

**General Dental Practice
Inspection (Announced)**
Aneurin Bevan University
Health Board, Gateway
OHS Limited

30 June 2015

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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
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Gateway OHS Limited, 44 Cross Street, Abergavenny, NP7 5ER within the area served by Aneurin Bevan University Health Board on 30 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 Standards¹. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as 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

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

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

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

- Examination of 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

Gateway OHS Limited provides services to patients in the Abergavenny area of Monmouthshire. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board.

Gateway OHS Limited is a practice providing NHS dental services only. A range of services are provided including:

- General dentistry
- Sedation
- Domiciliary visits

The practice staff team includes four dentists, five dental nurses, three dental therapists and two receptionists.

4. Summary

HIW explored how Gateway OHS Limited met the standards of care set out in the Health and Care Standards (April 2015).

Overall patients told us they were satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

Overall, we found care and treatment was planned and delivered with the intention of delivering a safe, high quality service to patients. We found the clinical facilities to be of a high standard. Appropriate arrangements were in place for the safe use of radiographic equipment. There were aspects of resuscitation and first aid, emergency drugs, waste disposal, decontamination and patient records which needed improvements.

We found a committed, caring, patient-centred staff team who told us they felt well supported in their roles. Appropriate arrangements were in place for staff recruitment checks and requirements. Aspects of adult protection arrangements and complaints procedures needed improvements.

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

5. Findings

Patient Experience

Overall patients told us they were satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

Ten patients completed patient questionnaires for us on the day of the inspection. The patients had been registered at the practice between one month to 24 years.

All patients indicated they were satisfied with the treatment they had received at the practice and they were made to feel welcome by staff. A sample of patient comments included the following:

“All the practice staff have always treated us well and the care of our teeth is fantastic – I don’t dread coming to the dentist anymore”

“Very welcome, warm and friendly”

“Always made to feel welcome”.

The overwhelming majority of patients told us they had not experienced a delay in being seen by the dentist.

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

Most patients knew how to access out of hours services and we saw that this information was communicated to patients in a variety of formats such as through the practice answerphone and on noticeboards in the practice.

The practice offered both routine and emergency appointments and was open Mondays to Fridays from 9am to 5pm, closed for one hour during lunch.

Seven out of ten patients indicated that they did not know how to make a complaint. Some patients who did not know indicated that they felt confident in being able to find this information from the practice if the need arose. We saw that the complaints procedure was clearly displayed on the noticeboards in waiting areas, in a large print file of patient information and in patient information leaflets. However due to the number of patients who were not aware, the practice could consider how to raise patient awareness of this.

The practice carried out ongoing patient surveys and gave us examples of how they had changed aspects of the practice in response to patient feedback. This meant there were arrangements in place to gain patients views which the practice used to improve the service.

Patient information leaflets were available and gave a summary of useful information about the practice. The practice had an informative website with useful patient information. There were two details which needed to be added to the website to ensure compliance with the General Dental Council's 'Principles of Ethical Advertising' which we brought to the attention of the principal dentist.

Improvement needed

The practice must ensure compliance with the GDC's 'Principles of Ethical Advertising' by ensuring the website has a date it was last updated and lists all dental professionals' professional qualification (including the country from which that qualification is derived) and GDC registration number.

Delivery of Health and Care Standards

Overall, we found care and treatment was planned and delivered with the intention of delivering a safe, high quality service to patients. We found the clinical facilities to be of a high standard. Appropriate arrangements were in place for the safe use of radiographic equipment. There were aspects of resuscitation and first aid, emergency drugs, waste disposal, decontamination and patient records which needed improvements.

Radiographic Equipment/Documentation

Overall we found suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available and staff had attended ionising radiation training.

The practice had followed an appropriate procedure to inform the Health and Safety Executive (HSE) that they were using radiographic equipment. Quality assurance audits were carried out to monitor the image quality of radiographs to ensure equipment was working correctly.

Resuscitation and First Aid

We found there was a resuscitation policy in place. One member of staff was the appointed First Aider on site and had completed first aid training. All staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). The practice also kept algorithms (clear and easy to follow flow charts produced by the Resuscitation Council) with the emergency drugs so that guidance on how to deal with emergencies was easily accessible for staff. This meant that staff were trained to manage common medical emergencies.

Staff had access to resuscitation equipment in the event of a medical emergency (collapse). We found that disposable airways were out of date and we advised the practice to ensure they checked expiry dates for emergency equipment. We also found there were adult masks only in the pack which were open and not sealed. This meant there were no children oxygen masks available for use. By the end of the inspection the practice had ordered new replacement airways and masks. We were informed that the equipment had been inspected by a trainer who delivered training to the practice staff on CPR (cardiopulmonary resuscitation) who had not identified that equipment was out of date. The practice principal has since reported this to the Wales Deanery.

Improvement needed

The practice must ensure they implement an effective system to check expiry dates of emergency equipment and replace equipment where needed. The practice must ensure appropriate resuscitation equipment is available at all times.

We found some equipment used for training such as defibrillator pads was kept with emergency equipment. This may result in staff inadvertently trying to use this in an actual emergency. Therefore we advised the practice to keep this equipment separately to avoid confusion.

We advised the practice to use the oxygen poster in the pack to clearly display where oxygen was stored in the practice for ease of access.

Emergency drugs

Emergency drugs were well organised and stored securely in a fridge, in a well-positioned location. We discussed the storage of drugs in a fridge with the principal dentist who told us this was put in place due to how warm the room could become. We advised the practice that emergency drugs do not benefit from fridge storage. In some cases fridge storage can cause drugs to crystallise and deteriorate. The fridge temperature was not being monitored.

Improvement needed

The practice must ensure that all drugs are being kept at appropriate temperatures, following storage instructions listed on drugs.

There was a system in place for monitoring the expiry dates of drugs monthly by a nominated person. All drugs we checked were in date except for three drugs kept in the domiciliary pack which we were told were not used.

Improvement needed

Any drugs not used should not be included in the domiciliary pack and must be disposed of safely to reduce the risk of using these in an emergency.

Prescription pads were stored securely to avoid unauthorised access. There was a system in place for responding to, and reporting, adverse reactions to drugs.

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

A current clinical waste disposal contract was in place. Waste was handled, stored and disposed of appropriately at the practice, except for the disposal of stone models which we discussed with the practice.

Improvement needed

The practice must ensure that stone models are disposed of separately to other waste.

There was an up to date policy and procedure in place for the safe handling of amalgam⁴.

Decontamination of instruments and compliance with Welsh Health Technical Memorandum 01-05 (revision 1)⁵

The practice carried out instrument cleaning within surgeries and used two designated decontamination rooms to finish the process. We saw that staff had undertaken careful consideration around how best to organise decontamination processes within space that could not be used flexibly (due to the building being grade II listed). Staff told us they were considering how they could move to using a single decontamination room which would be best practice. Staff demonstrated the decontamination procedures they followed to allow us to assess how these worked in practice.

Staff transported instruments between surgeries in sealed containers and clean instruments were stored appropriately. Dedicated hand washing sinks were available in surgeries. Appropriate personal protective equipment for staff was available although we saw that domestic gloves were used instead of recommended heavy duty gloves

Improvement needed

Staff should use heavy duty gloves for carrying out decontamination of instruments as recommended in WHTM 01 05.

All instruments were packaged (bagged) following sterilisation and dated with a processing date. All instruments checked were within date and an in house system was in place for checking this, within suitable specified timeframes. This meant suitable processes were in place to protect patients from cross infection.

⁴ **Amalgam.** Any of various alloys of mercury with other metals used in dental fillings.

⁵ **Welsh Health Technical Memorandum 01-05 (revision 1).** This document provides the framework for decontamination within primary care dental practices and community dental services in Wales.

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

The practice used a laminated wipe down checklist for start and end of day checks of cleaning equipment in surgeries which staff ticked once complete and wiped down ready for the next day. We also saw that the practice used a data logger and test strips to ensure equipment in both decontamination rooms was working correctly.

We saw that the practice had conducted audits of its infection control requirements in line with WHTM 01 05 guidelines. This meant there were systems in place to monitor ongoing compliance with infection control requirements.

Clinical facilities

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

We saw in one surgery there were gaps between the skirting board and floor where there was a risk of dirt/clinical waste entering and accumulating.

Improvement needed

The gaps between the wall skirting board and floor in the identified surgery must be sealed to facilitate easy and effective cleaning.

There were sufficient numbers of dental instruments and equipment, all in good condition, stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment.

We found several materials in dental surgeries which were out of date, for example, two composites with bond⁶.

Improvement needed

⁶ **Bonding** is the application of a tooth-coloured composite resin (plastic) to repair a decayed, chipped, fractured, discoloured tooth, to make teeth appear longer, and as a cosmetic alternative to amalgam fillings

The practice must ensure that out of date materials are removed and replaced in surgeries and that this is monitored on an ongoing basis.

We saw documentation that showed that the compressor (a mechanical device that compresses air for storage and is used in handpieces and other air-driven dental tools) was maintained and inspected in line with requirements.

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.

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

Patient records

We looked in detail at a sample of patient records. Overall, the quality of patient records at the practice was good.

However, we found some inconsistencies in the following areas:

- Although the practice does provide smoking cessation advice to patients, this was not always documented in patient records. We advised the practice to ensure they record whether such advice has been given.
- We found dentists did not consistently record treatment planning and treatment options in the patient record in sufficient detail, for example including the details about the treatment and materials used. This means that we did not see evidence that patients had received enough information to give informed consent. We found no issues with consent for conscious sedation patients.
- We found in a very small number of records where a higher risk of gum disease was identified, that the associated 6 point pocket chart (to assess gum disease) had not been completed. We discussed this with the principal and were assured this was being implemented overall.
- In a sample of records we found recall was not recorded within NICE guidelines and specific clinical findings from radiographs were not always recorded. We suggested the practice could undertake an audit to identify where issues were arising.

Improvement needed

Dentists must ensure they make and keep complete accurate patient records, including sufficient detail of treatment options and treatment

provided; and recording of specific clinical findings from radiographs.

Management and Leadership

We found a committed, caring, patient-centred staff team who told us they felt well supported in their roles. Appropriate arrangements were in place for staff recruitment checks and requirements. Aspects of adult protection arrangements and complaints procedures needed improvements.

Staff

The practice had been open since 2007 and provided NHS services only. The principal dentist took responsibility for the day to day running of the practice alongside staff members who had delegated management responsibilities. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported.

The practice had been part of an NHS Wales pilot scheme based upon health promotion and a member of staff had trained as a dental health educator. This funding had recently been withdrawn and this had been a difficult transition for the staff team who remained committed to their work.

All dentists were registered with the General Dental Council (GDC) and we saw a sample of contracts of employment held by employees. We found all clinical staff held indemnity insurance cover for their clinical practice.

We saw that the practice had carried out appropriate checks to ensure suitability of dental professionals working at the practice.

We saw a sample of hepatitis B immunity records for clinical staff. This meant the practice had taken precautions to ensure staff were protected against blood-borne diseases.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role.

We saw minutes from team meetings and nurse meetings. Staff told us that these meetings were held regularly and the practice assured us that they kept up to date minutes of these meetings, although the minutes we saw were historical. We saw that a range of relevant topics were discussed and team members brought their own concerns and topics to be considered. We saw examples of how some practises had changed as a result of discussions in team meetings. This meant the team had more formal forums to raise concerns and learning happened as a result, to improve the practice.

Staff members told us they had regular appraisals and we saw a sample of records from the current year which confirmed this. This meant staff had access to formal meetings for support and professional development.

Child and Adult Protection

We found that staff had completed training in child protection. A child and vulnerable adult safeguarding policy was in place and local contact details for children's and adult teams were displayed for ease of access, should staff need to make a referral.

The principal dentist took the lead on protection of vulnerable adults (POVA) issues. The practice team told us they had experienced difficulties accessing POVA training but had booked staff onto a course in October 2015.

Improvement needed

All staff must undertake training in POVA in order to be able to recognise and act on issues and concerns.

Complaints and Quality Assurance

We looked at the complaints procedure in detail and found there were inconsistencies in the information provided in the large print folder, on the noticeboard in the waiting area and in the policy folder. Across these sources of information there were different timescales for acknowledging and responding to complaints. This meant we could not be assured that patients would receive clear and consistent information should they wish to make a complaint or that the policy was compliant with 'Putting Things Right'⁷ arrangements.

Community Health Council contact details should also be included in complaints information so that patients are aware of how to access support with making complaints.

Staff told us complaints were recorded although they had not received any recent complaints. There was no central designated place to keep complaints that was separate to patient records. Verbal and informal comments and concerns were not recorded.

⁷ **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

Improvement needed

- ***The practice must ensure complaints information is consistent and timescales comply with 'Putting Things Right' arrangements. Community Health Council information should be added to complaints information.***
- ***The practice must ensure that formal and informal complaints, concerns are recorded centrally and should consider how to use this source of information as a way to improve the practice.***

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

Staff told us they regularly met and carried out peer reviews although these were not recorded. We advised the practice to record this. We saw that audits had taken place at the practice. This meant the practice had systems in place to monitor the quality of services they provided.

Policies and Procedures

Overall, we found the practice had a range of relevant policies, procedures and maintenance certificates in place which had been updated. We found policies to be clear, detailed and localised to the practice. We advised the practice that some policies would benefit from being dated and having a review date so that they could evidence that information was kept under review.

We saw the infection control policy quoted infection control guidelines that were specific to the arrangements in England even though the practice audited itself against guidelines specific to Wales. We advised the practice to review and update the policy to reflect this.

Quality of Environment

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

The practice was located in the central area of Abergavenny. Paid car parking was available nearby.

The practice was wheelchair accessible and had a fully accessible patient toilet.

We found the practice provided a comfortable environment. Internally the environment was appropriately lit, heated, ventilated, clean and tidy.

We saw that the corridor leading to the surgeries had suffered some water damage. The principal dentist told us this was due to damage to the building next door which meant that every time it rained, a leak caused water damage to the corridor, walls and carpets and had affected the electrical system in the past. We discussed this with the principal who explained that the owners of the building next door had left the country and it was therefore very difficult to rectify the issue. The principal told us they had pursued this with all appropriate authorities but there was nothing further that could be done at this time. We advised the practice to keep the situation under review so that the problem is rectified as soon as possible.

There was useful information for patients on display both externally and internally. There was a sign outside the practice with the names and qualifications of all dentists, opening hours and emergency numbers for patients' use. Price bands for NHS treatment were clearly displayed in the reception area.

There were appropriate and sufficient staff facilities available. Toilets were visibly clean and contained suitable hand washing facilities to reduce cross infection.

The waiting area was a suitable size for the number of patients attending on the day of our inspection. Reception staff were aware of, and knowledgeable about, how to maintain patient confidentiality. The waiting room contained reading materials. We suggested the practice could display appropriate health promotional material for patients' use.

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

Patient records were securely locked away and electronic records were automatically backed up daily. This meant the practice took suitable precautions to protect patient information.

Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings as outlined in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at Gateway OHS Limited 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: Gateway OHS Limited

Date of Inspection: 30 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	The practice must ensure compliance with the GDC's 'Principles of Ethical Advertising' by ensuring the website has a date it was last updated and lists all dental professionals' professional qualification (including the country from which that qualification is derived) and GDC registration number. [Health and Care Standards 3.2, GDC 'Principles of Ethical Advertising' 2012]			
	Delivery of Health and Care Standards			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
9	<p>The practice must ensure they implement an effective system to check expiry dates of emergency equipment and replace equipment where needed. The practice must ensure appropriate resuscitation equipment is available at all times.</p> <p>[Health and Care Standards 7.1; GDC Standards 6.2.6 and 6.6.6, Resuscitation Council UK]</p>			
9	<p>The practice must ensure that all drugs are being kept at appropriate temperatures, following storage instructions listed on drugs.</p> <p>[Health and Care Standards 2.6]</p>			
9	<p>Any drugs not used should not be included in the domiciliary pack and must be disposed of safely to reduce the risk of using these in an emergency.</p> <p>[Health and Care Standards 2.6]</p>			
10	<p>The practice must ensure that stone models are disposed of separately to other waste.</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards 2.1; BDA, Healthcare Waste 2014]			
10	<p>Staff should use heavy duty gloves for carrying out decontamination of instruments as recommended in WHTM 01 05.</p> <p>[Health and Care Standards 2.4; WHTM 01 05 Chapter 16 and Section 6.15]</p>			
11	<p>The gaps between the wall skirting board and floor in the identified surgery must be sealed to facilitate easy and effective cleaning.</p> <p>[Health and Care Standards 2.4]</p>			
12	<p>The practice must ensure that out of date materials are removed and replaced in surgeries and that this is monitored on an ongoing basis.</p> <p>[Health and Care Standards 2.1]</p>			
13	<p>Dentists must ensure they make and keep complete accurate patient records, including sufficient detail of treatment options and</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>treatment provided; and recording of specific clinical findings from radiographs.</p> <p>[Health and Care Standards 3.5; General Dental Council Standards for the Dental Team, Standard 4.1.1]</p>			
Management and Leadership				
15	<p>All staff must undertake training in POVA in order to be able to recognise and act on issues and concerns.</p> <p>[Health and Care Standards, Standard 2.7; General Dental Council Standards for Dental Teams, Standard 8.5]</p>			
16	<p>The practice must ensure complaints information is consistent and timescales comply with 'Putting Things Right' arrangements. Community Health Council information should be added to complaints information.</p> <p>The practice must ensure that formal and informal complaints, concerns are recorded centrally and should consider how to use this</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	source of information as a way to improve the practice. [Health and Care Standards, Standard 6.3; The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 Putting Things Right 2011]			
Quality of Environment				
	N/A			

Practice Representative:

Name (print):

Title:

Date: