

General Dental Practice Inspection (announced)

Cardiff and Vale University
Health Board, Rumney Hill
Dental Surgery

20 November 2014

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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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Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at Rumney Hill Dental Surgery, 776 Newport Rd, Rumney, Cardiff within the area served by Cardiff and Vale University Health Board on 20 November 2014.

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

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 medical records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website

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

- 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 will be 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.

Context

Rumney Hill Dental Surgery provides services to NHS and private patients in the Rumney area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board. The practice employs a staff team which includes six dentists, one hygienist, six dental nurses, one receptionist and a practice manager. A range of services are provided. These include:

- NHS and private dentistry
- Emergency dentistry
- Dental hygiene
- Dentures
- Dental veneers
- Teeth whitening and stain removal

Summary

HIW explored how Rumney Hill Dental Surgery meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

We found that the provision of dental care and treatment was supported by a range of well established management systems and processes. Such arrangements ensured that patients' care and treatment was delivered in a safe and timely way. We were also told that staff sickness, absence and turnover was very low; most members of the team having worked at the practice for many years. This meant that patients were likely to receive care from people who were familiar to them.

Rumney Hill is a training practice/surgery that supports newly qualified dentists undertaking their first year in dental practice (following completion of their university degree), with the supervision of an allocated trainer.

In addition to the above, the following points relate to what people told us and what we found at this inspection:

- Patients indicated that they were involved in discussions about their care and received sufficient information about their treatment. We also found that patients were treated with dignity and respect
- We looked at a sample of 15 patient records and held discussions with dentists at the surgery. As a result, we were able to confirm that the dental team made every effort to ensure that they obtained valid consent from patients before starting treatment. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare
- The dental surgery was established and well run by an experienced practice manager and principal dentist. The practice had appropriate management systems and processes in place to ensure patients' safety
- The dental surgery was well maintained and provided a safe environment for patients to receive treatment. We also saw that the premises was clean and hygienic throughout

We found three aspects of the service which needed to be improved. These were:

- The dental surgery is required to demonstrate how it will ensure that new and updated patient medical histories are always signed by the dentist and patient
- We advised the dental surgery of the need to demonstrate how it will ensure that patients with periodontal (gum) disease receive care and treatment in accordance with current national guidelines
- The surgery is required to ensure that details of the complaints process are displayed in a more prominent place. This is to ensure that patients are made aware of what they need to do if they have any concerns about their dental care or treatment

Findings

Patient Experience

Patients indicated that they were involved in discussions about their care and received sufficient information about their treatment. We also found that patients were treated with dignity and respect.

HIW patient questionnaires were completed by 15 patients on the day of our inspection. The length of time those individuals had regularly visited the dental surgery, ranged from three to over 30 years. Each patient indicated that they were made to feel very welcome by the dental team. One patient also provided us with the additional comment about the way which they were usually greeted: *'Smiling and welcoming. Always enquire how you are'*. We spoke with one person who had not visited a dental surgery for some time and were told that the staff had reassured him, and helped to put him at ease.

Fourteen completed HIW questionnaires showed that patients felt they were given sufficient information about their treatment options, however one person responded with the word *'sometimes'*. Conversations with the principal and three other dentists, confirmed that treatment options were discussed with patients during consultations. Examination of a sample of 15 patient records also demonstrated that dental records were updated after each visit, detailing the treatment patients had been given, as well as future plans.

The dental surgery operated an appointment system which was as flexible as possible. For example, we were told that patients could book appointments in advance. Conversation with the dental team also highlighted the efforts made to provide people with an appointment on the same day that they presented with dental problems or pain. We also directly observed the helpful, friendly and professional way which members of the dental team approached patients via the telephone or on a face to face basis.

Each patient who completed one of our questionnaires stated that they had not experienced any delay in being seen by the dentist on the day of their appointment. Patients also indicated that they were aware of how to access out of hours dental services.

Seven patients indicated within HIW questionnaires that they were aware of how to raise concerns or make a complaint about the dental services they received. The remaining eight patients however, indicated that they were not aware of the process that they needed to follow. Further information about that issue can be found within the section of this report entitled *'Management and Leadership.'* Patients provided us with permission to include their additional comments within this report which related to their satisfaction and experiences associated with Rumney Hill Dental Surgery:

'I have always been very satisfied with treatment'

'The dental practice has always been very welcoming and accommodating. The treatment has always been very good and professional'

'Would perhaps help if discussion was held with the patient regarding cost prior to any proposed action'

'I have been a patient of this surgery since 1981. I have received great treatment and am entirely satisfied with the services'.

And

'After visiting this dentist for some time, I've had my fair share of problems, some not to do with my teeth,..... the staff went way above and beyond their jobs. I appreciate them so, so much'.

The principal dentist also informed us that the practice usually completed an annual survey of patients' views as a means of identifying any areas of service delivery that required improvement.

Delivery of Standards for Health Services in Wales

We looked at a sample of 15 patient records and held discussions with dentists at the surgery. As a result, we were able to confirm that the dental team made every effort to ensure that they obtained valid consent from patients before starting treatment. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare.

Discussions with dentists at the surgery revealed the emphasis they placed on planning and delivering patient care and treatment in a way that was intended to ensure patient's safety and welfare. This was achieved in part, by checking patient's medical history at every visit to ensure that changes and possible risks to their health were identified and recorded. However, scrutiny of a sample of 15 patients' medical history records showed that five had not been signed by the dentist concerned. We also saw that three patients had not signed their respective updated medical histories.

Recommendation

The dental surgery is required to demonstrate how it will ensure that initial and updated medical histories are always signed by the dentist and patient.

We viewed a sample of 15 dental records (i.e. five patient records for each dentist working at the practice on the day of our inspection). The records selected for each dentist related to a combination of patients who had received Band 3 NHS dental treatment (which is linked with more complex procedures), completed treatment for a child, an emergency consultation and a completed dental check-up. As a result, we found that patient care entries contained comprehensive and detailed information about treatment planning. This meant that we were able to obtain a clear view as to why patient treatments had been provided. Additionally we found that Basic Periodontal Examination (BPE²) scores had been recorded in relation to completed consultations with adults, as required by clinical guidelines.

² The BPE is a dental screening tool which is used to spot gum disease early on. Dentists can then give you advice on how best to brush your teeth and the best way to floss.
<http://www.bdasmile.org/adults/adults.cfm?contentid=1097&contentparentid=1034>

However, two patients' records showed that their BPE scores had resulted in the provision of basic scaling³ as opposed to an x-ray, deep scaling and six point charting.⁴ Discussion with two members of the dental team revealed that the surgery would often review patients following such BPE scores (and scaling) and then, if necessary, would proceed to further investigation and treatment. However, the practice was advised to review those arrangements in accordance with current national guidelines.

Recommendation

The dental surgery is advised of the need to demonstrate how it will ensure that patients with periodontal disease, receive care and treatment in accordance with current national guidelines

The surgery followed the National Institute for Health and Care Excellence (NICE)⁵ guidelines in relation to recommended timescales for dental recall visits. This assisted in determining when they should receive their next appointment.

When exploring the content of a sample of 15 patient records, we identified that the surgery adopted the use of a specific template/record on occasions when individuals were referred to a hospital for treatment. One such record seen within the sample chosen was found to be comprehensive and therefore a very useful guide to hospital dental professionals.

³ When you go for a check-up, your dentist may do a 'scale and polish'. Essentially, this is a deep clean of your mouth, where the dentist or hygienist will use a special tool to get rid of the hard build up of tartar (Calculus) then follow up by giving the teeth a thorough polish.

<http://www.bdasmile.org/search/index.cfm>

⁴ The mouth is divided into six sections for the purpose of BPE examination and to determine whether gum disease is present. (Upper and lower: front, right back and left back.) A blunt probe is carefully and gently placed in the space between each tooth and gum at 4-6 points round each tooth and the deepest pocket in that section of the mouth is noted and whether the gum bleeds at the slightest touch.

⁵ The NICE dental recall clinical guideline helps dentists to decide how often patients should be recalled between oral health reviews that are appropriate to the needs of individual patients. The guidelines apply to patients of all ages receiving primary care from NHS dental staff in England and Wales.

Patients' records were kept at the dental surgery on a computer database. The only information generated in paper form related to new or updated medical histories.

We found that the arrangements in place for the use of x-ray equipment were in-keeping with existing standards and regulations. This included x-ray training updates for staff. We observed that the radiation protection file was very detailed and explicit with regard to the use of x-ray equipment. It was also evident that dentists had recorded sufficient information to justify why certain dental x-ray views had been taken. In addition, the surgery had a suitable quality assurance system in place to ensure that the image quality of patient x-rays were graded and recorded. However, the process could be improved further by the introduction of an analysis of those records which could be used as an additional learning tool for the dental staff.

The practice had appropriate procedures in place to deal with emergencies; resuscitation equipment being available for use. We were able to confirm that staff had received appropriate training and we were also provided with a description of how a patient had successfully been treated through the use of first aid at the surgery.

Emergency drugs kept at the practice were seen to be securely stored and there were suitable arrangements in place to ensure that expired drugs were promptly replaced. In addition, the principal dentist confirmed there was always a member of staff working at the surgery trained in the use of first aid. We did see that one particular emergency drug was stored in the surgery fridge along with a number of food items as there was no other fridge available. The drug concerned was however being kept in a hard plastic, sealed container.

Direct observation of the process in place regarding cleaning and sterilisation of instruments (otherwise known as decontamination) revealed that the surgery had a well established and thorough approach to this aspect of service provision. The entire decontamination process was supported by very detailed records. We saw that a member of the dental nursing team was allocated to work within the decontamination room on a daily basis, to ensure the flow of instruments to, and from, each dental surgery. In addition, we found that there were clear arrangements in place to ensure that regular safety checks were undertaken in relation to the effective operation of the equipment in the decontamination room.

We were able to confirm that instruments used toward the end of each working day were soaked and segregated in preparation for

decontamination on the following morning. We saw that instruments were dated and bagged for storage in preparation for re-use, immediately after they had been sterilised.

Scrutiny of maintenance records enabled us to confirm that the surgery had an on-going contract in place to ensure the appropriate handling, storage and disposal of hazardous waste.

During the inspection visit, we considered whether the clinical facilities available at the practice conformed to current standards for health services in Wales⁶. Our observations confirmed that the facilities were of a very good standard; each surgery (patient treatment area) being light, spacious, well equipped and well stocked.

⁶ <http://www.wales.nhs.uk/governance-emanual/standards-for-health-services-in-wales-s>. The Standards for Health Services in Wales is underpinned by supporting guidance. Specific guidance on each individual standard (1 – 26) can be found within this document.

Management and Leadership

The dental surgery was established and well run by an experienced practice manager and principal dentist. The practice had appropriate management systems and processes in place to ensure patients' safety

Rumney Hill Dental Surgery is an established independent surgery opened by the principal dentist and his wife in 1979. The surgery was well run by an experienced and longstanding practice manager.

Rumney Hill is a training surgery that supports newly qualified dentists undertaking their first year in dental practice (following completion of their university degree), with the supervision of an allocated trainer. The principal dentist also teaches as a dental tutor at Cardiff Dental School. In addition, he has experience in mentoring due to his work as a local adviser, assisting dentists in matters concerning dental protection (for example, providing guidance and support to dentists regarding dental/legal issues).

We were informed that the dental surgery had achieved the "British Dental Association (BDA) Good Practice" award and was a gold member of the scheme. The validated clinical governance scheme covers all aspects of governance/quality assurance relating to dental practice. We were also told that the surgery had produced a bespoke practice handbook which covered all aspects of BDA governance and was used as a reference and staff training tool.

The principal dentist was actively involved in the day-to-day running and management of the dental surgery and worked closely with the practice manager. There was a range of management systems and processes in place to ensure that treatment was delivered safely to patients. For example, we saw evidence of completed infection prevention and control/decontamination audits (checks). This meant that patients were protected against cross infection.

Discussion with the principal dentist and other members of the dental team revealed that staff turnover and sickness/absence levels were very low. This meant that patients received care and treatment from a dental team who were familiar to them.

The practice occasionally used agency dental nurses when their regular staff were unavailable. We spoke with the principal dentist about the arrangements in place to check the competency of agency nurses. We were told the practice always obtained verbal reassurances about the suitability of nurses from the agency and felt this information was reliable. However, we advised the practice

to also request a written record of qualifications and training completed when using agency nurses in the future, to ensure the suitability of agency staff.

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

Staff we spoke to stated they were happy in their roles at the dental surgery, and told us the entire team worked well together. There was a clear management structure in place, which meant that staff understood their roles and responsibilities. Staff also told us how they supported one another as a team. One nurse told us they were being supported by the practice to complete a dental radiology (x-ray) qualification as a means of widening their skills.

We were told staff meetings were held about every two to three months. There were separate meetings for dentists to discuss the delivery of treatment to NHS patients through Units of Dental Activity⁷ (UDA's), specified by the local health board. All such work had been carried out in a timely way to date as confirmed by the principal dentist. Conversation with staff also confirmed that any issues of concern about the delivery of care and treatment to patients were discussed at staff meetings and improvements made accordingly.

We looked at four continuing professional development files and found that each member of staff concerned had received an annual appraisal of their work which assisted with identifying future objectives and training needs. Discussions with staff also revealed that training was encouraged at the practice as well as attendance at relevant British Dental Association events to further help their understanding of good practice and changes in dentistry. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

We were told that all staff had completed child protection level two training. Protection of vulnerable adult training was also undertaken by staff as seen within staff records. No adult or child safeguarding concerns had been identified by the dental team in the past twelve months.

⁷ NHS dentists in Wales are paid according to how many Units of Dental Activity (UDA) they complete in a year, the number of which is set by the local health board. Each dental procedure is classified into a band which determines what patients pay and the amount of UDAs a dentist gets.

The principal dentist told us staff had been supported by the occupational health department at Cardiff and Vale University Health Board to get the vaccinations they needed to work at the practice. We saw evidence of hepatitis B vaccinations and immunity records within staff files. This meant that the practice had taken appropriate steps to protect staff and patients.

The dental surgery recorded any incidents and injuries to staff and patients in an accident book, the format and content of which was consistent with the Data Protection Act 1998. We also saw that appropriate action had been taken in each case.

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

The dental surgery had a complaints policy in place that was consistent with the NHS complaints process known as 'Putting Things Right'⁸. However, the complaints policy was not specific about the NHS process and would benefit from including this. We saw that two complaints had been raised by patients in the past twelve months. One complaint was resolved within the timescales stated in 'Putting Things Right'. The second complaint was delayed as the practice needed to seek legal advice. There were clear audit trails recording communication with both patients concerned. We saw evidence that both complaints had been resolved to the satisfaction of the patients concerned.

There was a small notice on the wall by the reception desk which gave details of who patients could contact to make a complaint and the NHS complaints arrangements. However, there were no posters in either of the waiting rooms to tell patients about the complaints process. Seven of the 15 patients who completed HIW questionnaires said they did not know how to raise a complaint/concern. The practice should therefore consider a better way of displaying details of the complaints process for patients.

Recommendation

⁸ Putting Things Right is the integrated processes for the raising, investigation of and learning from concerns (complaints) for NHS patients. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales.

The surgery is required to ensure that details of the complaints process are displayed in a more prominent place. This is to ensure that patients are made aware of what they need to do if they have any concerns about their dental care or treatment.

Quality of Environment

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

Rumney Hill Dental Surgery provides services from a converted house which is located on a main road in the shopping area of Rumney, Cardiff. The names and qualifications of all dentists working at the practice were displayed on a sign outside the building.

We saw that access into the building and ground floor surgeries was suitable for individuals with mobility difficulties, as there were no steps into the practice, or within the ground floor. However, doorways were of a standard size and may not be suitable for larger wheelchairs. Conversation with a dentist confirmed that they were able to provide services to patients who used wheelchairs. There were no dedicated car parking spaces at the practice premises, but parking was available along the main road and on nearby residential streets. The dental surgery is located outside a bus stop and has a small driveway. Staff did tell us that the driveway was sometimes used as disabled parking for patients by prior arrangement.

A tour of the building confirmed the dental surgery was clean, tidy and well maintained with suitable lighting, heating and ventilation. The building contained four patient surgeries which were divided between the ground floor and first floor of the building.

The principal dentist had also invested in the creation of a dedicated decontamination room within the ground floor, for instruments to be cleaned away from areas occupied by patients. The reception area was situated on the ground floor, immediately to the left of the front door.

The ground floor and upstairs waiting rooms were a suitable size for the number of surgeries. We noticed patient information boards in both waiting rooms were used very effectively, to display clear health promotion information. Conversation with the practice hygienist demonstrated that the dental team placed a great emphasis on raising patient awareness about relevant health issues. We were also provided with specific examples of the success achieved by the team as a result of the support provided to some patients to give up smoking.

On the day of inspection, there was a board display about mouth cancer which provided information and advice to patients. We were also informed that a different health promotion theme was displayed each month. We saw a folder of

posters from the previous month's infection control and prevention display which described the cleaning and decontamination processes at the practice to ensure patients were protected. The posters had incorporated images of how staff physically completed that element of their work as a means of ensuring that patients understood the process. This means that patients were given health information that is current and relevant to them. A range of patient information leaflets were also available at reception, near to a display of NHS and private treatment price lists.

Health and safety posters and the employer liability insurance certificate were displayed at the dental surgery, but not in areas easily visible to patients. The dental team should consider making this information more accessible to patients.

The dental surgery had a separate staff and unisex patient toilet located on the first floor. Both toilets were clean and hygienic, with suitable hand washing facilities to prevent cross infection. The patient toilet was not signposted from the corridors or from the waiting rooms. This meant that patients less familiar with the practice may not be able to locate the toilet easily.

Fire exits were clearly signposted and fire extinguishers located on both floors were recently inspected.

We found patient records were stored securely at the dental surgery. Paper records were kept in locked filing cabinets behind the reception counter and electronic records were backed-up daily onto a separate server located in the reception area. The premises were fitted with a security alarm and window locks as a means of preventing unauthorised access to the premises.

Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Delivery of Standards for Health Services in Wales and Management and Leadership. 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 Rumney Hill Dental Surgery 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: Rumney Hill Dental Surgery

Date of Inspection: 20 November 2014

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	None			
	Delivery of Standards for Health Services in Wales			
Page 9	The dental surgery is required to demonstrate how it will ensure that new and updated patient medical histories are always signed by the dentist and patient.	It was pleasing to see all medical histories had been completed and updated and we only need to tighten up on ensuring some administrative procedures are completed. This has been flagged up to all staff and we will check future compliance when we carried out our annual detailed record keeping audits in January 2015.	P.Bartley	Immediate implementation and audit review by 31 st Jan 2015
Page 10	The dental surgery is advised of the need to demonstrate how it will ensure that patients with periodontal disease receive care and	We welcome the report raising the issue of managing periodontal disease and our on-going audits indicate we are doing a good job.	P.Bartley	31 st Jan 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	treatment in accordance with current national guidelines.	However, there may be some weaknesses we can address. This issue has already been raised with the clinicians and we will discuss it further at our next dentists' meeting in January 2015. We will review the current best practice recommendations. Once again, we will be able to highlight any issues from our January audits.		
Management and Leadership				
Page 15	The surgery is required to ensure that details of the complaints process are displayed in a more prominent place. This is to ensure that patients are made aware of what they need to do if they have any concerns about their dental care or treatment.	We are happy to include notices in our waiting rooms and this has already been done. This will supplement the notice already displayed in the main reception area; the patient information leaflet and our web site.	R.Horsell	Already done.
Quality of Environment				
	None			

Practice Representative:

Name (print):PAUL BARTLEY.....

Title: ...PRACTICE OWNER.....

Signature:

Date: 23rd December 2014.....