

General Dental Practice Inspection (Announced)

Cardiff and Vale University
Health Board, Llanishen
Dental Centre

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1. Introduction

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

HIW's primary focus is on:

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

HIW completed an inspection to Llanishen Dental Centre at 15, Heol Hir, Llanishen, Cardiff. CF14 5AA on *13th July 2016*.

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

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

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

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

2. Context

Llanishen Dental Centre provides services to patients in the Llanishen area of Cardiff. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Llanishen Dental Centre provides private dental services.

The practice staff team includes 5 dentists, one of whom is the practice owner. Two of the other dentists provide specialist care only. There are 2 hygienists, 4 dental nurses, 2 receptionists and 1 nurse/receptionist.

A range of private dental services are provided including ceramic reconstruction and restorative dentistry.

3. Summary

Overall, we found evidence that Llanishen Dental Centre had effective arrangements in place to protect staff and patients from preventable healthcare associated infections.

This is what we found the practice did well:

- Patients we spoke to were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Clinical facilities were well-equipped, visibly clean and tidy
- Infection control and x-ray procedures were generally good.

This is what we recommend the practice could improve:

- The practice needs to have formal staff appraisals.
- Recording of patient notes was good but there were still some areas for improvement.
- Quality control audits should be undertaken regularly.

See Appendix A for further details as to the specific improvements required.

Findings

Quality of the Patient Experience

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

“The dentist and receptionists never make you feel rushed, they give you all the time you need to ask questions”.

“A friendly, helpful and professional practice”.

“I feel confident and happy with my dental practice and thankful for the years of good service and excellent treatment”.

Dignified care

We observed staff speaking to patients in a friendly, dignified and professional way. All patients told us that they were satisfied with the care and treatment they received and felt welcomed by staff. A separate area was available for confidential discussions should it be necessary

A leaflet describing the practice was available for patients and the practice had a website. This meant that patients had access, in a variety of formats, to relevant information. A price list for treatment was displayed in the waiting area.

Timely care

The practice tries to ensure that care is provided in a timely way. The feedback from questionnaires showed that the majority of patients did not experience delay in being seen by the dentists. Those that had experienced delay said this had not been for long. We were told that there was a flexible appointment system in place that allowed patients to book appointments both in advance and on an emergency basis. Staff described the process for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

The majority of patients told us they knew how to access out of hours dental care. We saw a sign near the entrance of the practice with details of the emergency contact telephone number so that patients could access emergency dental care when the practice was closed. We confirmed that the answer-phone message contained suitable information.

Staying Healthy

Questionnaires and conversations with patients indicated that they felt they were getting sufficient information regarding their individual treatment and health promotion. However the waiting area only had leaflets about the types of treatments on offer and none on general oral hygiene and health promotion. The receptionist informed us that the hygienists gave out oral hygiene literature and smoking cessation information was given to those patients who smoked. The receptionist informed us that they would introduce relevant literature into the waiting area.

Improvement needed

Further health promotion information should be provided to patients.

Individual Care

The practice had an up to date Equality and Diversity policy and in addition, the discussions we had with staff on the day of inspection indicated to us that the practice had recognised the diversity of its patient population and had considered its responsibilities under equality and human rights legislation.

Access to the practice is generally suitable for wheelchair users and patients with mobility difficulties. There is no accessible patient toilet, but we were told that staff make patients aware of this. We also saw that there was relevant information in the practice leaflet.

We saw evidence that the practice had a good system for seeking patient feedback through patient questionnaires. These were collated each month and the results were analysed effectively.

The practice had a procedure in place for all patients to raise concerns (complaints). We found the procedure was compliant with the arrangements set in The Private Dentistry Wales 2008 Regulations.

We saw evidence that written complaints and verbal/informal complaints were recorded appropriately. The practice had a suitable complaints procedure displayed in the waiting room, however we also recommended that the practice had leaflets available in the waiting rooms so that patients did not have to ask for information to take away.

Delivery of Safe and Effective Care

Overall, we found evidence to support the conclusion that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were satisfied that radiographic equipment was used appropriately and safely. We looked at patient records and found that overall they were of a good standard, but we recommended some areas for improvement which are detailed below.

Safe Care

We found evidence to indicate the practice has taken steps to ensure the health, safety and welfare of staff and patients. Fire extinguishers were placed strategically and had been serviced regularly. The compressor was checked and serviced regularly. Contract documentation was in place for the disposal of hazardous waste and we were told that non hazardous waste was collected by the council. Waste was managed appropriately at the practice. The practice was clean and tidy and well maintained. We saw that the testing of portable appliances (PAT) had been undertaken regularly.

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. We saw evidence of infection prevention and control measures in place that were based on the Welsh Health Technical Memorandum 01-05 (WHTM01-05) guidelines. These included:

- A dedicated room for the cleaning and sterilisation of dental instruments
- A large selection of instruments was available and all were stored appropriately.
- Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were available. There was a sink dedicated for hand washing.
- We saw an inspection certificate for the autoclave which showed it had been tested to ensure it was working correctly.
- A logbook for checking the autoclave had been maintained and a routine audit of infection control requirements was being carried out.

The practice used pre-sterilisation manual cleaning methods but did not have a magnification light suitable for the process. The practice owner informed us that a suitable magnification light would be obtained. An ultrasonic bath was also used and we suggested that appropriate tests be carried out to ensure the ultrasonic bath worked effectively (cleaning efficacy test/ Soil Test and a Foil test, quarterly, Protein test, weekly) and that the results of these tests should be recorded in an appropriate logbook.

Bagged instruments should have the expiry date, in addition to the process date on them so that staff know that instruments are safe to use for patient treatments.

Improvement needed

The practice should ensure pre-sterilisation cleaning methods are carried out in line with WHTM01-05 guidelines.

The practice should ensure the methods of validation of the effective working of the ultrasonic cleaning bath adhere to current guidelines and are recorded appropriately.

Bagged instruments should have the expiry date, in addition to the process date on them.

Resuscitation equipment and emergency drugs were available at the practice and were kept appropriately in accordance with the guidelines of the Resuscitation Council (UK). Emergency medicines and equipment were checked regularly. Logbooks for emergency drugs and equipment contained sufficient detail.

The practice had a resuscitation policy and we saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff we interviewed were aware of their roles during a medical emergency. The practice had a nominated first aider.

We found the practice had taken some steps to promote and protect the welfare and safety of children and vulnerable adults. We saw a child protection policy and a policy for the protection of vulnerable adults. All staff had received training in the protection of children and in the protection of vulnerable adults (POVA). All the dentists at the practice had DBS checks in line with the regulations for private dentistry.

We saw appropriate records relating to Hepatitis B immunisation status for all clinical staff working at the practice demonstrating that the practice was taking steps to protect patients and staff from infection.

We saw some evidence to indicate that x-ray machines had been regularly serviced and maintained to ensure they were safe for use. We suggested the practice obtain copies of these as soon as possible. X-Rays were processed digitally. Working instructions and identification of controlled areas were displayed for staff and patient safety. All staff involved in taking radiographs had completed training to meet standards for personnel who carry out these procedures. This is in accordance with the requirements of the General Dental

Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

All surgeries were well equipped and of a good standard.

Effective Care

Patients benefit from a practice that seeks to continuously improve the service provided and monitors its progress. There are five dentists at this practice who regularly discuss updates and quality issues. The practice had partly completed an infection control audit. We suggested that this audit be completed as soon as possible to ensure the quality and safety of the care provided is maintained. In addition we suggested that quality assurance audits for X-Rays are undertaken.

Improvement needed

Quality assurance audits for X-Rays should be undertaken.

We looked in detail at a small sample of patient records for the dentists at the practice. In general, record keeping was good. However we recommended that:

- All medical histories were signed by the patient and countersigned by the dentist.
- Social history should be recorded for every patient.
- Ceramic reconstruction laboratory docketts should be kept or recorded in patient notes.
- The general condition of some patient's teeth and gums was not always recorded. We suggested that a basic periodontal examination (BPE) be recorded annually.
- We found that radiographs were not being graded according to IR(ME)R regulations and the frequency of taking radiographs needed to be standardised according to guidelines. We suggested a radiographic audit be undertaken.

Improvement needed

The following improvements should be made to patient notes:

Patient medical history should be signed by the patient and countersigned by the dentist.

Patient's social history should be recorded.

Ceramic reconstruction laboratory docket should be kept or recorded in patient notes.

BPE should be recorded in line with latest guidelines.

Radiographs should be graded to comply with IR(ME)R regulations and the frequency of taking radiographs should be standardised according to guidelines.

Quality of Management and Leadership

We found that the practice had clear lines of accountability and management. The principal dentist/practice owner managed the practice. There were good lines of communication between staff members with appropriate delegation of tasks. Staff we spoke to were committed to providing high quality care to patients. Policies and procedures were regularly reviewed and well organised. The practice should ensure formal staff appraisals are implemented.

The day to day management of the practice was the responsibility of the principal dentist/owner. The practice had a dedicated staff team, most of whom had worked at the practice for many years. The staff worked well together, had good internal communication and showed commitment to caring for patients. We saw a staff team who were happy, confident and competent in carrying out their roles.

We saw training records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD). We were informed that regular meetings take place between the dentists at the practice.

Staff told us that formal staff meetings took place every month and showed us the minutes of these meetings. We saw evidence of learning through staff meetings where items were discussed, improvements suggested and acted upon. In addition, everyone interviewed said they felt able to talk to the principal dentist at anytime to discuss concerns and training needs. The practice did not have formal appraisals. We suggested these be implemented to ensure all staff had written personal development plans. The practice had evidence of induction training procedures for new staff.

Improvement needed

The practice should ensure formal staff appraisals are implemented.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the Private Dentistry (Wales) Regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed at the practice. Appropriate indemnity insurance was seen.

We looked at the policies and procedures at the practice and saw evidence that they had been reviewed regularly and were well organised. The Health and Safety Executive (HSE) poster in the staff room needed to be updated to comply with the Health and Safety at Work Act 1974.

4. Next Steps

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

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

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

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

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

5. Methodology

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

Figure 1: Health and Care Standards



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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

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

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

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

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

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

Appendix A

General Dental Practice: Improvement Plan

Practice: Llanishen Dental Centre

Date of Inspection: 13th July 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	Further health promotion information should be provided to patient	Health and Care Standards 1.1	Smoking cessation leaflets and other oral health leaflets are now in the waiting area as well as in the surgeries.	Michelle clabon	done
Delivery of Safe and Effective Care					
8	The practice should ensure pre-sterilisation cleaning methods are always carried out in line with WHTM01-05 guidelines.	Health and Care Standards 2.4; WHTM01-	A light-up magnifier now replaces the old non lighted magnifier for assisting with manual pre sterilisation cleaning methods	Michelle clabon	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		05 Section 3			
8	The practice should ensure the methods of validation of the effective working of the ultrasonic cleaning bath adhere to current guidelines and are recorded appropriately.	Private Dentistry (Wales) Regulations section 14 (3); Health and Care Standards 2.9. WHTM01-05 Section 3	Ultra sonic bath log book and testing kits are now being used to validate ultra sonic cleaning.	Michelle clabon	Done
8	Bagged instruments should have the expiry date, in addition to the process date on them.	Health and Care Standards 2.4; WHTM01-05 Section 4	expiry dates are now displayed to inform all clinical staff whether the instruments are safe to use.	Michelle clabon	Done
9	Quality assurance audits for X-Rays should be undertaken.	Health and Care Standards 2.9; Ionising Radiation (Medical Exposure)	Xray diaries are kept in surgeries to audit quantity and quality of xrays	Michelle clabon	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Regulations 2000			
9	<p>The following improvements should be made to patient notes:</p> <p><i>Patient medical history should be signed by the patient and countersigned by the dentist.</i></p> <p><i>Patient's social history should be recorded.</i></p> <p>Ceramic reconstruction laboratory docket should be kept or recorded in patient notes.</p> <p>BPE should be recorded in line with latest guidelines.</p> <p>Radiographs should be graded to comply with IR(ME)R regulations and the frequency of taking radiographs should be standardised according to guidelines.</p>	Health and Care Standards 3.5; General Dental Council Standards 4	<p>Medical histories are counter signed by the dentist at exam appointments, where possible</p> <p>Pt's social history is recorded on the medical history sheet</p> <p>Cerec 'pop-up note' is now entered on to pat's record when cerec is fitted</p> <p>BPE are recorded annually</p> <p>Xrays are graded on the computer in the pt's record and in the surgery diaries.</p>	<p>RH</p> <p>RH</p> <p>RH</p> <p>RH</p>	<p>DONE</p> <p>DONE</p> <p>DONE</p> <p>DONE</p>
Quality of Management and Leadership					
11	The practice should ensure formal staff appraisals are implemented.	Health and Care Standards	APPRAISAL forms have been printed and personal appraisals are to be arranged.	RH	WITHIN 12 MONTHS

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		7.1, Dental Council Standards 6.6.1			

Practice Representative:

Name (print):RALPH HICKS / MICHELLE CLABON

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Title:DENTIST PRACTICE OWNER / DENTAL NURSE

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Date: ...21ST SEPTEMBER 2016

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