

**General Dental Practice  
Inspection (Announced)**  
Powys teaching Health  
Board, **A&P Powell – Main**

2 June 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## Contents

1.	Introduction .....	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
	Findings.....	6
	Patient Experience .....	6
	Delivery of Health and Care Standards .....	8
	Management and Leadership.....	11
	Quality of Environment .....	14
5.	Next Steps .....	15
	Appendix A.....	16

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to A&P Powell-Main at 1 Parkers Lane, Newtown, Powys, SY16 2LT within the area served by Powys teaching Health Board on 2 June 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 Standards<sup>1</sup>. 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 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. 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 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

---

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

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

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

- 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.

### **3. Context**

A&P Powell-Main provides services to approximately 2000 patients in the Newtown area of Powys. The practice forms part of dental services provided within the geographical area known as Powys teaching Health Board.

A&P Powell-Main is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes 3 associate dentists, 2 reception staff and 3 dental nurses.

A range of dental services are provided.

## 4. Summary

HIW explored how A&P Powell-Main meets the standards of care set out in the Health and Care Standards (April 2015).

### Patient Experience

Our informal observations and responses to questionnaires indicated that the majority of patients are happy with the services they receive at this practice. We found that there were no established systems for formally seeking patient feedback which could be used to contribute towards improvement and service development and that there needed to be some improvements to the amount of practice information and dental health promotion material made available to patients. We made two recommendations for improvement in this area.

### Delivery of Health and Care Standards

Overall we found that there was a good standard of recording in patient records which indicated that a good standard of dental care was also being delivered. We found that there were a number of areas where the management systems meant that there was missing information and that there could be improved delegation of certain management tasks to help improve this. We made eight recommendations for improvement in this area.

### Management and Leadership

Overall, we found that the practice appeared to run smoothly and we felt that this could be attributed to there being a very experienced and long standing group of ancillary staff working there. There were a number of areas where we felt that delegation of day to day management tasks would be useful and necessary to ensure that continued improvement and compliance with regulations and standards can take place. We made five recommendations for improvement in this area.

### Quality of Environment

Overall we found the practice to be clean, pleasant and maintained to an appropriate standard which could be considered conducive to good patient care. We found that there need to be improvements to the facilities available for practice staff and the decontamination room could be made safer if it was fitted with a lock to access the room. We made two recommendations for improvement in this area.

## Findings

### *Patient Experience*

**Our informal observations and responses to questionnaires indicated that the majority of patients are happy with the services they receive at this practice. We found that there were no established systems for formally seeking patient feedback which could be used to contribute towards improvement and service development and that there needed to be some improvements to the amount of practice information and dental health promotion material made available to patients.**

Our main method for gathering patient views as part of this inspection was by distributing questionnaires to patients ahead of our inspection visit. Twenty two were completed and returned to us. The majority of respondents had been patients at the practice for 20 years or more. The newest patient to respond had been attending the practice for 4 years.

All 22 respondents told us that they were made to feel welcome by the practice staff and we received additional comments to highlight this such as:

*“They are always lovely and make you feel comfortable”*

*“Lovely staff”*

The practice staff told us that they know their regular patient population very well and feel that they have an open relationship whereby patients regularly provide them with verbal feedback, both positive and negative. The informal observations we made of contact between practice staff and patients confirmed the positive relationship with patients that was described to us.

We were told however, that the practice does not have any formal mechanisms for gathering patient feedback and have not routinely carried out any surveys or questionnaires canvassing patient feedback. We advised the practice to implement a system whereby they formally and regularly seek patient views so that they can access this potentially rich and valuable source of information.

20 out of 22 told us that they were satisfied with the service they receive from the practice. The remaining two respondents told us that they were “*broadly*” happy and “*sometimes*” happy with the service. Another told us that they were happy but wanted to be treated by a dentist wearing a uniform. We sought clarification of this matter and we were told that there had been an anomaly on one occasion as usually all staff, including the dentists wear uniforms. If there was a formal feedback system, the practice may be able to establish further information which could help them to better understand why some patients

(such as those who responded to our questionnaire) are not completely happy with the service.

### ***Recommendation***

***Implement a system for regularly seeking patient views of the service (formally). Standard 6.3 of the Health and Care Standards (2015) expects health services to be shaped by the feedback they receive and demonstrate that they act on and learn from this.***

Whilst the waiting room was clean and tidy, there was limited patient information on display / available, including health promotion information. There were also no up to date information leaflets for new or prospective patients, though we were told that the staff were currently developing these.

### ***Improvement needed***

***Provide additional dental health promotion information in the waiting room area for patients and ensure practice information leaflets are developed and made available without delay.***

Within the patient notes we looked at, there was clear documented evidence that patients were being informed of the risks and benefits of suggested treatment. We also saw treatment plans being completed and signed by patients at reception, indicating that the practice has a culture of ensuring patients are informed and helped to understand their treatment and cost of treatment in advance of receiving it. We made some further observations regarding how recording within patient notes could be strengthened to better demonstrate these discussions and will refer to these later on within the *Delivery of Health and Care Standards* section of the report.

## *Delivery of Health and Care Standards*

**Overall we found that there was a good standard of recording in patient records which indicated that a good standard of dental care was also being delivered. We found that there were a number of areas where the management systems meant that there was missing information and that there could be improved delegation of certain management tasks to help improve this.**

We examined a random sample of 5 patient records for each of the 3 dentists at the practice. This sample included a mix of private and NHS patient records, relating both to adults and children. Overall the standard of record keeping was very good. Medical histories were being updated and signed by the patient at each visit. All dentists were writing detailed, informative records with evidence of treatment planning and a discussion of the treatment options available. Patients had also been given oral health advice and we saw this was documented. Each patient was given a treatment plan, detailing the treatment to be undertaken and the costs involved. We suggested that records could be improved further if all dentists undertook and recorded a cancer screening, and noted that the patient had given consent for the treatment to be undertaken at each visit.

### ***Improvement needed***

***Ensure that patient consent to treatment is documented within their notes. Ensure relevant social history (alcohol intake) is discussed and recorded. Undertake and record a cancer screening.***

In instances where patients had been given an x-ray, the justification for x-raying, clinical findings and grading were not consistently being recorded in their notes. There was also no overall quality assurance audit of x-rays.

### ***Improvement needed***

***The standard and detail of record keeping in relation to radiographs needs to be improved. There needs to be a system introduced for the overall quality assurance of all radiographs taken at the practice.***

The room where the x-rays were taken was adequate and all dentists had been trained to the necessary standard within the previous 5 years as per regulations. Some of the documentation relating to the taking of radiographs, notably the named person with day to day responsibility, needed to be reconsidered due to a change in staff working clinically at the practice. The

relevant policies and records need to be updated accordingly once this has been done.

***Improvement needed***

***All policies and procedures relating to the taking of radiographs must be reviewed and updated to ensure the most appropriate individuals are nominated to carry out the role of 'supervisor' and 'advisor'.***

We spent some time looking at the layout of the decontamination room and also looked at the procedures used by staff for decontamination of instruments after use. We found that there were a number of areas for improvement, mostly in relation to the physical environment itself. The decontamination room was spacious and staff were therefore able to complete the cleaning process in a quiet, well lit area. There was a variety of cleaning equipment within the room but there were no signs to enable easy identification of which area was for handling clean instruments and where dirty instruments are processed. We discussed this with the practice and advised that they make clear what should be done in what area through the use of marked zones.

***Improvement needed***

***Clearly mark the dirty to clean workflow in the decontamination room as per WHTM 01-05 guidance.***

In accordance with WHTM 01-05, there should be a hand washing sink separate to the sinks used for cleaning used instruments, however at present the practice does not have this. We have asked them to investigate how they can make this possible and to also let us know the timescale within which they plan to alter the room and move towards meeting the guidance.

***Improvement needed***

***There should be a dedicated hand washing sink within the decontamination area. The practice should investigate installing a separate sink and include this in their plans for future development. HIW should be notified of the future timescale for this work.***

Once instruments had been cleaned and sterilised, they were stored for re-use. The practice were marking the date of processing the instruments onto the bags but they also need to mark the date by which the instruments need to be re-used before they need to be sterilised again. We discussed the WHTM 01-05

guidance<sup>4</sup> and advised the practice to implement a system to ensure that instruments are only kept in accordance with the most up to date guidance. We have also advised the practice to familiarise themselves with this document to ensure they keep abreast of future developments and changes.

There were arrangements in place to deal with waste; however the practice did not have a kit available for dealing with any spillages of mercury. Mercury is potentially harmful and whilst the products used at the practice limit the chances of any spills, there should still be a kit available to deal safely with this in the event that it does happen.

***Improvement needed***

***Ensure there is a kit available for dealing with mercury spillages.***

There was a contract in place to ensure the safe disposal of all waste streams generated at the practice. We were shown the area outside where clinical waste awaiting collection was securely stored prior to collection. We also saw the bins kept in the decontamination room which were used to segregate the waste during the day. None of these were foot operated and we recommended that foot pedal bins be obtained as soon as possible to minimise the risk of cross infection.

***Improvement needed***

***Ensure that all clinical bins are foot or sensor operated to minimise the need to touch and potentially carry infection from one item to another, this is as per WHTM 01-05 guidance.***

---

<sup>4</sup> WHTM 01-05 is the Welsh Health Technical Memorandum , a guidance document setting out the standards to be followed by primary care dental practices in decontamination and infection control.

## ***Management and Leadership***

**Overall, we found that the practice appeared to run smoothly and we felt that in this could be attributed to there being a very experienced and long standing group of ancillary staff working there. There were a number of areas where we felt that delegation of day to day management tasks would be useful and necessary to ensure that continued improvement and compliance with regulations and standards can take place.**

The staff team, including three dental nurses and two receptionists, had all worked at the practice for a number of years and they appeared to have a good working relationship. There were three associate dentists working part time at the practice at the time of our inspection. Previously there had also been a husband and wife who were principle dentists at the practice. They are no longer involved on a clinical basis, though both remain involved in practice management and business management roles, providing overall management to the practice and to the team.

There was a variety of different information relating to staff employment and vaccination status available for staff working at the practice which we saw. However these had been organised and stored inconsistently and as a result there was some missing information which we were told was kept somewhere but could not be located at the time of inspection. We have corresponded separately with the practice through our Immediate Assurance process and asked them to provide us with evidence of complete staff records for certain individuals where this was not available. We have also recommended that a proper system for filing and storing staff employment and training information be set up to avoid this situation in the future.

### ***Improvement needed***

***Staff files, containing all relevant information including contracts and immunisation status, should be set up and maintained to ensure they remain up to date.***

Staff kept track of their own training and there was no central record held to record who had attended training and what training was due. The practice were therefore unable to assure us that all staff training was up to date. Whilst we were able to see that a variety of training had taken place and dental nurses told us of some they had recently been on and some they were imminently due to go on, there was no system to evidence clearly and easily whether training requirements were being met.

### ***Improvement needed***

***Create and maintain a training record which shows details of all staff members and the up to date position relating to their mandatory and other training.***

The staff told us that they were able to discuss issues on a daily basis and had previously held more formal staff meetings. We saw evidence of some of these previous meetings and staff, including dentists, told us that they would welcome the opportunity to meet together more formally as a team once again.

### ***Improvement needed***

***Team meetings should be re-commenced on a regular basis and a system for rotating the responsibility for leading each meeting could be explored. The contents of the meetings should be recorded. Evidence of learning and planning arising from this should also be recorded.***

Although there was a blank template which we saw that could be used for staff appraisals, at present there is no system for carrying these out. The opportunity appraisals can present to review and discuss learning needs (amongst other matters) has therefore been missed up until now.

### ***Improvement needed***

***Staff appraisals should be undertaken annually and recorded. Discussions should include personal development planning.***

We could see that there was information about how to make a suggestion or complaint displayed on a small A4 sized poster on the wall in the reception. However, this did not set out the procedure that should be followed if a patient did wish to raise an issue. The policy document itself needs to be reviewed to ensure that it takes account of the timescales as laid out in the NHS document 'Putting Things Right'<sup>5</sup> and also to ensure that complainants are directed appropriately to where they can take their complaint if they are not satisfied with the resolution they get from the practice. We advised that this procedure will differ if the patient is receiving private treatment, compared to NHS treatment

---

<sup>5</sup> 'Putting Things Right' is the NHS arrangements for dealing with and responding to concerns within NHS services and was introduced by the Welsh Government in 2011.

and have also referred the practice to the relevant regulations to ensure they reference these within their policy.

***Improvement needed***

***The practice must review their complaints policy and procedure to ensure that it is in line with the key documents set out above. The procedure must also be made accessible and clearly displayed in a format suitable to as many patients as possible.***

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.

## *Quality of Environment*

**Overall we found the practice to be clean, pleasant and maintained to an appropriate standard which could be considered conducive to good patient care. We found that there need to be improvements to the facilities available for practice staff and the decontamination room could be made safer if it was fitted with a lock to access the room.**

The practice occupies premises in the centre of Newtown, Powys. All patient areas are on the ground floor and we found the waiting room to be spacious and clean. Dental surgeries and the decontamination room were clean and adequately fitted out, although some rooms looked as if they were in need of some modernisation in the near future. There was one male and one female toilet for staff and patients, neither of which would be accessible or suitable for disabled use and at some time, the appropriateness of this may need to be considered.

At present, the upstairs of the building is not used by staff or patients. Apart from the toilets and a very small office behind reception, there are no changing facilities for staff and no dedicated area to have a break or to eat food during break times.

### ***Improvement needed***

***The Welsh Health Technical Memorandum 01-05 (6.33) recommends that adequate facilities are provided for staff changing. In accordance with the above, a suitable space for staff to change should be identified and planned. HIW should be notified of the plan and outcome of this consideration.***

We noted that the emergency kit, including appropriate medication, plus a number of chemicals were stored un-securely in the decontamination room. We recommended that these be locked away either by means of a key pad to secure the door to the room, or locked away within the room itself.

### ***Improvement needed***

***Ensure that all potentially hazardous chemicals and medication are secured in a lockable area.***

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Patient Experience, Delivery of Health and Care standards, Management and Leadership and Quality of Environment. 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 A& P Powell-Main 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: A&P Powell-Main**

**Date of Inspection: 2 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
7.	<b><i>Implement a system for regularly seeking patient views of the service (formally). Standard 6.3 of the Health and Care Standards (2015) expects health services to be shaped by the feedback they receive and demonstrate that they act on and learn from this.</i></b>	Patient Questionnaire already in place	Andrew Powell-Main	Done
7.	<b><i>Provide additional dental health promotion information in the waiting room area for patients and ensure practice</i></b>	Currently sourcing appropriate dental health promotion to set up a dedicated dental health promotion area in the waiting room	Staff	In progress

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<i>information leaflets are developed and made available without delay.</i>			
<b>Delivery of Health and Care Standards</b>				
8.	<i>Ensure that patient consent to treatment is documented within their notes. Ensure relevant social history (alcohol intake) is discussed and recorded. Undertake and record a cancer screening.</i>	All required elements now recorded in patient records .	Each dentist responsible for their own patients	Done
8.	<i>The standard and detail of record keeping in relation to radiographs needs to be improved. There needs to be a system introduced for the overall quality assurance of all radiographs taken at the practice.</i>	The system I had set up when I could work has been discontinued Details now recorded in patient records in surgery.	Each dentist responsible for their own patients	Done
9.	<i>All policies and procedures relating to the taking of radiographs must be reviewed and updated to ensure the most</i>	The Radiation Advisor has to be a Radiation and Medical Physics Expert. We have used DBG in this	Andrew Powell- Main supervisor as I keep all test results etc	Done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b><i>appropriate individuals are nominated to carry out the role of 'supervisor' and 'advisor'.</i></b>	Capacity for many years. Their name appears in the Local Rules in the X-ray room as per IRMER regulations		
9.	<b><i>Clearly mark the dirty to clean workflow in the decontamination room as per WHTM 01-05 guidance.</i></b>	Workflow details in situ	Mandy Benbow	Done
9.	<b><i>There should be a dedicated hand washing sink within the decontamination area. The practice should investigate installing a separate sink and include this in their plans for future development. HIW should be notified of the future timescale for this work.</i></b>	Waiting for plumber to regain health to install extra sink. In the meantime as agreed, a washing up bowl is being used instead	Andrew Powell-Main	As soon, as plumber able to complete
10.	<b><i>Ensure there is a kit available for dealing with mercury spillages.</i></b>	Mercury spillage kit in situ	Andrew Powell-Main	Done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
10.	<b><i>Ensure that all clinical bins are foot or sensor operated to minimise the need to touch and potentially carry infection from one item to another, this is as per WHTM 01-05 guidance.</i></b>	Sensor operate bins in place for some time now	Andrew Powell-Main	Done
<b>Management and Leadership</b>				
11.	<b><i>Staff files, containing all relevant information including contracts and immunisation status, should be set up and maintained to ensure they remain up to date.</i></b>	Individual Staff files set up	Andrew Powell-Main	Done
12.	<b><i>Create and maintain a training record which shows details of all staff members and the up to date position relating to their mandatory and other training.</i></b>	Training records included in each staff members file	Andrew Powell-Main	Done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
12.	<b><i>Team meetings should be re-commenced on a regular basis and a system for rotating the responsibility for leading each meeting could be explored. The contents of the meetings should be recorded. Evidence of learning and planning arising from this should also be recorded.</i></b>	Team meetings to be re-commenced as soon as I have recovered from my operation. I think I need to be involved initially, in view of the many changes in staff. Once this has been set up, the staff can lead the meetings in turn.	Andrew Powell-Main	Done
12.	<b><i>Staff appraisals should be undertaken annually and recorded. Discussions should include personal development planning.</i></b>	Staff Appraisals to commence as soon as my health allows.	Andrew Powell-Main	Done
13.	<b><i>The practice must review their complaints policy and procedure to ensure that it is in line with the key documents set out above. The procedure must also be made accessible and clearly displayed in a format suitable to as many patients as possible.</i></b>	Complaints system in place as per "Putting it Right" document	Andrew Powell-Main	Done

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Quality of Environment</b>				
14.	<b><i>The Welsh Health Technical Memorandum 01-05 (6.33) recommends that adequate facilities are provided for staff changing. In accordance with the above, a suitable space for staff to change should be identified and planned. HIW should be notified of the plan and outcome of this consideration.</i></b>	We have been trying to clear a Room upstairs for some time to Allow for a staff room/kitchen. Taken a back seat since the car Accident, which occurred on the way to work on the staff room, and, of course, my ill health.	Andrew and Patricia Powell-Main	As soon as practical
14.	<b><i>Ensure that all potentially hazardous chemicals and medication are secured in a lockable area.</i></b>	Lock for decontamination room been in place for some time, so harmful materials are secured.	Mandy Benbow	Done

**Practice Representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....