

General Dental Practice Inspection (Announced)

Hywel Dda University
Health Board

Llannon Road Dental
Practice.

27 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Llannon Road Dental Practice at 25 Llannon Road, Upper Tumble, Llanelli SA14 6BW within the area served by Hywel Dda University Health Board on 27 May 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. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

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

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

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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.

3. Context

Llannon Road Dental Practice provides services to approximately 7,500 patients in the Tumble area of Carmarthenshire. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

Llannon Road Dental Practice is a mixed practice providing both private (860 patients) and NHS (6,640) dental services.

The practice employs a staff team which includes five dentists, eight dental nurses, one reception staff and one practice manager.

A range of services are provided. These include:

- General dentistry
- Crowns and Bridges
- Restorative
- Sports gum shields
- Facial aesthetics
- Six month smiles (partial orthodontics).

4. Summary

HIW explored how Llannon Road Dental Practice meets the standards of care set out in the Health and Care Standards April 2015.

Patients told us they were satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. However the practice did not invite patient to feedback views to enable improvement of services.

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities were satisfactory although there were some areas for improvement in the record keeping. Appropriate arrangements were in place for radiographic equipment, emergency drugs and waste disposal. The decontamination room would benefit from reconfiguration.

We found a committed staff team who told us they felt well supported in their roles. Although there were systems available to ensure the ongoing monitoring of staff requirements, complaints arrangements and policies and procedures, there were some areas which would benefit from improvement.

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

5. Findings

Patient Experience

Patients told us they were satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. However the practice did not invite patient to feedback views to enable improvement of services.

Prior to the inspection HIW sent patient questionnaires to the practice and 21 were completed. We also spoke with three patients whilst we were at the practice. The patients had been registered at the practice between two and 14 years.

Without exception, all patients who completed questionnaires told us they were satisfied with the treatment they had received at the practice and they were made to feel welcome by staff. Only three patients told us they experienced a delay in being seen by the dentist but all patients indicated that this did not cause them a problem. A sample of patient comments included the following:

“Very happy with this practice”

“Brilliant service always”

“Very satisfied with treatment at this surgery”

“This is a very professional practice. The staff and dentists are always very friendly. They make going to the dentist a lot more of a pleasurable experience”

“I am a bit of a dental phobic and this dentist has been very patient with me. I really cannot praise him highly enough. I can now sit in the chair without being in tears – sometimes!! I am never made to feel silly unlike my previous dentist”

“Very happy with this practice, best I’ve been to”.

When we asked patients about treatment information, all said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

“Very thorough information given”

“Treatment is always explained either by the dentist or the nurse”.

Two thirds of patients knew how to access out of hours services. We saw the information relating to out of hours services displayed on windows and when we checked the practice's answerphone message we found that out of hours information was recorded for patients' information.

The practice was open Mondays to Wednesdays from 8:30am to 6:00pm, Thursdays 8:30am to 5:00pm and Fridays 8:30am to 4:00pm. The practice offered both routine and emergency appointments.

Almost half the patients indicated on questionnaires that they did not know how to make a complaint, should the need arise. Although the practice had a complaints policy, it was not displayed in the waiting room for patients to read.

Improvement needed

The practice must display the complaints process in an area visible to patients.

The practice did not currently have a process for regularly assessing patients' views and acting upon them.

Improvement needed

The practice must develop a system of assessing patients' views and acting upon them.

Patient records and our questionnaires confirmed patients were informed of the risks, benefits and alternative treatments in order to assist them to make informed decisions about their treatment. All patients were also provided with a written treatment plan.

Although there was a practice information leaflet available to patients it did not include the HIW and Community Health Council (CHC) addresses for complaints, a list of available treatments nor a price list for both NHS and private treatment.

Improvement needed

The practice leaflet needs to include in the patients' leaflet the HIW and CHC address for complaints, a list of available treatments and a price list for both NHS and private treatment.

The practice did not currently have a website.

Patients could choose to speak in Welsh or English with the reception staff through to the clinicians.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the standard of clinical facilities were satisfactory although there were some areas for improvement in the record keeping. Appropriate arrangements were in place for radiographic equipment, emergency drugs and waste disposal. The decontamination room would benefit from reconfiguration.

Radiographic Equipment/Documentation

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 and staff had attended ionising radiation training.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic equipment and had carried out quality assurance audits for radiographic equipment. This meant there were systems in place to ensure the safe use and ongoing monitoring of radiographic equipment.

Resuscitation and First Aid

We found there were detailed flow charts in place outlining how to deal with different medical emergencies. Staff were knowledgeable about what to do in the event of a medical emergency and a resuscitation policy was in place to clearly outline each staff member's roles and responsibilities.

Two members of staff were appointed First Aiders on site and had completed appropriate training. Staff had access to appropriate, well organised resuscitation equipment in the event of medical emergencies (collapse). We discussed storing all emergency equipment and drugs in one central location to make access more timely in an emergency. The principal dentist was in agreement for this. At the time of the inspection all staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff were trained and equipped to manage medical emergencies.

Emergency drugs

Emergency drugs were well organised and stored securely, although separately to the emergency equipment (this has been discussed under Resuscitation and First Aid). There was a robust system in place for monitoring the expiry dates of drugs. Prescription pads were also stored securely to avoid unauthorised access. There was a system in place for responding to, and reporting, adverse reactions to drugs. There was a discussion with the practice manager regarding developing a form to record any drugs administered in an emergency, which could be given to medical professionals (if required). This was indicative of a practice that was forward thinking and open to new ways of working.

Handling, storage and disposal of hazardous and non-hazardous waste

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was a policy and procedure in place for the safe handling of mercury.

Decontamination of instruments and compliance with WHTM 01-05 (revision 1)

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments. However this did not meet with the standards set in the WHTM 01-05 (revision 1) guidance. We discussed reconfiguration of the room with the principal dentist who was open to our suggestions. Staff used appropriate sealed containers to carry instruments between surgeries.

Improvement needed

The practice must reconfigure the decontamination room to meet with the WHTM 01-05 guidance.

Dedicated hand washing sinks were available and staff used appropriate personal protective equipment. All instruments were bagged following sterilisation and dated with a processing date. All instruments checked were within date and an in house system was in place for checking this, within suitable specified timeframes. This meant suitable processes were in place to protect patients from cross infection.

We found that all staff conducting decontamination procedures had received appropriate training to demonstrate competency in their duties.

We looked at the logbooks for cleaning equipment and found that they were not robust enough to ensure clear recording of the checks undertaken for instance;

the practice utilised a tick box system with no evidence of test strips. It was the same for the standard checks performed at the start and end of each day.

We saw that the practice had conducted audits of its infection control requirements in line with WHTM 01-05 guidelines the previous week (19/06/15) and similar issues had been identified. This meant there were systems in place to monitor ongoing compliance with infection control requirements and to ensure equipment was clean and safe for patient use.

We also suggested that the decontamination room be de-cluttered to enable more work space and to minimise any potential cross infection.

Clinical facilities

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised with all relevant equipment for the safety of patients and staff.

There were sufficient numbers of dental instruments, although there could have been more kits; such as denture work kits and comprehensive surgical equipment kits. However all instruments checked were in good condition and stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment.

Improvement needed

The practice must to have sufficient numbers of kits to meet the needs of the practice.

We were told that the compressor was maintained and inspected in line with requirements; however there was no daily record of checking the on/off switch. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

Improvement needed

The practice must to develop a robust system for recording daily compressor checks.

Overall we found clinical facilities to be of a high standard.

Patient records

We looked in detail at a sample of patient records. Overall, the standard of patient records at the practice was adequate, with sufficient recording of patient care and treatment. The practice was not fully computerised and it was suggested that given that appointments were made electronically with patient details present, it would benefit patients and dentists to move towards becoming fully computerised for ease of record keeping.

We found that clinical information in written form did not fully record the examinations carried out and medical and social histories were not consistently updated at every visit to ensure any changes were recorded and responded to. We also saw that the batch numbers were not recorded on the patients' records when a local anaesthetic had been used. The principal dentist agreed that improving the standards of record keeping would benefit the practice as a whole.

Improvement needed

The practice must ensure that patients medical and social histories are recorded and updated at every visit.

When local anaesthetic has been administered the batch number must be recorded in the patients' records.

We found that dentists obtained and recorded patients' consent to treatment. We also found dentists recorded treatment planning and treatment options consistently.

Overall we were assured that there was a commitment to a high standard of record keeping at the practice and that the areas highlighted would be addressed.

Management and Leadership

We found a committed staff team who told us they felt well supported in their roles. There were robust systems to ensure the ongoing monitoring of staff requirements, complaints arrangements and policies and procedures.

Staff

There were two principal dentists who owned the practice. The practice provided both private and NHS services. A practice manager was responsible for the day to day running of the practice, although the principal dentist continued to undertake a great deal of the governance issues of the practice. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported.

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We discussed this with the principle dentist who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment.

We saw that certificates for each of the dentists, confirming their registration, were on display at the practice, as required through the Private Dentistry (Wales) Regulations 2008.

We saw hepatitis B immunity records for all clinical staff and all clinical staff held indemnity insurance cover for their clinical practice.

Staff had responsibility for maintaining their individual continued professional development (CPD) files. Staff told us they had training opportunities relevant to their role. We saw an induction file with relevant information which was used to support new staff into their roles.

We saw minutes from team meetings and staff told us that meetings were held bi-monthly. We saw that a range of relevant topics were discussed and team members brought their own concerns and topics to be considered. We saw examples of how some practices had changed as a result of discussions in team meetings. This meant the team had a more formal place to raise concerns and learning happened as a result to improve the practice.

There was a system in place for formal appraisals, although they had not been undertaken for the last two years. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional development needs.

Improvement needed

The practice must ensure staff have access to regular appraisals.

Child and Adult Protection

All staff had completed training in child protection. A child protection policy was in place although this did not include local contact details to make referrals.

Not all staff had completed a protection of vulnerable adults training (POVA). This is now a compulsory element of CPD and it is therefore recommended that all staff attend. There was a policy in place and we suggested to add local contact details, should staff need to make a referral.

Complaints

We looked at the complaints procedure in detail and found it was compliant with 'Putting Things Right'⁴ NHS requirements. There was a separate complaints procedure covering the separate arrangements for private patients and this complied with requirements under the Private Dentistry (Wales) Regulations 2008.

We looked at the complaints documentation and saw that they allowed for the recording of details about the actions the practice had taken to address complaints. There were no current complaints for us to see although we were told that complaints would be held centrally, separate to patient records. Verbal comments and concerns were also recorded although these were recorded in patients' records. There was no separate log of verbal/informal comments. We suggested a central log for verbal/informal concerns to enable trends to be highlighted at an early stage. We also suggested the practice could formalise the way in which they reviewed complaints as a whole over time, for trends and patterns as an additional way to improve the service. The practice also needs to display the complaints procedure in a place visible to patients.

⁴ **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

Improvement needed

The practice must ensure that any verbal/informal concerns are recorded in a central log and that the concern procedure is displayed in a place visible to patients.

Staff told us they were comfortable in raising concerns with management and directly with dentists. There was a whistleblowing policy in place which staff could use to formally raise and escalate concerns.

Policies and Procedures

Overall, we found the practice had a range of relevant policies and procedures which were localised and applied directly to the practice environment. Maintenance certificates and records were also in place. Policies and procedures were reviewed and updated to ensure staff were working to the most up to date information.

Quality of Environment

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

The practice was located in Llannon a small village between Carmarthen and Llanelli. The practice was a converted bungalow and therefore set over one floor, with the reception area, surgeries and toilets all wheelchair accessible. Parking was available to the front and rear of the building.

We found the practice to be very well maintained internally and externally. Internally the environment was appropriately lit, heated, ventilated, clean and tidy. There were some issues highlighted in the practices' recent internal audit which were currently being undertaken;

- Silicone seals between walls and floor
- Ventilation grills to be cleaned weekly
- Keyboard covers
- One dental chair to be reupholstered.

There was limited patient information on display both externally and internally. The signage outside the practice did not have the names and qualifications of all dentists, although the opening hours and emergency numbers were visible. Price lists for both NHS and private patients were not displayed in the reception area. We did not see a sign indicating the names, designations and GDC numbers of all staff inside the building.

Improvement needed

The names and qualifications of all dentists must be visible outside the building.

Price lists for both private and NHS treatment must be visible to patients.

A list of all staff, their designation and GDC numbers (where appropriate) must be visible to patients.

There was a separate staff toilet and changing facilities. Toilets were visibly clean and contained suitable hand washing facilities to prevent cross infection.

The waiting area was a suitable size for the number of surgeries. Reception staff had a good awareness of how to maintain patient confidentiality. The

waiting room contained reading materials and a small amount of advice and health promotional posters and leaflets.

The fire exits were signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

Patients' paper records and correspondence was securely locked away. This meant the practice took suitable precautions to protect patient information.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings as outlined 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 Llannon Road 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: Llannon Road Dental Practice

Date of Inspection: 27 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
Page 7	The practice must display the complaints process in an area visible to patients. [Putting Things Right 2011; General Dental Council (GDC) 5.1.5; The Private Dentistry (Wales) Regulations 2008, part VI 15].	We will display our complaints policy in the waiting room.	C Lewis	End of July 2015
Page 7	The practice must develop a system of assessing patients' views and acting upon them. [Health and Care Standards 6.3; GDC 2.1].	We will seek patients' views, using the HIW patient questionnaire as a template, on a 3 monthly basis and assess the findings at staff meetings. An action plan to implement any findings will be agreed after each meeting.	C Lewis	End of July 2015
Page 7	The practice needs to include in the patients'	Necessary amendments to existing patient	C Lewis	End of

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>leaflet the HIW and CHC address for complaints, a list of available treatments and a price list for both NHS and private treatment.</p> <p>[Putting Things Right 2011;The Private Dentistry (Wales) Regulations 2008, part VI 15; GDC 2.4.1,1.7.2].</p>	<p>information leaflet have been forwarded to printing company. New leaflets will be made available as soon as received.</p>		August 2015
Delivery of Health and Care Standards				
Page 10	<p>The practice must reconfigure the decontamination room to meet with the WHTM 01-05 guidance.</p>	<p>Plans to reconfigure the decontamination room have been drawn up and we are currently awaiting a quote from a building firm. The work will begin as soon as possible in order to implement changes needed to fully comply with WHTM 01-05 guidance.</p>	C Lewis	End of Sept 2015
Page 11	<p>The practice must to have sufficient numbers of kits to meet the needs of the practice.</p> <p>[Health and Care Standards 2.9; GDC 1.5].</p>	<p>We have ordered new kits for denture work and surgical procedures as suggested during the inspection.</p>	C Lewis	End of July 2015
Page 11	<p>The practice must to develop a robust system for recording daily compressor checks.</p> <p>[Health and Care Standards 2.9; GDC 1.5;</p>	<p>We will implement a signed logbook system for recording daily compressor checks.</p>	C Lewis	End of July 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Pressure Systems and Transportable Gas Container Regulations 1989; Pressure Systems Safety Regulations 2000].			
Page 12	The practice must ensure that patients medical and social histories are recorded and updated at every visit. [Health and Care Standards 3.5, 4.2; GDC 4.1.1].	We will discuss the need to update patients' medical and social histories at every visit at our next practice meeting. New medical history proformas (BDA) have been ordered and are now routinely used.	C Lewis	Next practice meeting 08/7/15
Page 12	When local anaesthetic has been administered the batch number must be recorded in the patients' records. [Health and Care Standards 2.6; Misuse of Drugs (Safe Custody)(Amendment) Regulations 2001].	A logbook system to record local anaesthetic batch numbers has already been implemented. This will allow traceability of all administered local anaesthetic.	C Lewis	Implemented.
Management and Leadership				
Page14	The practice should ensure staff have access to regular appraisals. [Health and Care Standards 7.1; GDC Standards 6.6.1]	All staff have been informed of the dates of their next appraisal meeting. We will ensure that annual appraisals will be carried out.	C Lewis	End of August 2015
Page 15	The practice must ensure that any	A new system to record informal/verbal concerns	C Lewis	End of July

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>verbal/informal concerns are recorded in a central log and that the concern procedure is displayed in a place visible to patients.</p> <p>[Putting Things Right 2011; Health and Care Standards 6.3; GDC 5.1.5, 5.1.7].</p>	will be discussed at our next staff meeting. A notice to highlight the concern procedure will be displayed in the waiting room.		2015
Quality of Environment				
Page 16	<p>The names and qualifications of all dentists must be visible outside the building.</p> <p>[GDC 6.1.10].</p>	New exterior signage has been ordered and will be erected as soon as received.	C Lewis	End of August 2015
Page 16	<p>Price lists for both private and NHS treatment must be visible to patients.</p> <p>[Health and Care Standards 2.1; GDC 2.4.1]</p>	We will display a price list for private treatment alongside the existing price list for NHS treatment in the waiting room.	C Lewis	End of July 2015
Page 16	<p>A list of all staff, their designation and GDC numbers (where appropriate) must be visible to patients.</p> <p>[GDC 6.6.10].</p>	We will display a list of all staff, their designation and GDC numbers in the waiting room.	C Lewis	End of July 2015

Practice Representative:

Name (print): Christopher Lewis

Title: Practice Principal

Date: 07/08/15