

General Dental Practice Inspection (Announced)

Aneurin Bevan University
Health Board, A&M Jones
Healthcare

30 March 2016

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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 A&M Jones Healthcare at 26 Commercial Street, Pontnewydd, Cwmbran, Torfaen NP44 1DZ on 30th March 2016].

HIW explored how A&M Jones Healthcare 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

A&M Jones Healthcare provides services to patients in the Cwmbran area of Gwent. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

A & M Jones Healthcare, 26 Commercial Street is a mixed practice providing both private and NHS dental services

The practice staff team includes 3 dentists; 3 Nurses; 3 receptionists and 1 practice manager.

A range of NHS and private dental services are provided.

3. Summary

Overall, we found evidence that A&M Jones Healthcare provided very good arrangements for the safe and effective care of its patients.

This is what we found the practice did well:

- Patients we spoke to were happy with the service provided
- Staff we spoke to understood their roles and responsibilities
- The management structure was well organised
- Staff had attended relevant training and appraisal systems were good
- Policies and procedures were up to date and well organised
- Clinical facilities are well-equipped, visibly clean and tidy
- Decontamination was carried out effectively
- X-ray equipment was well maintained and used safely.

This is what we recommend the practice could improve:

- Records of daily checks on autoclaves should contain pressure and temperature readings
- Recording of patient notes was very good but there were some areas for improvement.

4. Findings

Quality of the Patient Experience

We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. All patients we spoke to on the day of the inspection indicated that the practice team had made them feel welcome and they were happy with the care they received. The practice had a good system for regularly seeking and reviewing patient feedback as a way of assessing the quality of the service provided.

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:

"Staff are always very friendly and helpful."

"Everything is always A1."

"Very pleasant surgery and reception area."

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 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. Price lists for treatment were in the waiting areas.

Timely care

The practice tries to ensure that care is provided in a timely way. 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. The majority of patients told us they did not experience delay in being seen by the dentists. Those that had experienced delay said this had not been for long. 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 is closed. The answer-phone message contained suitable information.

Staying healthy

We found evidence to indicate that the practice recognises the need for health promotion to support the well-being of their patients. There was a variety of leaflets and posters promoting oral health and general well being. There was plenty of literature on caring for children's teeth. Questionnaires and conversations with patients indicated that they felt they were getting sufficient information.

Individual care

Access to the practice is generally suitable for wheelchair users and patients with mobility difficulties. There is a small step at the entrance but the practice has a ramp that can be used to overcome this. Wheelchair users can be seen in the ground floor surgery. There is no accessible patient toilet, but we were told that staff make patients aware of this. The patient's toilet was clean and tidy but the decor was tired looking. The practice manager informed us that this area was next on their improvement plan.

The practice had an up to date Equality and Diversity policy, which showed that the practice has recognised the diversity of its patient population and has considered its' responsibilities under Equality and Human Rights legislation.

We saw evidence that the practice had a good system for seeking patient feedback. Patient questionnaires were conducted regularly and the results were analysed effectively.

The practice had a procedure in place for all patients to raise concerns (complaints), whether they were private or NHS patients. We found the procedure was compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry (Wales) 2008 Regulations.

We saw evidence that written complaints and verbal/informal complaints were recorded appropriately. The practice had complaints procedures displayed in the waiting rooms for all patients both NHS and private, and leaflets were readily available.

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 safely, checked and maintained appropriately.

We looked at patient records and found that overall they were of a good standard, but we recommended some areas for improvement.

Safe care

We found evidence to indicate the practice has taken steps to ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances within the practice. The practice was visibly well maintained and fire extinguishers were placed strategically and had been serviced regularly. Contract documentation was in place for the disposal of hazardous waste. Non hazardous waste was collected by the local council. Storage and disposal of waste was carried out safely, according to guidelines.

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. We saw one of the nurses carry out the decontamination procedure in a safe and effective manner. The decontamination protocol was visible on the wall of the decontamination room. Manual pre-sterilisation methods were used.

We saw evidence of effective infection prevention and control measures in place that are based on the Welsh Health Technical Memorandum 01-05 (WHTM01-05) guidelines, such as:

- A large selection of instruments was available and all were stored appropriately and dated so that staff knew that instruments were safe to use for patient treatments.
- Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were available. There was a sink dedicated for hand washing.
- The inspection certificate for the autoclave showed it had been tested to ensure it was working correctly.
- Logbooks for checking equipment had been maintained and routine audits of infection control requirements had been carried out. We

recommended that in addition, the practice print out their first cycle daily tests of the autoclave for temperature and pressure values and keep these in the file with the test strips.

The decontamination room contained some filing cabinets used to store outdated patient records and the ventilation in the room was poor and needed to be improved. The practice owners informed us that they were planning to make general improvements to the building early in 2017 when they planned to move the files up into the first floor of the building and introduce a better system for ventilation.

Improvement needed

The practice should keep daily printouts of the pressure and temperature of the first cycle of the autoclave in addition to storing the information on USB memory stick

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.

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

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 named first aider with appropriate qualification in place.

We found the practice had taken appropriate 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 vulnerable adults.

Pre employment checks were in place for all employees and the dentists had Disclosure and Barring Service (DBS) checks in line with the regulations for private dentistry.

We were assured that the equipment and process for taking radiographs (x-rays) at this practice were safe. X-rays were processed digitally. Working instructions and identification of controlled areas were displayed for staff and patient safety. In addition to this, evidence was seen to confirm that 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 (GDC) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

There are two dental surgeries: surgery one is used by the dentists and surgery two by the hygienist. Both were clean and well maintained. The surgeries were equipped for purpose with all dental equipment clean and in good condition. We noted that reusable suction tips which could be sterilised were used by the dentists so we suggested that these be substituted by single use suction tips.

Improvement needed

The practice should replace autoclavable suction tips with single use suction tips.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided and monitors its progress. Clinical staff regularly attend locally organised peer review meetings. They also take part in good practice schemes run by the British Dental Association (BDA). These ensure that current good standards are maintained.

Annual quality assurance audit logs for X-rays were seen. We were told that infection control audits were undertaken routinely.

Patient records

We looked in detail at a small sample of patient records for each of the dentists at the practice and we found that record keeping was of a very good standard overall. The dentists generally maintained very good patient notes with medical histories and consents in place. We would recommend that written treatment plans are provided for every course of treatment and that oral cancer screening is recorded.

Improvement needed

Dentists at the practice must ensure that written treatment plans are provided for every course of treatment and that oral cancer screening is recorded.

Quality of Management and Leadership

We found that the practice had very clear lines of accountability and management. The principal dentists and the practice manager shared the management leadership role. 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 day to day management of the practice was the responsibility of the principal dentists and the practice manager. The practice had a dedicated staff team. 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).

Communication between staff at the practice was good. We were told during staff interviews that formal staff meetings took place every three months. In addition, everyone we interviewed felt able to talk to the dentists and practice manager at anytime to discuss concerns and training needs. We saw evidence of learning through staff meetings where protocols were discussed and improvements suggested. Formal appraisals were conducted with all of the staff annually and there was evidence of good induction training for new staff.

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 clearly organised.

5. 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 A&M Jones Healthcare 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.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in 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: A & M Jones Healthcare 26 Commercial Road

Date of Inspection: 30th March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	No improvements identified				
Delivery of Safe and Effective Care					
8	The practice should keep daily printouts of the pressure and temperature of the first cycle of the autoclave in addition to storing the information on USB memory stick	Health & Care standards 2.4 WHTM01-05 section 4	This recommendation was actioned with immediate effect. We were also storing copies securely online, and will continue to do so	Deb. Nash	immediate
9	The practice should replace autoclavable suction tips with single	WHTM01-05 section	We currently have easy clean Autoclave tips, and single use. We	Andrew Jones	1 month

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	use suction tips	2.2	will move towards all single use		
9	Dentists at the practice must ensure that written treatment plans are provided for every course of treatment and that oral cancer screening is recorded.	Health & Care standards 3.5, 4.2 General Dental Council standards 4.1	This was adopted with immediate effect	Sarah Al-Shamma	immediate
Quality of Management and Leadership					
	No improvements identified				

Practice Representative:

Name (print):Andrew Jones.....

Title:Dentist.....

Date:27/4/2016.....