

General Dental Practice Inspection (Announced)

Abertawe Bro Morgannwg
University Health Board,
IDH Killay Dental Practice

23 February 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to IDH Killay Dental Practice at 12 Goetre Fawr Road, Swansea within the area served by Abertawe Bro Morgannwg University Health Board on 23 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

IDH Killay Dental Practice provides services to patients in the Swansea area. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. The practice employs a staff team which includes two dentists, one nurse, one receptionist, and one practice manager. A second trainee nurse had recently left the practice and an agency nurse was being used on the day of inspection.

A range of general dental services are provided.

HIW understands that IDH Killay Dental Practice is a mixed practice providing both private and NHS dental services, with approximately 90% NHS patients and 10% private patients. 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 IDH Killay Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

The majority of patients told us they were satisfied with the service they received from the dental practice. The practice had recently launched a new text message survey to gain patient views about the service provided. The practice had a website, but we recommended that this should comply with the General Dental Council advertising guidelines.

Overall, we found care and treatment was planned and delivered safely to patients. We made recommendations regarding the method of storing instruments, quality assurance for radiographic (x-ray) equipment, and identified some improvements needed to patient records around the recording of radiographs and smoking cessation advice.

We saw that the practice was being run safely, with systems in place to help ensure patient safety. The practice had recently been acquired by a new provider and new policies had been introduced. However, we found that these policies needed to be localised for use at the practice. The practice also needed to develop a robust system for ensuring that these policies are current and that staff are aware of them.

We found the practice was recently decorated and the building was appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is limited for wheelchair users. We made a recommendation for the practice to ensure all patient information, including medical history forms, were kept securely in order to maintain confidentiality.

5. Findings

Patient Experience

The majority of patients told us they were satisfied with the service they received from the dental practice. The practice had recently launched a new text message survey to gain patient views about the service provided. The practice had a website, but we recommended that this should comply with the General Dental Council advertising guidelines.

The practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. Six patient questionnaires were completed. We also spoke to four patients on the day of inspection. The majority of patients said they were satisfied with the care they received at the practice and felt welcomed by staff.

A sample of patient comments included the following:

“More than satisfied.”

“The staff are always very helpful and ready to discuss any issues/potential issues [with teeth].”

“Excellent... really impressed with my dentist.”

“They explain everything I need to have done.”

“Everything is fine... I have no complaints.”

The majority of patients said they had not experienced delay or only a slight delay in being seen by the dentist. Most patients also knew how to access emergency dental services. We saw a sign outside the practice window with the emergency contact number and we also confirmed there was a contact number provided on the practice’s answer phone message.

Most patients said they received enough information about their treatment and we saw treatment options were recorded in patient notes. However, we have made a recommendation about providing written treatment information to patients in the Delivery of Standards for Health Services in Wales section of this report (page 11).

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. One patient had brought the appointment forward for their child as they were experiencing pain.

The patient explained they had not experienced any difficulties in being seen more quickly.

The practice had a good system for regularly gaining patient views and had recently launched a text message survey to patients. We were told the results of the survey would be collected and analysed every three months. The first survey results were not yet available, but the practice manager told us this would be published on their website and discussed by the practice during staff meetings. This means the practice had a system to regularly assess the quality of the service provided.

Four patients told us they were unsure of how to make a complaint, but also said they did not feel the need to complain. A complaints poster was displayed in the patient waiting area. One staff member told us that any complaint would be referred to the practice manager, but they were unsure of the details in the complaints policy. We advised the practice to ensure staff are familiar with the complaints policy, so that information can be provided to patients when required. We have reported on the complaints policy in more detail in the Management and Leadership section of this report (page 15).

The practice had a corporate website that was clear and easy to navigate. We noticed the website included information on how patients could make a complaint and referenced suitable organisations for patients in Wales to contact. However, it should also be noted that private patients can contact HIW regarding complaints. The website did not include the General Dental Council² address, or a link to their website as required under the General Dental Council guidelines for advertising. The date when the website was last updated was also missing.

Improvement needed

The practice should ensure that information provided on its website complies with the General Dental Council guidelines for advertising.

There was no practice information leaflet available for patients. Staff told us they were waiting for updated copies with the new provider information and branding.

² The General Dental Council is the organisation which regulates dentists and dental care professionals in the United Kingdom. Anybody who wants to work in the UK as a dentist or dental care professional must be registered with the General Dental Council.

We found there was a selection of health promotion information displayed in the reception/waiting area. This included mouth cancer awareness, smoking cessation leaflets, information on diet choices and awareness of other types of cancer. We suggested the practice also consider providing information on teeth brushing, flossing and oral hygiene.

We also suggested the practice should consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback.

Delivery of Standards for Health Services in Wales

Overall, we found care and treatment was planned and delivered safely to patients. We made recommendations regarding the method of storing instruments, quality assurance for radiographic (x-ray) equipment and identified some improvements needed to patient records around the recording of radiographs and smoking cessation advice.

Clinical facilities

We looked at the clinical facilities in each surgery and found these contained relevant equipment for the safety of patients and staff. We found that equipment at the practice was inspected in accordance with mandatory requirements and testing of portable appliances (PAT) had been completed. This means that equipment and small electrical appliances used at the practice were fit for purpose and safe to use. We noted that all surgeries were clean and tidy. The practice had a good system for safe needle use to prevent sharps injuries to staff.

We noticed there was slight damage to the upholstery of the dental chair in one of the surgeries, which could prevent effective cleaning if it became worse. The practice manager confirmed they had plans for both dental chairs to be re-upholstered in the near future.

In general, we found instruments were stored appropriately. However, we saw that wrapped instruments were stamped with the date they were last cleaned but not with the expiry date. In accordance with Welsh Health Technical Memorandum 01-05³ (WHTM 01-05) guidelines, instruments should be clearly marked with the date they were sterilised and wrapped and an expiry date for safe practice.

Improvement needed

Wrapped instruments should be stamped with both the date they were sterilised and the expiry date, to ensure instruments are not kept past the recommended storage period.

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

Decontamination of instruments

The practice had a dedicated room for the cleaning and sterilisation of dental instruments and suitable processes in place to prevent patients from cross infection. This room was a suitable size and had adequate ventilation to allow instruments to be cleaned effectively. Dedicated hand washing sinks and disposable items were available to help with infection control. We saw that the nurse conducting the decontamination processes on the day of inspection was wearing the appropriate personal protective equipment to prevent cross infection.

Logbooks had been maintained for cleaning equipment and there was evidence that the standard checks performed by nursing staff at the start and end of each day were recorded. We saw evidence staff had completed individual training in decontamination and the decontamination policy was displayed in the cleaning area.

The practice had conducted a recent infection control audit and produced an improvement plan to address the issues highlighted. We noticed the audit tool used was primarily designed for use in England and we suggested the practice use the audit tool developed by Cardiff University, as recommended by the Wales specific WHTM 01-05 guidelines.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice. We saw from the waste collection receipts that a clinical waste disposal contract was in place, but the details of the contract were not available at the time of inspection. We found that one of the clinical waste bins outside the practice was not locked.

Improvement needed

The clinical waste bins stored outside the practice should be locked to prevent unauthorised access.

Radiographic (x-ray) equipment

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. However, we noticed that the radiation protection file, which includes details about the x-ray procedures for staff to follow, had not been completed with local details for use at the practice and signed by staff to demonstrate their understanding. We also found the practice

had not conducted quality assurance audits for x-rays to ensure the image quality.

Improvement needed

The practice should ensure the radiation protection file is completed with local details and signed by staff.

The practice should conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations.

We saw evidence that most clinical staff had conducted appropriate training on ionising radiation. However, a certificate for one of the dentists was not available on the day of inspection. The practice manager assured us that this training had been completed by both dentists.

Medical emergency equipment and medication

Staff had access to appropriate resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. We saw that staff had received up-to-date training on how to deal with medical emergencies and there was an appointed first aider. We found that emergency equipment and medication was stored securely in sealed bags and checked regularly to ensure it was safe to use. Prescription pads were also kept securely at the practice. There was a logbook for checking the expiry of drugs. The practice manager told us that drug expiry dates were also held by the provider head office and were automatically re-ordered when required. This meant that in the event of a patient collapsing, staff had the necessary skills and access to life saving equipment and drugs to respond promptly.

Patient records

We looked in detail at a sample of eight patient records. Overall, the patient records at the practice were satisfactory and provided sufficient detail. We found the practice had a suitable system for checking the medical histories of patients, which included details of social history (smoking and alcohol consumption).

We were told that all patients were given treatment plans and we saw that the different treatment options discussed with patients were recorded within patient notes. The practice also had a suitable method of obtaining informed consent from patients. The dentists told us that procedures, such as root canal and teeth extractions, were explained verbally to patients with the use of diagrams to help patients understand. We advised the practice to also consider providing

patients with written information on treatment/procedures so that patients could consider this and make an informed decision.

We found that information and advice about smoking cessation and mouth cancer, given to patients who smoked, was not consistently recorded in patient notes. This was discussed with both dentists who confirmed that this advice had been provided, when appropriate, and they agreed to record this in patient notes.

We found that the justifications for why x-rays needed to be taken and the clinical findings (what the x-rays showed) were not always recorded in patient notes.

Improvement needed

Improvements should be made to patient record keeping, particularly regarding the recording of:

- ***Smoking sensation and mouth cancer advice given to patients***
- ***Justifications and clinical findings from x-rays***

Management and Leadership

We saw that the practice was being run safely, with systems in place to help ensure patient safety. The practice had recently been acquired by a new provider and new policies had been introduced. However, we found that these policies needed to be localised for use at the practice. The practice also needed to develop a robust system for ensuring that these policies are current and that staff are aware of them.

The practice had been acquired by the new corporate provider in August 2014. As part of the acquisition, information at the practice was in the process of being re-branded and new policies had been introduced. An experienced practice manager was responsible for day-to-day running of the practice.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. These policies were updated and kept centrally by the provider head office. We found the new policies needed to be adapted for local use at the practice and include a consistent date system to show they were the latest version. For example, some policies had version dates of 2012 and 2013 but did not have dates for review, while others had a review date in 2014 which had now lapsed. Two policies we saw had no date to show when the policy was last updated. Some policies had recent staff signatures, but the majority did not. The practice manager told us they were in the process of asking staff to read and sign the new policies. Staff told us they were unsure about some of the new provider arrangements and policies. We advised the practice to consider the arrangements for ensuring that staff are aware of the policies that guide their day-to-day activities and provide support if staff have queries.

Improvement needed

The practice should have a robust system for ensuring all policies and procedures are current, adapted for local use and that staff are aware of them.

The practice manager told us that annual appraisals had not been conducted for staff, but they had planned to conduct these in future.

Recommendation

The practice should ensure that appraisals are conducted for all staff working at the practice.

We were told the dentists previously had annual peer reviews with a clinical advisor under the old provider. Staff believed there would be similar

arrangements with the new provider, but they were uncertain about who would conduct these sessions. We advised the practice manager to confirm the arrangements for clinical supervision/peer review. The dentists we spoke to told us they had informal clinical discussions together and benefitted from having a second opinion when needed. This means there were some arrangements at the practice to help ensure the quality and safety of the care provided.

We looked at a sample of staff files at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. Personal continued professional development (training) files were kept by individual staff members and were not available for inspection on this occasion. However, staff told us they had access to training opportunities relevant to their role and training certificates we saw provided some evidence of the continued professional development completed by clinical staff. The practice manager confirmed that staff had completed child and adult protection training in 2014, but training certificates were not available.

On the day of inspection, we found that one of the dentists did not have a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the Private Dentistry Regulations. We were told that the dentist had applied for a renewed DBS check, but the certificate was not available on the day of inspection. We reminded the practice of the need to comply with the regulations in this regard.

We saw records to show that staff had received appropriate vaccinations to protect them against blood-borne viruses. The practice manager told us they had experienced difficulties with the arrangements for occupational health support through the health board. We advised the practice to contact the health board for more information.

The practice had suitable arrangements for the recording of accidents and incidents. We saw the majority of completed accident records were kept separately from the accident book to ensure the confidentiality of staff/patient information. However, we noticed that two records had not been transferred from the accident book into a separate file.

Improvement needed

The practice should ensure that completed accident records are kept separately from the accident book to ensure the confidentiality of staff/patient information is maintained.

Staff meetings were conducted approximately every month. A range of topics were discussed and staff were encouraged to raise any concerns about areas

affecting their work. We saw notes from the latest staff meeting which confirmed this was the case.

The practice had an appropriate system for recording written, verbal and informal complaints using an electronic system. Written complaints would be scanned and uploaded onto this system. There were no outstanding complaints at the time of inspection. We saw there was also a comments book at the reception counter. The practice manager told us they reviewed this regularly and followed-up any complaints.

We identified improvements needed to the practice complaints policy in order to ensure this complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right'⁴ and the Private Dentistry Regulations for private patients. The practice manager informed us that the complaints policy was currently being updated in accordance with recommendations HIW had made during previous inspections of other practices owned by IDH and confirmed these changes would also be made at the IDH Killay Dental Practice.

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.

⁴ 'Putting Things Right' are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

Quality of Environment

We found the practice was recently decorated and the building was appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is limited for wheelchair users. We made a recommendation for the practice to ensure all patient information, including medical history forms, were kept securely in order to maintain confidentiality.

The practice is located in the village of Killay on Gower Peninsular, near to Swansea. The practice is a converted house and has two surgeries, a reception and patient waiting area on the ground floor. Patient car parking is available in a small area at the rear of the practice. Street parking is also available on roads close to the practice.

Access to the practice is limited for wheelchair users due to the small lip at the front door and standard width doorframes, which may not be suitable for larger wheelchairs. There was no ramp or handrails available. The practice manager told us they had assessed the possibility of including a ramp, but due to the layout of the building they felt it was not a suitable solution.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. The interior of the practice had been recently redecorated and provided a pleasant environment for patients. The practice was clean, tidy and satisfactorily lit throughout. The waiting area was a suitable size for the number of surgeries. We noticed that the chairs in the waiting room were stained and we suggested they should be cleaned. The practice manager confirmed they already had plans to replace the chairs as part of the refurbishment.

There was a sign outside the practice with the opening hours and emergency contact number. The practice manager told us they were waiting for the sign outside with the old practice name to be replaced with the new provider information. The names and General Dental Council registration numbers of all dentists working at the practice were displayed in the reception area.

In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. However, we noticed that some address details required updating and arrangements were made for this on the day of the inspection.

An NHS price list was available on the reception counter, but a price list for private treatments was not on display.

Improvement needed

The practice should ensure that both NHS and private price lists are displayed where patients can see them.

The practice had a patient toilet on the ground floor, but this was not an accessible toilet as there was a step leading to the door. There was a staff toilet on the first floor which contained lockers for staff to store their belongings and also served as a changing area. Both toilets were visibly clean, recently decorated and contained suitable hand washing facilities to prevent cross infection. However, we noticed that both toilets were missing sanitary disposal facilities. The practice manager told us that this was because they had recently changed waste contractor and were waiting for new sanitary waste disposal units to arrive. We advised the practice to contact the waste contractor to check when they would be available.

Fire exits were signposted and most fire extinguishers had been appropriately inspected in 2014. However, we noticed that the inspection labels on two of the fire extinguishers on the ground floor had dates from 2013 and had not been updated in 2014. The practice manager assured us that all fire extinguishers had been inspected in 2014 by the fire equipment contractor. We advised the practice to ensure that all inspection labels had the latest dates of inspection.

Appropriate security measures were in place to prevent unauthorised access to the building. Electronic patient records were stored securely at the practice and were backed-up daily onto a central offsite server. This means that patient records could be retrieved in the event of fire/damage at the practice. However, we found that completed patient medical history forms were kept in a plastic wallet on the open work surface in each surgery and some paper record cards were being kept in unlocked cupboards. This means there is the potential for unauthorised staff/patient access to this confidential information.

Improvement needed

The practice must ensure that all patient information, particularly patient medical history forms and paper record cards, is kept securely at the practice to maintain confidentiality.

We also advised the practice to develop a suitable system for accessing the medical history forms easily, such as a filing system, rather than keeping all records together in plastic wallet which would make finding individual records difficult.

6. Next Steps

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

The improvement plan should clearly state when and how the findings identified at the IDH Killay 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: IDH Killay Dental Practice

Date of Inspection: 23 February 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Patient Experience				
7	The practice should ensure that information provided on its website complies with the General Dental Council guidelines for advertising. [General Dental Council – Principles of Ethical Advertising: Websites]	Reported to Head office to correct via web management personnel Web management to ensure correct details uploaded to information	B Harris IDH	Completed 6 Months
Delivery of Standards for Health Services in Wales				
9	Wrapped instruments should be stamped with both the date they were sterilised and the expiry date, to ensure instruments are not kept past the recommended storage period. [WHTM 01-05 paragraph 1.24]	Second data stamp acquired staff reminded to data stamp package date and expiry date	B Harris Dental nurses	Actioned

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
10	The clinical waste bins stored outside the practice should be locked to prevent unauthorised access. [WHTM 07-01 paragraph 5.72]	Refresh staff awareness of clinical waste security and ensuring any temporary staff are also abiding by this	B Harris Dental nurses	1 Month
11	The practice should ensure the radiation protection file is completed with local details and signed by staff. The practice should conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations. [Doing Better: Standards for Health Services in Wales section 6a; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000]	Localised copies held in each surgery, central copy will be updated with correct details Quality assurance audits to be completed as part of the dentist audits on a quarterly basis	B Harris Dentists/ B Harris	1 Month 6 Months
12	Improvements should be made to patient record keeping, particularly regarding the recording of: <ul style="list-style-type: none"> Smoking sensation and mouth cancer advice given to patients Justifications and clinical findings from x-rays [Doing Well Doing Better Standards section	Discussion with dentists on how they record this information, agree on consistent approach and implement	B Harris Dentists	3 Months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	7a-c and 20c; General Dental Council Standards 4.1.1]			
Management and Leadership				
13	The practice should have a robust system for ensuring all policies and procedures are current, adapted for local use and that staff are aware of them. [Doing Well Doing Better Standards section 25e]	Request issued for central policies to be updated with current review dates, new policies being issued via team meetings and signed by staff	B Harris IDH	6Months
13	The practice should ensure that appraisals are conducted for all staff working at the practice. [Doing Well Doing Better Standards section 26c; General Dental Council Standards 6.61]	Appraisal form introduced in line with new company policies to be completed with PM and staff	B Harris	6 months
14	The practice should ensure that completed accident records are kept separately from the accident book to ensure the confidentiality of staff/patient information is maintained. [Doing Well Doing Better Standards section 9c; Data Protection Act 1998]	Ensured that the report still left in the file has been removed and stored, staff are aware that they need to remove these immediately if PM not on site and lock away	B Harris All staff	1 month
Quality of Environment				
17	The practice should ensure that both NHS	Rebranding taking place new signage will then be	B Harris	1 Month

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	and private price lists are displayed where patients can see them. [General Dental Council Standards 2.4.1]	replaced on the notice board in the waiting area with current information		
17	The practice must ensure that all patient information, particularly patient medical history forms and paper record cards, is kept securely at the practice to maintain confidentiality. [Doing Well, Doing Better: Standards for Health Services in Wales section 9c; Data Protection Act 1998;]	Storage to take place in office under alphabetical order	B Harris All staff	2 months

Practice Representative:

Name (print): Bethan Harris.....

Title: Cluster Manager.....

Date: 23/03/2015.....