

DRIVING
IMPROVEMENT
THROUGH
INDEPENDENT AND
OBJECTIVE REVIEW

General Dental Practice Inspection (Announced)

Powys teaching Health Board Severnside Dental Spa

15 April 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Severnside Dental Spa, which is part of Integrated Dental Holdings (IDH), at New Road, Newtown, Powys, SY16 1BD within the area served by Powys teaching Health Board on 15th April 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

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 and website (where applicable)
- HIW patient questionnaires.

¹ http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st

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

Severnside Dental Spa provides services to approximately 7,500 patients across Powys county, with some patients travelling from much further afield for private dental services. The practice forms part of the services provided within the geographical area known as Powys teaching Health Board. The practice is currently owned by Integrated Dental Holdings (IDH), a corporate company who provide NHS, private and specialist dentistry across the UK².

The practice employs a staff team of three dentists (which includes one trainee dentist), two dental hygienists, four dental nurses (including one trainee nurse), a receptionist, a practice manager and a cleaner.

A range of services are provided. These include:

- Oral hygiene services
- Crowns, bridges and dentures
- Dental implants
- Invisalign
- Endodontics
- Oral surgery
- Cosmetic treatments

Severnside Dental Spa is a mixed practice, providing NHS services to a small percentage of patients but predominantly providing private 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.

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² Website: http://idhgroup.co.uk/, accessed during April 2015

4. Summary

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

Patient Experience

Overall, all the patients who responded to HIW's questionnaire and who we spoke with during the inspection were satisfied with the services received. A couple of the patients we saw during the day spoke very positively about the dentists.

We saw that the patient information leaflet provided helpful information about the practice and about the overall private services being offered. However, because the practice now offers NHS services, this written information should be updated accordingly.

Apart from one notice inviting patients to express their comments, compliments or complaints about the service, there were no formal opportunities provided for patients to give feedback about the service. We have therefore advised the practice to consider various other methods for this purpose.

Delivery of Health and Care Standards

We found that the overall clinical facilities and equipment available at the practice were good. When we looked at a sample of patient records we saw that the quality of record keeping was also good. Staff had access to emergency equipment and medication and had received annual cardio pulmonary resuscitation (CPR) training.

We noted that a few improvements were needed with regard to the overall decontamination process, storage of refrigerated dental products, adherence to infection control guidance and the availability of the dentists' radiation protection training certificates.

Management and Leadership

The practice had been taken over by IDH during September 2014; however there was nothing visible to patients within the practice premises to denote IDH's involvement. Therefore we have advised IDH to take timely action to ensure that patients know who the service is run by; also that the management responsibilities between the organisation and staff at the practice are clarified.

IDH's overall policies will need to be reviewed to ensure suitability for the Severnside Dental Spa practice in Wales.

We observed good working relationships and support between the staff during the inspection. There was evidence that the practice was responding appropriately to complaints. However we have advised them to improve how they record informal and formal complaints; we suggested that the information from complaints can be acted upon and learned from to improve services.

Quality of Environment

We found that the recently refurbished and redecorated practice was well maintained and provided patients and staff with a pleasant, light and spacious environment. The practice was accessible to patients using a wheelchair.

We have advised that the storage facility for archived records be reconsidered, with the aim of improving security of this area.

5. Findings

Patient Experience

Overall, all the patients who responded to HIW's questionnaire and who we spoke with during the inspection were satisfied with the services received. A couple of the patients we saw during the day spoke very positively about the dentists.

We saw that the patient information leaflet provided helpful information about the practice and about the overall private services being offered. However, because the practice now offers NHS services, this written information should be updated accordingly.

Apart from one notice inviting patients to express their comments, compliments or complaints about the service, there were no formal opportunities provided for patients to give feedback about the service. We have therefore advised the practice to consider various other methods for this purpose.

A week prior to the inspection HIW issued the practice with a questionnaire to be completed by patients, to obtain their views about the general services received. We were presented with 19 completed questionnaires on the morning of the inspection. Overall, all the patients said they were satisfied with the services received; they felt they were given enough information about their treatment and were made to feel welcome by the practice team. A few patients added other brief comments, indicating that, overall, they were 'very' satisfied or that staff were 'extremely' helpful.

During the inspection we spoke with four other patients. We found that these patients had moved to this practice following recommendations made by other customers. One of the patients we spoke with said that, since she had been registered with the dentist at Severnside, she had been pain free for the longest period she could recall. A couple of patients said that the dentists were very good at explaining their treatment options and the costs for these services.

We saw that IDH had provided the practice with a complaints code of conduct. The local health board's complaint leaflet was displayed at the floor level window ledge and there was another notice on entry to the practice, inviting patients to share their comments, compliments or complaints. Most of the patients who responded to our questionnaire told us that they knew how to make a complaint, but as this information was generally fragmented between

various locations, we suggested that this information could be grouped together.

We observed that IDH's timescale to acknowledge complaints (noted as within three days), was not in line with the NHS Putting Things Right³ arrangements, which states that complaints (for NHS patients) should be acknowledged within two working days.

Improvement needed

IDH must ensure that the practice complaints procedure for patients receiving NHS services is consistent with the Putting Things Right arrangements.

At the time of our inspection the practice was awaiting delivery of patient information leaflets from IDH. We looked at the patient information leaflet in use in the meantime and saw that the information was clear and well written, providing sufficient information about the practice team, the private dental and cosmetic services being provided, the costs for private services, opening times, complaints procedure and so on. It would be beneficial for patients if this information is included on the leaflets provided by IDH whilst also referring to the NHS dental services being offered.

We saw that the costs for NHS and private dental services were separately displayed in the waiting area, however, the NHS notice was not prominently visible. The practice manager agreed to display these notices in a more prominent position alongside each other.

Apart from the comments, compliments and complaints notice above, we were informed that there was no regular system for obtaining patients' feedback about the service. Although IDH's website invites customer feedback, at the time of our inspection, the Severnside Dental Spa was not advertised as one of their practices. We were informed that IDH had systems for obtaining feedback. However they had recently acquired many other dental practices and had not yet implemented all their systems for this practice nor updated all their written and website information.

³ 'Putting Things Right' sets out the arrangements for handling and responding to concerns (complaints) about NHS care and treatment in Wales.

We were informed that there used to be a suggestion box in reception but this had not been used appropriately. The practice had also issued surveys in the past but said they always received the same tick box responses, therefore these were not sent again. We were provided with a copy of the survey which asked patients to rate their experience, ranging from Strongly Agree to Strongly Disagree, against 23 areas. There was no additional space for patients to write comments; therefore this lacked the contextual information needed against the ratings ticked.

Improvements needed

IDH should ensure that their online and written information is updated as soon as possible, to include the Severnside practice. In this respect the communication needs and spoken language of the patients using the services at Severnside should be considered.

The practice is advised to consider and develop various methods for obtaining patient feedback about their experiences, so that staff can gain a clear understanding of what is working well and what is not. The practice should demonstrate that they act and learn from this feedback.

Delivery of Health and Care Standards

We found that the overall clinical facilities and equipment available at the practice were good. When we looked at a sample of patient records we saw that the quality of record keeping was also good. Staff had access to emergency equipment and medication and had received annual cardio pulmonary resuscitation (CPR) training.

We noted that a few improvements were needed with regard to the overall decontamination process, storage of refrigerated dental products, adherence to infection control guidance and the availability of dentists' radiation protection training certificates.

We viewed the radiographic (x-ray) equipment and documentation, which were satisfactory. There was a dedicated room on the ground floor for taking x-rays, which was a good facility. The first floor surgeries contained their own x-ray equipment. There were no radiation warning signs, as required under The lonising Radiation Regulations (IRR) 1999, outside these rooms.

Improvement needed

Sufficient warning signs must be displayed outside each designated radiographic area within the practice, in accordance with IRR 1999.

The dentists did not have a radiograph and radiation protection training certificate available for inspection, as required under The Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000. We spoke with the dentists who agreed to obtain documentary evidence, to be retained at the practice. One of the dentists later provided us with a list of their continuous professional development (CPD) record, which demonstrated they had completed regular IRMER training.

Improvement needed

Radiation protection training (IRMER) training certificates must always be available at the practice for inspection.

Decontamination process

We considered the decontamination process (for cleaning and sterilising dental instruments) and we found that the equipment and facilities available, which included a dedicated decontamination room, were satisfactory. The set up of

the decontamination room was good, with clear segregation between dirty and clean instruments. However we observed that none of the dental practitioners were wearing sufficient personal protective equipment, for example, aprons and face masks. The practitioners were wearing protective gloves when they entered the room and did wash their hands, in line with infection control guidelines.

Improvement needed

All the dental practitioners should ensure that they wear the recommended personal protective equipment and adhere to infection control guidelines.

We suggested that the practice's decontamination process and infection control protocols be reviewed and the staff be reminded of the procedures. We suggested that step by step procedures could be displayed in the decontamination room.

There were two autoclaves (sterilising units) in the practice but there was only one log book to record the daily checks. There were days when only one autoclave was in use. However it was not possible to verify which autoclave had been checked on the other dates as the logbook only contained one entry and did not specify which autoclave this related to. We were informed that the dental practitioners check both autoclaves.

Improvement needed

The practice should be able to demonstrate which autoclave has been checked by dental practitioners. We would advise the practice to consider obtaining separate logbooks for this purpose to avoid confusion.

Medication and Resuscitation Equipment

We found that the practice had the equipment and medication required in the event of an emergency. We were informed that IDH provide emergency kits in a sealed container. At the time of the inspection this kit was in one of the surgery rooms, which was occupied for most of the day, therefore we were unable to check the contents and expiry dates on this occasion. One of the dentists told us that IDH has a system whereby the expiry dates are monitored and the whole emergency kit is replaced on expiry.

Some of the dental products that required refrigeration were being stored in the staff fridge. The temperature could not be monitored as there was no

thermometer, therefore no guarantee that the products were being stored in accordance with the manufacturer's guidelines.

Improvement needed

The practice should ensure that the manufacturers' guidelines for the storage of medication and dental products are adhered to at all times.

We saw documentary evidence or training certificates to demonstrate that staff had received annual CPR training, in accordance with the frequency recommended by the Resuscitation Council.

Hazardous and non-hazardous waste

Contracts were in place for the storage and collection of hazardous and non-hazardous waste and we saw that waste was being disposed of in the appropriate waste bins and/or bags.

Patient Records

We viewed a sample of two records per dentist and hygienist. Overall the quality of record keeping was good and, in the case of one dentist, this was exemplary. Two of the dentists were not documenting patients' consent to treatment, updating patients' medical histories and demonstrating that they had discussed patients' smoking history and cessation, which we reminded them to document at all times.

Since IDH took the practice over in September 2014 a new computerised system has been implemented. The system had an alert function, and we would suggest that this could start being used to record any significant information, such as patient allergies.

Dental facilities and equipment

We viewed each surgery room and saw that they were clean and adequately stocked. One of the dentists was using a different needle re-sheathing device; we discussed the devices available to minimise the risk of sharps (also referred to as needle stick) injury. One of the needles removed had been left on the container on the work surface in one of the surgery rooms during lunchtime. The dentist agreed to remind staff to safely dispose of used needles immediately to prevent the risk of injury.

Improvement needed

Used needles should be safely disposed of, without delay, after use.

Management and Leadership

The practice had been taken over by IDH during September 2014; however there was nothing visible to patients within the practice premises to denote IDH's involvement. Therefore we have advised IDH to take timely action to ensure that patients know who the service is run by; also that the management responsibilities between the organisation and staff at the practice are clarified.

IDH's overall policies will need to be reviewed to ensure suitability for the Severnside Dental Spa practice in Wales.

We observed good working relationships and support between the staff during the inspection. There was evidence that the practice was responding appropriately to complaints. However we have advised them to improve how both informal and formal complaints are recorded; we suggested that the information from complaints can be acted upon and learned from to improve services.

Severnside Dental Spa was first established in 1985. In September 2014 the practice was taken over by Integrated Dental Holdings (IDH). We were informed that the practice had been owned by two other companies before then, one for approximately five years and another from 2011 to September 2014. The last few years had therefore been a challenging time for staff, whilst they were getting used to a new management team, new systems, policies and procedures and so on.

During the inspection, the fact that Severnside was now run by IDH was not visibly apparent. For example, the practice was not listed on IDH's website, no IDH patient leaflets were available, there was no IDH signage and the overall management structure for the practice was unclear. Some of the staff felt that they had lost some of their identity since IDH started introducing NHS services.

Improvement needed

IDH should take timely action to demonstrate effective leadership of Severside Dental Spa. For example:

• Patients should have information about the management company running the service.

• The overall management and leadership responsibilities between practice staff and the organisation should be clearly defined.

In this respect, IDH is advised to consider the Health and Care Standards for the governance, leadership and accountability of Severnside Dental Spa.

However, we observed very good working relationships between staff during the inspection. Most of the staff at Severnside had worked there for many years and potentially this had assisted in ensuring continuity of care for patients. There was evidence that staff were being well supported within the practice. We saw a sample of monthly staff team minutes, which were detailed and demonstrated effective information sharing and learning between staff. Staff appraisals were being undertaken annually by the practice manager.

We saw the General Dental Council registration certificates for the dentists, however their HIW registration certificates were not displayed, as required. The dentists agreed to bring these into the practice.

Improvement needed

HIW's registration certificates must be affixed in a conspicuous place at the practice (as required under The Care Standards Act 2000 and The Private Dentistry (Wales) Regulations 2008).

IDH had obtained new disclosure and barring service (DBS) checks for all the staff at the practice, which we viewed during the inspection and is considered good practice.

We looked at a sample of IDH policies and procedures, which were available for staff to access online. The practice manager had obtained staff members' signatures to confirm they had read and understood some of the key policies, which, again, we noted as good practice. The adult protection policy could not be located during the inspection and the practice manager agreed to obtain a copy of this. We saw that staff had received both adult and child protection training.

Some of the policies made reference to English legislation and guidelines and we reminded the practice to ensure that the Welsh equivalent is referred to for the Severnside practice.

Improvement needed

IDH should ensure that the policies and procedures relevant to Severnside practice refer appropriately to Welsh legislation and guidelines.

We considered how concerns and/or complaints were dealt with at the practice. A couple of complaints were under investigation and there was evidence that these were appropriately being followed up. However, there was no overall complaints log to track each stage of the complaints and outcome.

We were informed that the practice manager meets patients if they are dissatisfied with any aspects of the service, and these had not led to formal complaints. However no record had been retained of these discussions.

Improvement needed

We have advised the practice to improve the methods for logging formal and informal complaints. This information could be used to identify any common themes that emerge and to act on and learn from these to improve services.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

We found that the recently refurbished and redecorated practice was well maintained and provided patients and staff with a pleasant, light and spacious environment. The practice was accessible to patients using a wheelchair.

We have advised that the storage facility for archived records be reconsidered, with the aim of improving security of this area.

Severnside Dental Spa is a large detached property and is conveniently located within walking distance of Newtown town centre. There is a car park to the front of the building and public car parks nearby. The practice car park did not have a designated disabled car parking space and we suggested that this is something that could be considered as part of future developments. There was a ramp and steps to access the building.

One of the surgery rooms was on the ground floor and the other two surgery rooms were on the first floor. There was a patient toilet on the ground floor; suitable for wheelchair access. Apart from the reception desk and practice manager's office on the ground floor, the other staff facilities were upstairs and included a kitchen/staff room and staff toilet.

Some of the internal areas had been refurbished and redecorated by IDH and we found that the environment was well maintained. Severnside Dental Spa also had personal touches, for example one of the patients is a local artist and some of their art work was displayed in various areas, which lessened the clinical feel of the environment. There was a table and chairs for younger children and we saw a stock of books and magazines for patients in the waiting area.

At the time of our inspection there were two phone lines at the practice, which also included the connection for the payment machine. The practice manager said that, given the volume of patients the practice provides services to, these lines were constantly busy. Therefore we suggested that they explore the possibility of acquiring an additional phone with IDH.

We found that storage space at the practice was limited. We were informed of the location for archived patient records and advised that this be reconsidered, or a more secure storage space made available for this purpose.

Improvement needed

IDH is advised to review the storage of archived patient records and take steps to improve the security of the storage facility for this purpose.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Severnside Dental Spa 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: Severnside Dental Spa

Date of Inspection: 15th April 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
8	IDH must ensure that the practice complaints procedure for patients receiving NHS services is consistent with the Putting Things Right arrangements. (Health and Social Care Standard 6.3)			
9	IDH should ensure that their online and written information is updated as soon as possible, to include the Severnside practice. In this respect the communication needs and spoken language of the patients using the services at Severnside should be			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	considered. (Health and Social Care Standard 3.2)			
	The practice is advised to consider and develop various methods for obtaining patient feedback about their experiences, so that staff can gain a clear understanding of what is working well and what is not. The practice should demonstrate that they act and learn from this feedback. (Health and Social Care Standard 6.3)			
	Delivery of Health and Care Standards			
10	Sufficient warning signs must be displayed outside each designated radiographic area within the practice, in accordance with IRR 1999. (Health and Social Care Standards 2.1 and 2.9)			
10	Radiation protection training (IRMER) training certificates must always be available at the practice for inspection. (Health and Social Care Standard 2.1)			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
11	All the dental practitioners should ensure that they wear the recommended personal protective equipment and adhere to infection control guidelines.			
	We suggested that the practice's decontamination process and infection control protocols be reviewed and the staff be reminded of the procedures. We suggested that step by step procedures could be displayed in the decontamination room. (Health and Social Care Standards 2.4 and 2.9)			
11	The practice should be able to demonstrate which autoclave has been checked by dental practitioners. We would advise the practice to consider obtaining separate logbooks for this purpose to avoid confusion.			
	(Health and Social Care Standards 2.4 and 2.9)			
12	The practice should ensure that the			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	manufacturers' guidelines for the storage of medication and dental products are adhered to at all times. (Health and Social Care Standard 2.6)			
12	Used needles should be safely disposed of, without delay, after use. (Health and Social Care Standard 2.6)			
	Management and Leadership			
13-14	 IDH should take timely action to demonstrate effective leadership of Severnside Dental Spa. For example: Patients should have information about the management company running the service. The overall management and leadership responsibilities between practice staff and the organisation should be clearly defined. 			
	(In this respect, IDH is advised to consider the Health and Care Standards for the			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	governance, leadership and accountability of Severnside Dental Spa).			
14	HIW's registration certificates must be affixed in a conspicuous place at the practice (as required under The Care Standards Act 2000 and The Private Dentistry (Wales) Regulations 2008). (Health and Social Care Standard 7.1)			
14	IDH should ensure that the policies and procedures relevant to Severnside practice refer appropriately to Welsh legislation and guidelines. (Health and Social Care Governance, Leadership and Accountability)			
15	We have advised the practice to improve the methods for logging formal and informal complaints. This information could be used to identify any common themes that emerge and to act on and learn from these to improve services. (Health and Social Care Standard 6.3)			

Page Number	Improvement Needed Quality of Environment	Practice Action	Responsible Officer	Timescale
17	IDH is advised to review the storage of archived patient records and take steps to improve the security of the storage facility for this purpose. (Health and Social Care Standard 3.5)			

Practice Representative:		
Name (print):		
Title:		
Date:		