tidy. However, we saw that the sealant between the floor and the walls had come away in some areas of one surgery. In another surgery, there was a small indentation and hole in the flooring that needed repair.

Improvement needed

The practice should ensure that the flooring is addressed in the surgeries to allow for effective cleaning and to prevent the accumulation of dirt and dust.

In one surgery there was a broken arm on one of the chairs, but staff assured us a new arm had been ordered. The surgeries were all organised in a similar way to help nurses to work efficiently in any area. There was a well organised system in place to take used equipment from the surgery to the decontamination room. Packaged equipment was clearly labelled and dated.

A safety check certificate was in place for the machine for providing compressor air to the surgeries (compressor) and we also noted that the portable appliance testing (PAT) had been completed on all the electrical equipment to help ensure

that small appliances were safe to use. However, we found that the gas maintenance certificate was out of date. The practice manager is to forward the current certificate to HIW. Fire equipment was in place and had recently been checked. There was clear signage to the emergency exits but the emergency exit at the back of the building was hampered by a two bolt gate.

Improvement needed

The practice must ensure that all fire exit routes provide an appropriate means of escape, specifically: the practice should seek advice regarding the outside gate at the back of the building from a fire safety expert.

The practice had a file of risk assessments relating to the Control of Substances Hazardous to Health (COSHH) and all chemicals were kept securely behind locked doors. However, we advised the practice to include further detail about the control measures in place to prevent harm.

Radiographic equipment

We saw suitable arrangements were in place for the safe use of radiographic (x-ray) equipment, although two of the nursing staff have yet to complete their training. We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of x-ray equipment were also seen in the radiation protection file.

Conversations with the dental team also confirmed that the quality of the x-rays taken were considered and recorded on a daily basis. The practice had completed a dental x-ray audit in early 2015. However, x-ray audits should be conducted regularly. Ideally this should be every three to six months.

Improvement needed

The practice must ensure that regular radiographic audits are conducted and that all staff complete relevant training in ionising radiation.

Drug storage and emergency equipment

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated that all members of the team had received training on how to perform cardiopulmonary resuscitation (CPR) and two of the team were designated first aiders.

The resuscitation equipment and emergency drugs were stored in the staff room and were immediately available in the event of a medical emergency (collapse) at the practice. All the drugs were 'in date' and there was a separate fridge for clinical items. It was evident that a system was in place to check the

equipment and emergency drugs weekly. However, the first aid cupboard, where all the equipment and drugs were stored, was unlocked during the day.

Improvement needed

The practice should improve the arrangements for the storage of emergency drugs to ensure their security.

Decontamination

The practice has a dedicated room for the cleaning and sterilisation of dental instruments. The area was visibly clean and uncluttered. Overall we were satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff.

Not all of the dental nurses had received training in decontamination. The practice manager was asked to organise training as soon as possible as all dental nursing staff work in the decontamination room on a rota basis.

Improvement needed

All staff involved in decontamination should complete training in decontamination.

We found that the infection control policy needed revising as it made reference to guidelines relevant to England rather than the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines. The policy needed to include further details of storage of dental instruments.

We saw the practice had completed an infection control audit in January 2015, which corresponded with WHTM 01-05 guidelines. However, there was no action plan attached to show if and when the actions that had been identified would be put in place. We advised the practice to address this.

We found that maintenance certificates for the equipment were up-to-date. The practice recorded daily and weekly checks on the steriliser to ensure that equipment remained in good working order and that the decontamination process was effective.

We saw that the practice had recently introduced new logbooks for recording the checks performed on the steriliser equipment. Staff told us they had been advised to do this by the manufacturer. However, in addition to following the manufacturer's instructions, the WHTM 01-05 also states that several parameters need to be recorded, including temperature, pressure and steam penetration to help ensure the equipment is suitable for use. Although these

areas had previously been recorded by the practice, we saw they were not included in the new logbooks.

Improvement needed

The practice must ensure that the daily checks on the sterilisers are consistent with the WHTM 01-05 guidelines.

Waste disposal

It was evident that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous and non hazardous waste. We also saw that the waste had been segregated into the designated coloured bags/containers in accordance with the correct method of disposal. These were stored in an area of the building not used by the public, whilst awaiting collection.

Safeguarding

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. The majority of clinical staff had completed training in the protection of children and vulnerable adults but one new nurse and the associate dentist had not received training in the protection of children and two of the new nurses had not yet received training in the protection of vulnerable adults.

Improvement needed:

All staff should complete training in the safeguarding of both children and vulnerable adults.

We were told that there were arrangements in place for staff to raise concerns. We found that the dental nurses did not have Disclosure and Barring Service (DBS) clearance. We advised the practice to include DBS clearance as part of their pre-employment checks for any new members of staff.

Effective care

It was evident that the practice is seeking to continuously improve the service provided. We were able to see that relevant audits had been completed by the practice including infection control, radiographic audits, record keeping and patient waiting times.

The practice had the opportunity to ask for advice and support from a senior dentist who carries out a management consultancy role. The dentists also

conducted peer reviews with other local practices. There was evidence that the staff had used the Maturity Matrix Dentistry tool for team development.

Patient records

There was evidence that patient records were generally of a high standard, which demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing.

A sample of 20 patient records were reviewed. Overall we found that patient care entries contained sufficient information regarding discussions held about treatment options and how patient consent was obtained. There was also evidence of treatment planning.

The dental team had changed their computer software in December so are still finding their way round and discovering what is available. We found that the practice did not have a consistent system to ensure patient medical histories were checked. We saw that some dentists countersigned medical history forms, but this was not always completed.

Improvement needed

The practice should ensure there is a consistent system for ensuring that medical histories are checked by the dentists.

There was some evidence that patients were offered x-rays at appropriate time intervals. The quality of the x-rays was monitored but the system of storing the x-rays needs updating to ensure the x-rays are easy to view and access. We advised the practice to address this.

There was evidence of smoking cessation advice and cancer screening explanation but although, generally, recall was recorded, the timescale was not in accordance with current National Institute for Health and Care Excellence (NICE) guidelines.

Paper records are kept in lockable filing cabinets behind reception but the receptionist could not confirm that the cabinets were always locked at night.

Improvement needed

The practice should take additional steps to ensure the security of paper patient records, specifically by locking filing cabinets.

Quality of Management and Leadership

We found evidence of effective management and leadership at the practice. A range of relevant policies and procedures are in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

The practice has been in Maendy Place for over 25 years but it was extended into the adjoining building in 2012 and modernisation and refurbishment has been completed over a number of years.

The day to day management of the practice is the responsibility of the practice manager. The practice had an effective induction programme in place and we saw evidence of completed induction folders. All staff are given memory sticks containing the policies and procedures and the handbook requires them to ensure that they are read. Yearly appraisals are in place and we saw evidence of detailed pre and post appraisal documentation. The appraisals were conducted by the two senior dentists. There was also evidence of regular quarterly staff meetings where staff were all given the opportunity to offer comments and make suggestions. There was also evidence that suggestions were implemented.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were on display.

We saw records relating to hepatitis B immunisation status for all clinical staff working in the practice. One member of the nursing team had completed the full course but there was no record of their immunity status. We advised that this should be followed-up and that a record of the immunity status should be kept.

We looked at the policies and procedures in place and saw evidence that generally they were reviewed regularly. The quality assurance policy needed updating to include safeguarding of vulnerable adults and the infection control policy needed more information on the appropriate timescales for storing equipment.

The complaints policy needed revising as it was not sufficiently detailed about the procedures for dealing with complaints and did not include timescales for responding to complaints. The addresses and telephone numbers of the Public Services Ombudsman for Wales, the local health board and the Dental Complaints Service were missing. There was also a misleading sentence about the role of HIW regarding private patients complaints.

Improvement needed

All policies should be reviewed and updated in line with the comments within the report. Specifically, the following policies should be updated:

- ***Quality assurance***
- ***Infection control***
- ***Safeguarding vulnerable adults***
- ***Complaints procedures.***

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Maendy Dental Practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



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 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

¹ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

² <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet
- 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Maendy Dental Practice

Date of Inspection: 9 February 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
9	There should be complaints notices for both the NHS and Private Dentistry complaints procedure. The complaints poster should be updated to include time scales for responding to complaints and details for other relevant organisations that patients could contact.	Private Dentistry (Amendment) Regulations 2011 section 15 (4a)			
Delivery of Safe and Effective Care					
10	The practice should ensure that the	WHTM01-05 6.46-6.50			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	flooring is addressed in the surgeries to allow for effective cleaning and to prevent the accumulation of dirt and dust.				
11	The practice must ensure that all fire exit routes provide an appropriate means of escape, specifically: the practice should seek advice regarding the outside gate at the back of the building from a fire safety expert.	General Dental Council: CPD for dental professionals			
11	The practice must ensure that regular radiographic audits are conducted and that all staff need to complete relevant training in ionising radiation.	Health and standards 7.1 IR(ME)R 2000			
12	The practice should consider the arrangements for the storage of emergency drugs to ensure their security.	Health and Care Standards 2.6			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	All staff involved in decontamination should complete training in decontamination.	WHTM01-05 2.4r			
13	The practice must ensure that the daily checks on the sterilisers are consistent with the WHTM 01-05 guidelines.	WHTM 4.16 and Table A3.			
13	All staff should complete training in the safeguarding of both children and vulnerable adults.	GDC guidance 4.3,8.5 Health and Standards 2.7			
14	The practice should ensure there is a consistent system for ensuring that medical histories are checked by the dentists.	GDC 4.1.1,4.1.2			
15	The practice should take additional steps to ensure the security of paper patient records, specifically by locking filing cabinets.	Health and Care Standards 3.4,3.5			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of Management and Leadership					
17	<p>All policies should be reviewed and updated in line with the comments within the report. Specifically, the following policies should be updated:</p> <ul style="list-style-type: none"> • Quality assurance • Infection control • Safeguarding vulnerable adults • Complaints procedures. 	Health and Care Standards 2.4, 2.7			

Practice Representative:

Name (print):

Title:

Date: