

**General Dental Practice  
Inspection (Announced)**  
Powys Teaching Health  
Board, Hay on Wye Dental  
Centre

18 June 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Hay on Wye Dental Centre at Oxford Road, Hay on Wye, Hereford, HR3 5AL within the area served by Powys Teaching Health Board on 18 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

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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>

- 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

Hay on Wye Dental Centre provides services to patients in the Hay on Wye area of Powys. The practice forms part of dental services provided within the geographical area known as Powys Teaching Health Board.

Hay on Wye Dental Centre is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes five dentists, two dental hygienists, four dental nurses, one receptionist and one practice manager.

A range of services are provided. These include:

- Preventative dentistry
- Restorative dentistry
- Cosmetic dentistry
- Dental implants
- Dental sedation.

## 4. Summary

HIW explored how Hay on Wye Dental Centre meets the standards of care set out in the Health and Care Standards (April 2015).

Patients told us (through our questionnaire) that they are very happy with the services provided at this practice. We also received many additional positive comments. We were told that there can sometimes be a short delay on the day of an appointment, but this was not reported to us as a problem. The practice need to implement their own formal system for inviting regular patient feedback, analysing and acting upon what is received.

Overall, we found that the practice was making improvements to their decontamination process by moving towards a best practice approach for dealing with instruments. We found appropriate systems for dealing with radiographic equipment safely. We found that some improvements needed to be made to patient notes and have recommended that a peer review system is developed for the dentists to enable internal quality control and improvement to take place. We found that the arrangements for dealing with patient emergencies were satisfactory; however they needed to be formally supported by a resuscitation policy.

Overall, we found that there was a lack of practice management which had led to poorly maintained staff files, missing management information and a lack of communication to update staff of policies, changes and developments in the service. This was the area around which we had the most concern and which requires the most significant improvement. We issued an immediate assurance requirement that the practice nominate an interim/deputy practice manager as the substantive practice manager is on sick leave. This was resolved during the week following our inspection visit.

The practice occupies a purpose built premises with level access throughout and a ramp to access should this be required. There was some building work underway during our inspection. All areas appeared clean and maintained to an appropriate standard.

## 5. Findings

### *Patient Experience*

**Patients told us (through our questionnaire) that they are very happy with the services provided at this practice. We also received many additional positive comments. We were told that there can sometimes be a short delay on the day of an appointment but this was not reported to us as a problem. The practice need to implement their own formal system for inviting regular patient feedback, analysing and acting upon what is received.**

Our main method for gathering patient views as part of this inspection was by distributing pre-printed questionnaires to patients ahead of our inspection visit. Nineteen were completed and returned to us.

Overall, the feedback we received was extremely positive and many people had chosen to add further comments, a sample of which can be seen below (with their permission given to include them):

*“Don’t change anything to the superb service at this practice.”*

*“I felt that I would get better care by going on a treatment plan which I did and am now getting more thorough service.”*

*“Dental nurses are good in all care and work and very understanding.”*

*“They’re making some great improvements, the information screen is a good idea.”*

All respondents told us that they were made to feel welcome by practice staff and all nineteen also told us that they were satisfied with the services they received from the practice.

Eleven patients told us that they had sometimes experienced a short delay in being seen for their appointment, but none commented that this had been a problem and there were some additional comments to let us know that delays were, “*minimal*” and also that they had “*been explained*”.

We found that the practice themselves offered their patients limited opportunities to provide feedback. We were told that there had been a survey some years ago, but as the practice manager was not present during this inspection and other practice staff did not know where results were stored, we

were unable to look at this. There was no comments box or blank suggestions forms in the reception inviting patient feedback.

***Improvement needed***

***A regular means of inviting patient feedback must be developed. The results of these must be analysed and reviewed, action being taken accordingly and as appropriate.***

## *Delivery of Health and Care Standards*

**Overall, we found that the practice was making improvements to their decontamination process by moving towards a best practice approach for dealing with instruments. We found appropriate systems for dealing with radiographic equipment safely. We found that some improvements needed to be made to patient notes and have recommended that a peer review system is developed for the dentists to enable internal quality control and improvement to take place. We found that the arrangements for dealing with patient emergencies were satisfactory; however they needed to be formally supported by a resuscitation policy.**

We looked at how closely the practice meets the expectations set down in the Health and Care Standards. In particular, we looked at the quality and appropriateness of the arrangements for:

- Decontamination of instruments
- Safe use of radiographic equipment
- Safe disposal of waste
- The standard of recording within patient notes and the evidence of clinical care that these provided
- Dealing with any emergencies that may require first aid or further medical treatment.

### **Decontamination**

We found that there were satisfactory arrangements in place for decontamination of instruments, which if followed correctly and consistently would reduce cross infection risks. The practice were about to undergo a complete change to the way they dealt with decontamination. At the time of our inspection, a dedicated decontamination room had been created and the building works were almost complete meaning that the staff would imminently be moving away from decontaminating instruments within surgeries to completing the whole process within this room.

We noted that the new decontamination room was laid out well and would allow for the appropriate dirty to clean workflow as detailed in the Welsh Health Technical Memorandum (WHTM) 01-05.

We spoke to staff involved in the decontamination process and found that they were confident in the process and had enough knowledge to suggest they could

competently apply the practice policy and procedure for decontamination and infection control.

We noted that the practice had a nominated lead for infection control who was regularly undertaking audits of their infection control practice and acting on any findings identified. The most recent audit had been done in late 2014 and had used the best practice tool developed by the Dental Postgraduate Section of the Wales Deanery and recommended by the Welsh Health Technical Memorandum 01-05<sup>4</sup> (WHTM) 01-05 guidelines. We also noted that staff had been given regular updates on the infection control policy and there were in-house reminders issued by the individual working in this role.

The present system for processing instruments did not include noting a date on the sterilised and wrapped instruments. We recommended that this be introduced so that instruments are not kept for longer than they should be before being re-sterilised.

***Improvement needed***

***Ensure sterilised instruments are clearly and consistently marked to show both the date of processing and date of expiry.***

**Use of radiographic equipment**

Based on the following findings, we were able to conclude that there were satisfactory arrangements in place for the safe use of radiographic equipment:

- We saw evidence that the practice had correctly notified the Health and Safety Executive of the use of radiographic equipment on the premises
- We saw that the location of the equipment and operating switches were appropriate and would enable safe use
- We saw that the x-ray equipment was being regularly maintained by appropriately trained engineers. We noted that an engineer had recommended action at a previous recent visit but could not find evidence to demonstrate that this had been followed up

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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 noted in the sample of records we saw that where x-rays had been taken, the reason for taking them had not been consistently documented and the images had not been consistently evaluated.
- We saw that there were local rules<sup>5</sup> in place; however these did not correctly identify who the authorised users of the equipment are at this practice

***Improvement needed***

***Ensure that justification and grading of radiographs is documented thoroughly within patient notes.***

***Ensure local rules identify the correct individuals who are authorised to operate the equipment.***

***Ensure that there are sufficiently robust systems in place to ensure that x-ray equipment is suitably maintained on an ongoing basis and that any follow up actions are signed off as complete.***

We saw evidence of contracts for safe waste disposal held by the practice and we were told about how they manage waste day to day; both arrangements seemed satisfactory.

We saw evidence which indicated that staff had received training in resuscitation and dealing with patient emergencies. We also saw evidence which showed that three staff held valid first aid at work training. This training helps to ensure that staff are competent to manage unforeseen emergency situations that arise in the practice. We noted that there was no policy to underpin the actions that staff should follow in the event of an emergency and we advised that this be developed without delay. A policy such as this could also be used as a reminder to staff and referred to at regular intervals to ensure knowledge remains up to date. Staff had access to emergency medication and resuscitation equipment which was being stored temporarily in a storeroom at the end of the surgery corridor, but would shortly be moved into the decontamination room once this is completed.

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<sup>5</sup> Local Rules are a written set of key working instructions which are mandatory and must be followed to ensure that exposure to staff from radiographic equipment is minimised.

### ***Improvement needed***

***Create a resuscitation policy setting out clearly what staff should do in the event of a patient emergency and also indicating what level of training staff are required to hold.***

### **Patient records**

We looked at a sample of three patient notes (and in some cases up to five sets of notes) for each dentist working at the practice. This meant we looked at twenty sets of records in total. Across this sample, we found variability in the standard of recording. Overall, notes were comprehensive and thorough but we found some areas which need improving. We found that there were almost no records where patient consent had been documented. We discussed this at the time and recommended that this be commenced with immediate effect. We also noted that guidelines for recall of patients were not being consistently followed.

We also noted that there were a number of examples whereby the documentation around smoking cessation advice would benefit from being improved. We discussed this with the dentists and asked them to look into this and develop a general approach as a team, to the recording of social history within patient notes. There seemed to be various methods used by the dentists to update patient medical histories; sometimes we saw paper copies and sometimes there were electronic updates, however on a few occasions we could not find evidence that this had been done at all. Standardising this approach may be helpful so that updates can be more easily kept track of.

### ***Improvement needed***

***With regard to patient notes:***

- ***Ensure patient consent is recorded***
- ***Consider the approach to recording patient social history and the resultant advice given***
- ***Standardise the approach to recording patient medical histories so that these are consistently completed and easy to access***
- ***Ensure that recall guidelines are consistently followed***

We found that there were no formal peer review arrangements in place amongst the dentists. We also noted that there were no record keeping audits in place which would be an internal mechanism for quality improvement. With these two findings in mind, coupled with variability of recording, the practice should develop a formal system for peer review amongst dentists and other clinical staff.

***Improvement needed***

***Establish a peer review system amongst dentists and other clinical staff.***

## *Management and Leadership*

**Overall, we found that there was a lack of practice management which had led to poorly maintained staff files, missing management information and a lack of communication to update staff of policies, changes and developments in the service. This was the area around which we had the most concern and which requires the most significant improvement. We issued an immediate assurance requirement that the practice nominate an interim/deputy practice manager as the substantive practice manager is on sick leave. This was resolved during the week following our inspection visit.**

During our inspection, the practice manager was not present, neither were any other members of the management team for Hay on Wye Dental Centre. Whilst the staff working at the practice were helpful and knowledgeable within the boundaries of their roles, this did not extend to all management aspects of the practice. As a result of this, at times there was a lack of information available to us. The practice was busy on the day of our inspection and though there were some senior staff working, they were busy with clinical duties and looking after patients. The practice manager was on a period of sick leave and in her absence, there had been no management cover arranged to support the staff day to day and any decision making was being done by the practice owner who is based at another practice a significant distance away from Hay on Wye. We were concerned that clinical staff were being expected to cover the management role, in addition to their duties with patients. As a result of this, we made an immediate assurance requirement that management cover be arranged without delay and whoever was nominated to do this should be released from clinical duties sufficiently that they could give time to management duties. Following the inspection, we were satisfied with the response we received from the practice and the senior dental nurse is now working as practice manager for an interim period.

At the time of our inspection, none of the dentists had valid Disclosure and Barring Service (DBS) certificates dated within the last three years (as per requirements of the regulations for private dentistry). We discussed this with the practice 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 discussed this with the practice and found that as many of these were also out of date, and / or had not initially been completed by the practice themselves, this would benefit from being reviewed and DBS checks undertaken as required.

We also found that the practice were not fully aware of the requirements around completing DBS checks and we have advised that they develop a practice policy which covers the correct procedure to follow, reviewing and taking account of DBS regulations, and employment law considerations. They agreed to do this.

The staff files we saw were badly organised and there was some missing information, there was no recruitment policy in place to ensure that all initial checks for suitability are followed prior to offering employment. Considering this and our finding above in relation to DBS omissions, a review of recruitment procedures should be undertaken and a recruitment and employment policy should be developed. This should take account of initial and ongoing suitability checks.

***Improvement needed***

***Develop a recruitment and employment policy to ensure that all pre employment suitability checks and ongoing suitability requirements are adhered to.***

We found that there was a limited number of staff meeting minutes available for us to see and were told that meetings were sporadic and infrequent. Whilst the minutes were detailed and informative, we were concerned by the appropriateness of some of the language and direction given to staff at these meetings. The role of practice manager carries a variety of responsibilities is varied and responsible and the practice should ensure that the person undertaking this role has the right skills, knowledge and training to help them carry this out effectively and efficiently. We could not be certain that this was the case as we did not see evidence of management training having been offered or undertaken, neither did we see evidence of a regime for regular practice manager support in place.

***Improvement needed***

***Team meetings must take place on a regular basis and be supported by a planned agenda which aims to improve communication of key issues to practice staff and also promotes their development.***

***The individual undertaking the role of practice manager must be supported through appropriate mechanisms and should have the necessary training to enable them to undertake the job effectively.***

We noted that staff appraisals were not being undertaken regularly; in fact we could not find any recent records, suggesting that they may have not taken place over the previous years.

### ***Improvement needed***

***A system must be set up to ensure that annual appraisals of staff are undertaken.***

We looked at how the practice handles concerns and complaints. We found that the arrangements were unsatisfactory; the complaints policy needed to be reviewed and updated but more importantly the way in which complaints were being recorded was inadequate and needed urgent review. We were concerned following review of a sample of complaints to find that there was either missing information, or that the practice had not followed their own procedure for handling them. We also identified that there were instances where further action, such as disciplinary proceedings, or further staff training should have been implemented but had not been. Disappointingly, it also seemed that other practice staff had not been made aware of the complaints, and had therefore missed potential opportunities for the learning and reflection which could help to reduce other complaints arising. We issued an immediate assurance requesting that the handling of complaints be reviewed and that a new procedure be implemented without delay. Following the inspection, we were satisfied with the response to this but would now like to see evidence of the new arrangements.

### ***Improvement needed***

***Forward a copy of the new complaints policy and procedure to HIW for review.***

During our inspection, there was also some sickness amongst dental nurses working at the practice, as a result of which, agency nurses had been brought in. We were told that this was the first time this had been necessary. Whilst we acknowledge that this was necessary to meet an urgent need, we were concerned to find that there was no policy in place for the practice staff managing this situation to be able to follow to ensure they could assure themselves of the suitability of the individual and to provide induction training.

### ***Improvement needed***

***Develop a policy and procedure for the safe employment of appropriately qualified agency staff, also taking account of induction needed.***

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*

**The practice occupies a purpose built premises with level access throughout and a ramp to access should this be required. There was some building work underway during our inspection. All areas appeared clean and maintained to an appropriate standard.**

The practice is located just outside Hay on Wye, within walking distance of the town centre. A limited amount of parking for patients is available outside the practice, otherwise there is a nearby public pay and display car park.

The practice is all on one level with one step to enter, however there is ramped access to the side door, enabling access for wheelchair users. Within the practice, there is one toilet designated for patient use; however this is small and would not be suitable for wheelchair users.

The waiting room is large with plentiful seating and a variety of information leaflets, a new information screen and some toys for children waiting to be seen. We also noted that a water cooler and disposable cups were provided for patient use.

All patient areas and surgeries appeared clean and tidy.

There were some building works underway during our visit, to improve the decontamination room and we noted that the new layout of this was good, enabling appropriate flow from dirty to clean.

There was a spacious reception area for patients to check in and office space behind the reception for files and other paperwork storage. There was no private office for staff to work in and this may be something which could be considered at a later date when improvements are due to the premises, so that meetings between staff for appraisals, amongst other things can be conducted without interruption.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified 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 Hay on Wye Dental Centre 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:** Hay on Wye Dental Centre

**Date of Inspection:** 18 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
7	A regular means of inviting patient feedback must be developed. The results of these must be analysed and reviewed, action being taken accordingly and as appropriate.	We have ordered some patient feedback forms from Admor and when they arrive we will use these as a template and then print them ourselves, they will be readily available at all times in the waiting room. we will analyse the information every 6 months and incorporate them into our team meetings.	Manager	Immediate
<b>Delivery of Health and Care Standards</b>				
8	Ensure sterilised instruments are clearly and consistently marked with both the date of processing and date of expiry.	Instruments are being routinely date stamped with the processed date, expiry date, We have got date stamps for this one marked 'Todays date, one 28 days, and a Yearly one for vacuumed instruments.	Manager/ senior dental nurse	immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
10	Ensure that justification and grading of radiographs is documented thoroughly within patient notes.	This will be brought up in the next team meeting, and we will look at changing the template for the way notes are written so all clinicians use the same template.	Clinical Director / manager	ongoing
10	Ensure local rules identify the correct individuals who are authorised to operate the equipment.	This is usually on the wall by the Durr Vista scanner, it had been recently removed so the poster had been removed – however I will incorporate it onto the rules, I am currently updating the Radiography file.	Manager / senior nurse	Few weeks
11	Create a resuscitation policy setting out clearly what staff should do in the event of a patient emergency and also indicating what level of training staff are required to hold.	I have written a resuscitation policy, and included the location of the equipment and the team's responsibilities, and that there is a rota for the checking of the equipment.	Manager / senior nurse	immediate
11	With regard to patient notes:  Ensure patient consent is recorded.  Consider the approach to recording patient	We will look at this in the next staff meeting	Clinical director / manager	Few weeks

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>social history and the resultant advice given.</p> <p>Standardise the approach to recording patient medical histories so that these are consistently completed and easy to access.</p> <p>Ensure that recall guidelines are consistently followed</p>	<p>We are going to look at which medical history form we are going to use but are likely to follow the form off R4, and update them on the computer and print them out for patients to sign.</p> <p>This will be addressed at the next team meeting, we are waiting for wales deanery to come in and we will be starting Maturity Matrix Dentistry</p>	Clinical director / manager	Few weeks
12	Establish a peer review system amongst dentists and other clinical staff	This will be incorporated with Staff appraisals and we will be using the 360 point system as suggested by the GDC	Clinical director / manager	Next few months
<b>Management and Leadership</b>				
14	Develop a recruitment and employment policy to ensure that all pre employment suitability checks and ongoing suitability requirements are adhered to.	All recruitment and employment policies will be used from our Employee Management Pack as issued by Peninsula Business Services , and we will be looking to use an umbrella body for our DBS checks as we have fewer than 100 a year we cannot register with them directly	Owner / manager	
14	Team meetings must take place on a regular basis and be supported by a planned agenda	Team meetings will be on a regular basis and different days of the week to ensure all staff get to attend, we have already started having team	manager	immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	which aims to improve communication of key issues to practice staff and also promotes their development.	meetings since the inspection.		
14	The individual undertaking the role of practice manager must be supported through appropriate mechanisms and should have the necessary training to enable them to undertake the job effectively.	The area manager will come quarterly, and we are in regular contact by phone and email, Mitesh and myself will also meet quarterly and in weekly contact by phone/emails The clinical director and I will have weekly meetings to discuss any clinical issues that may have arisen. All the other managers in the company are assisting me by email and phone and helping me update policies.		Commencing October 14th
15	A system must be set up to ensure that annual appraisals of staff are undertaken.	We will use the 360 point system as suggested by the GDC	Manager / clinical director	From august 2015
15	Forward a copy of the new complaints policy and procedure to HIW for review.	Copy forwarded, a complaints pack has been ordered from Admor , a poster will be displayed in the waiting room and forms for the patients to raise there complaint will be on display		immediate
15	Develop a policy and procedure for the safe	I am currently working on the policy but they all	manager	immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	employment of appropriately qualified agency staff, also taking account of induction needed.	have an induction around the building, to show them fire exits, accident book, Resus Equip and familiarise them where stock is kept and around the surgery		
<b>Quality of Environment</b>				
	None			

**Practice Representative:**

**Name (print):** .....Zoe-marie Luxton

**Title:** Manager / senior dental nurse

**Date:** .....24/7/15.....