

## **General Dental Practice Inspection (Announced)**

Cwm Taf University Health  
Board, N. Khan-Awal and  
Associates Ltd Dental  
Surgery

16 June 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to N. Khan-Awal and Associates Ltd Dental Surgery at 5 Ceridwen Terrace, Pontypridd within the area served by Cwm Taf University Health Board on 16 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

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<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>

- 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.

### 3. Context

N. Khan-Awal and Associates Ltd Dental Surgery provides services to patients in the Pontypridd area. The practice forms part of dental services provided within the geographical area known as Cwm Taf University Health Board.

N. Khan-Awal and Associates Ltd Dental Surgery provides mainly NHS services, but also provides a small amount of private dental services.

N. Khan-Awal and Associates Ltd Dental Surgery is an established training practice for dentists with the Wales Deanery (School of Postgraduate Medical and Dental Education). At the time of this inspection, two of the dentists at the practice were undertaking a foundation year of dental training under the guidance of the principal dentist and one associate dentist.

The practice employs a staff team which includes one principal dentist, three associate dentists, two trainee dentists, 11 nurses (including two trainees and one recently qualified nurse).

A range of general dental services are provided.

## 4. Summary

HIW explored how N. Khan-Awal and Associates Ltd Dental Surgery meets the standards of care set out in the Health and Care Standards (April 2015).

Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from HIW patient questionnaires was positive.

Overall, we found care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. The practice had started an infection control audit with support from the Dental Postgraduate Section of the Wales Deanery and we recommended this be completed. The sample of patient records we looked at showed that notes were of a high standard overall. We made a recommendation regarding the checking of medical history forms.

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team.

## 5. Findings

### *Patient Experience*

**Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from HIW patient questionnaires was positive.**

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views of the dental services provided. Thirty one patient questionnaires were completed prior to the date of inspection. We also spoke to four patients on the day of inspection. Overall, patient feedback was positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentists.

A sample of patient comments included the following:

*“The staff are very helpful and I feel very comfortable and every effort is made to make me feel at ease, as like the majority of people, I do feel anxious about procedures.”*

*“This surgery is very helpful, caring and understanding in all aspects.”*

*“Excellent dentist. Did a very good job. Thank you.”*

*“Very friendly and professional, both the dentists and nurses are excellent!”*

*“The dentist always make me feel at ease, explains every procedure thoroughly. I would not go anywhere else.”*

*“Very professional and helpful. Good customer care. Appointment always on time. Very approachable.”*

The majority of patients said they knew how to access out of hours dental services. We saw a sign in the practice window with the emergency contact number and we confirmed there was a contact number provided on the practice’s answer phone message.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis, enabling patients to be seen quickly if required. On the day of inspection, we spoke to one patient who was being seen for a same day emergency appointment, which confirmed the system worked.

Practice information leaflets were available in the waiting area. The practice also had health promotion information available in the waiting areas, including gum disease, health eating and mouth cancer awareness. The practice should also consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback.

The practice had a good system for regularly gaining patient views by conducting six monthly patient surveys for individual dentists and annual surveys of the overall surgery. We saw the practice had analysed survey results and produced a short report summarising the findings and conclusions. We were also told that feedback was discussed at practice meetings. This meant the practice used patient feedback as a way of continually assessing the quality of the service provided.

When asked about making complaints, the majority of patients said they knew how to make a complaint. We saw that the complaints poster was displayed in the waiting room and information on making a complaint was included in the patient information leaflet. We noticed that some updates to the complaints poster were needed and this was completed by the staff on the day of inspection.

## *Delivery of Health and Care Standards*

**Overall, we found care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. The practice had started an infection control audit with support from the Dental Postgraduate Section of the Wales Deanery and we recommended this be completed. The sample of patient records we looked at showed that notes were of a high standard overall. We made a recommendation regarding the checking of medical history forms.**

### **Clinical facilities**

We looked at the clinical facilities of all five surgeries at the practice (one surgery was not in use) and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well-organised. 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.

### **Decontamination of instruments**

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. One of the surgeries on the first floor that was not in use was being used as a second decontamination area. We found there were processes in place to prevent patients from cross infection. Both rooms were suitably laid out to allow instruments to be cleaned effectively. There was also a suitable system to ensure that instruments were used within the recommended storage period.

We saw that the infection control/decontamination policy was displayed on the wall. We also saw that there were records completed for the daily testing and maintenance of cleaning equipment. This meant the practice had a good system for ensuring cleaning equipment was working correctly, so that instruments could be cleaned effectively.

There were dedicated hand washing sinks available to help with infection control and all suitable personal protective equipment was available for staff conducting decontamination. We watched a staff member conduct decontamination and confirmed that the equipment was worn. We also saw evidence that staff had completed training on decontamination/infection control. The practice had conducted their own audits of decontamination and hand washing and had recently started an audit using the tool supported by the Dental Postgraduate Section of the Wales Deanery, as recommended by the

Wales specific Welsh Health Technical Memorandum 01-05<sup>4</sup> WHTM 01-05 guidelines. We advised the practice to finish conducting this audit.

***Improvement needed***

***An infection control audit should be completed (the practice is advised to use the tool supported by the Dental Postgraduate Section of the Wales Deanery). An improvement plan to address the issues highlighted by the infection control audit should also be developed.***

**Waste disposal**

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

**Radiographic (x-ray) equipment**

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. We saw evidence that all qualified clinical staff (with the exception of a recently qualified nurse) had conducted appropriate training on radiation protection/ionising radiation. We saw that the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow, contained all relevant information.

**Medical emergency equipment and medication**

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. However, we saw that the airways and oxygen mask had passed their expiry date and we advised the practice to replace these items and review their check list.

***Improvement needed***

***The practice should review the system for checking resuscitation equipment to ensure that all equipment, including airways and oxygen masks, is suitable for use.***

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We saw that there were flow charts for medical emergencies included with the emergency drugs to advise staff of the procedure to follow. We saw evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies and there were appointed first aiders. This meant that in the event of a patient collapsing, staff had the necessary skills and access to life saving equipment and drugs to respond promptly.

### **Patient records**

We looked in detail at a total of sixteen patient records across all four dentists. We did not look at the records of the two trainee dentists in detail on this occasion. Overall, we found the record keeping was of a high standard.

We were told the practice used a system where the dentist countersigned medical history forms as a way of ensuring and documenting this was checked and discussed with the patient. However, we found that the medical history forms were not always countersigned for two of the dentists.

### ***Improvement needed***

***The practice's system for ensuring that medical history forms are checked by the dentist and discussed with the patient (i.e. countersigning) should be used consistently by all dentists working at the practice.***

We also looked at the frequency of x-rays taken for patients and while this was appropriate in most cases, for one patient we found that the interval between x-rays was excessively long. We highlighted this to the principal dentist who agreed to address it with the dentist concerned that this issue is not more widespread.

Treatment procedures and options were explained to patients verbally, but the practice also used education tools and videos which could be shown to patients to help explain oral hygiene and various treatments. This meant that patients were given appropriate information to consider their treatment options.

## *Management and Leadership*

**The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team.**

N. Khan-Awal and Associates Ltd Dental Surgery is independently owned by the principal dentist. The day-to-day management was the responsibility of the principal dentist along with one of the senior nurses, who acted as practice co-ordinator. We saw the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles and felt supported by the principal dentist and practice co-ordinator.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place and there was a suitable system to ensure these policies were regularly reviewed and staff were aware of them. We noticed that policies and documents were well organised and were easily located on the day of inspection. We saw that there was an induction programme for both new and any temporary/agency staff, which included awareness of the relevant policies.

Whole staff meetings were conducted approximately every three to six months, but meetings between the nurses were conducted more often. We saw examples of recent nurse meeting notes which detailed discussions and actions. We were told that staff were encouraged to raise any concerns during these meetings, but staff also told us they would feel comfortable in raising concerns with the principal dentist or practice co-ordinator at any time.

We looked at a sample of records which indicated that staff had annual appraisals. Appraisals are important to ensure the competency of staff and to identify any training needs.

We looked at the clinical governance arrangements in place at the practice and found that various audits had been conducted and documented. The practice had also conducted the maturity matrix dentistry<sup>5</sup> (a type of self-assessment

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<sup>5</sup> The Maturity Matrix Dentistry (MMD) is a practice development tool for the dental team through the Dental Postgraduate Section of the Wales Deanery. The MMD self-evaluation tool

audit). This meant that the practice had suitable clinical governance arrangements in place to help ensure the quality and safety of the care provided.

We looked at staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We also saw samples of records which showed that staff had employment contracts in place.

In accordance with the private dentistry regulations, the dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. Arrangements were made by the practice proactively prior to inspection, for two certificates to be updated.

We saw examples of personal continued professional development (training) files completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. This meant patients could be assured they are treated by staff who have appropriate skills and up-to-date training and who were confident and acquainted with their place of work. Staff files were well-organised and information was easy to locate.

At the time of our inspection, all dentists had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. We also found that all other staff members had a DBS check to ensure the suitability of staff for employment.

The practice had suitable arrangements for the recording of accidents and incidents. Arrangements for occupational health support were also in place through the local health board. We saw records to show that all clinical staff had received appropriate vaccinations to protect them against blood-borne viruses.

We found there were good arrangements for recording and responding to concerns (complaints). The practice also had a summary sheet of the complaints received. We advised the practice to include further detail of the nature of the complaint on this summary sheet, in order that they could easily identify any emerging themes. We also advised the practice to add further detail

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allows the dental team to focus on how they work and think about the quality of care provided in key areas or dimensions. <http://www.walesdeanery.org/index.php/en/practice-quality-improvement-programme/maturity-matrix-dentistry.html>

to the individual complaints records to summarise the dates actions were taken and the status of the complaint to assist with audits. We saw that all complaint correspondence was kept together in a paper file. Verbal and informal complaints were also recorded.

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right' and gave a list of relevant organisations for patients to contact in the event they had a complaint. We noticed the timescale for acknowledging a complaint needed to be updated in line with 'Putting Things Right' and we also advised the practice to include the details of the Community Health Council who could provide advocacy support for patients if this was required. This was addressed by the practice on the day of inspection.

The practice also had a separate complaints procedure for patients receiving private treatment which was generally compliant with the Private Dentistry Regulations. However, the timescale for responding to a complaint needed to be updated in accordance with the regulations. Again, this was addressed by the practice on the day of inspection.

## *Quality of Environment*

**We found the practice was clean and visibly well maintained to provide a safe environment for patients to receive treatment. Access to the practice is generally suitable for wheelchair users, but may be difficult for larger wheelchairs.**

The practice is located in the town centre of Pontypridd. The practice has six surgeries (one surgery is not in use), three on the ground floor and three on the first floor. The practice has limited car parking at the back of the building which is used by staff, but can also be used as disabled parking for patients. Public car parking is available near to the practice.

Access to the practice is generally suitable for wheelchair users as there is a concrete ramp to the front door from the footpath. However, doorframes at the practice are a standard width which may pose difficulties for larger wheelchairs. There is no lift to the first floor, but wheelchair users can be seen in the ground floor surgeries.

A tour of the building confirmed the practice was visibly well maintained. The practice was clean and tidy throughout. The waiting and reception areas were suitable sizes for the number of surgeries.

The practice had one accessible patient toilet on the ground floor, one unisex patient/staff toilet on the first floor and one unisex staff toilet in the basement. All toilets were visibly clean and had suitable hand washing facilities for infection control. However, we noticed that the adjustable handrail in the accessible patient toilet was loose and needed to be tightened to ensure it was safe for use.

### ***Improvement needed***

***The handrail in the accessible patient toilet should be made safe for use.***

There was a sign outside the practice with the opening hours and emergency contact number. The names and qualifications of staff members were displayed by the reception area. General Dental Council registration numbers for clinical staff were added to this display on the day of inspection. Price lists were displayed in the reception area and waiting area. A private price list was missing, but was added on the day of inspection.

The fire exits were signposted and maintenance records indicated that fire extinguishers had been appropriately inspected. We did not look in detail at the other arrangements for fire protection and prevention during this inspection.

However, the practice is responsible for ensuring there are suitable fire protection systems in place in accordance with legislation<sup>6</sup> and arrangements for the regular servicing and testing of these items to help ensure the safety of staff and patients in the event of a fire.

Patient records and information were stored securely and electronic records were backed-up daily onto an off-site server. This meant the practice has taken measures to ensure the safety and security of patients and their information.

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<sup>6</sup> The Regulatory Reform (Fire Safety) Order 2005 provides legislation relating to fire safety in non-domestic premises.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified within 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 N. Khan-Awal and Associates Ltd Dental Surgery 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: N. Khan-Awal and Associates Ltd Dental Surgery**

**Date of Inspection: 16 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	-			
	<b>Delivery of Health and Care Standards</b>			
9	An infection control audit should be completed (the practice is advised to use the tool developed by Cardiff University). An improvement plan to address the issues highlighted by the infection control audit should also be developed.  [WHTM 01-05 guidelines section 1.8.]	Practice carries out regular audits of staff cross infection control and all audits are individually signed. We also carry out annual in house training & audit with all members of the team on HTM01-05. We have carried out external audit with Infection Control Society in partnership with Department of Health where we have overall score of 90%. We have now completed the audit tool on HTM01-05 developed by Cardiff University which became available in the last 18	Nasrin Khan Awal/ Leanne Woodward	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		months.		
9	The practice should review the system for checking resuscitation equipment to ensure that all equipment, including airways and oxygen masks, is suitable for use. [General Dental Council Standards 1.5.3; Resuscitation Council UK guidelines]	We check expiration date monthly, We have now in place a more detailed check list as advised.	Lauren Reddy	Completed
10	The practice's system for ensuring that medical history forms are checked by the dentist and discussed with the patient (i.e. countersigning) should be used consistently by all dentists working at the practice. [General Dental Council Standards 4.1]	Practice policy on medical history is to ensure that patient medical history are checked by the dentist & discussed with the patient & countersigned by both clinician & patient regularly as advised by our defence union. We have now changed our policy to ensure medical history sheets are signed & countersigned at each full course of treatment.	Nasrin Khan Awal	Completed
<b>Management and Leadership</b>				
	-			
<b>Quality of Environment</b>				
14	The handrail in the accessible patient toilet should be made safe for use. [Health and Care Standards 2.1]	Disabled handrail screws has now tightened to make use safe	Nasrin Khan Awal	Completed

**Practice Representative:**

**Name (print): Nasrin Khan Awal**

**Title: Principal Dental Surgeon**

**Date: 22/7/15**