

Dental Follow-up Inspection (Announced)

Hay on Wye Dental
Centre/Powys Teaching Health
Board

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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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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced follow-up inspection of Hay on Wye Dental Centre within Powys Teaching Health Board on the 13 June 2017.

Our team, for the inspection comprised of one HIW Inspector and one clinical peer reviewer. The inspection was led by the HIW Inspector.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care and that the recommendations made in 2015 had been actioned to evidence significant progress.

Patients had a means of providing feedback about the service and treatment they received. Sterilised instruments were clearly dated to evidence the date they were processed and an expiry date. Local rules identified the correct persons who were authorised to operate X-ray equipment and there had been improvements in management and leadership functionality to improve pre employment suitability, including an induction process and a staff appraisal system.

We recommended that the practice review their complaints procedure to ensure clear information is available about the process required to make a complaint depending whether you are a NHS or private patient.

We asked the practice to improve patient notes further to ensure medical histories are checked and documented at every appointment; social histories to be recorded consistently and the justification for taking radiographs is comprehensively recorded.

This is what we found the service did well:

- A system was in place that enabled patients to provide feedback about the service and treatment they had received
- Improved decontamination processes ensured that sterilised instruments were marked with the date of processing and an expiry date
- Local rules clearly identified the correct individuals authorised to operate the equipment
- Improved pre employment suitability by ensuring a suite of policies and procedures support the recruitment function and the introduction of an induction programme

This is what we recommend the service could improve:

- Review the complaints procedure so NHS and private patients have clear information about the process they need to follow
- Ensure that Welsh regulations and standards are given priority to delivering dental services
- Improve patient notes by ensuring medical histories are checked and documented at every appointment; social histories to be recorded consistently and the justification for taking radiographs is comprehensively recorded

3. What we found

Background of the service

HIW last inspected Hay on Wye Dental Centre on 18 June 2015.

The key areas for improvement we identified, included the following:

- 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.
- Ensure sterilised instruments are clearly and consistently marked with both the date of processing and date of expiry.
- 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.
- 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.
- With regard to patient notes, ensure patient consent is recorded and 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
- Establish a peer review system amongst dentists and other clinical staff
- Develop a recruitment and employment policy to ensure that all pre employment suitability checks and ongoing suitability requirements are adhered to.
- 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.
- A system must be set up to ensure that annual appraisals of staff are undertaken.
- Forward a copy of the new complaints policy and procedure to HIW for review.
- Develop a policy and procedure for the safe employment of appropriately qualified agency staff, also taking account of induction needed.

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

The recommendation made in 2015 to improve patient feedback had been met, with surveys and notepaper available for patients to submit their comments.

An analysis of the survey results is due to be conducted and results shared with all staff.

Despite the practice receiving verbal feedback from patients stating how satisfied they are with the service, there was no system in place to capture this. We recommended that verbal feedback is captured so that this form of communication supports the other methods in place.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Patient Experience

- 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.

What actions the service said they would take

The service committed to take the following actions in their completed improvement plan we received in September 2015:

Patient Experience

- We have ordered some patient feedback forms from Admor¹ 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.

What we found on follow-up

Located in the reception/waiting area were patient satisfaction surveys and paper for providing general feedback/suggestions. A box was situated next to the forms so patients could submit their feedback anonymously.

The surveys were collected on a regular basis and we were told that an analysis exercise was due to be carried out to highlight the responses to determine what the practice was doing well and what areas may need improvement. The results will be discussed among the team when completed.

We were informed that patients verbally would tell staff how happy they were with the service they received but there was nothing in place to capture these comments. We recommended that these comments were formally captured so they could feed into the overall picture of how the practice performed.

Prior to the follow up inspection, the practice distributed HIW questionnaires to patients and carers to obtain their views on the services provided. A total of six questionnaires were completed. Patient comments included the following:

"Impossible to better"

"perfectly satisfied"

"The service is excellent as always"

Listening and learning from feedback

¹ Admor provides dental products to practices including stationary, furniture, signage etc.

Improvement needed

A system to capture verbal comments is required which will support the other methods in place that capture patient feedback/suggestions.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

There was evidence available to demonstrate that the practice had made considerable effort to address the recommendations in 2015.

The new decontamination room enabled the process to be undertaken in line with WHTM 01-05 requirements and sterilised instruments were being date stamped to show the date of processing and an expiry date.

A resuscitation policy was in place which set out staff responsibilities in an emergency.

Patient notes reflected improvements however we ask the practice to use the advice provided during the follow up inspection meeting and in this report to further develop the information recorded in patient notes.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Decontamination

- Ensure sterilised instruments are clearly and consistently marked with both the date of processing and date of expiry.

Use of radiographic equipment

- 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.

Emergencies

- 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

- 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
- Establish a peer review system amongst dentists and other clinical staff

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Decontamination

- Instruments are being routinely date stamped with the processed date, expiry date, We have got date stamps for this, one marked 'Today's date, one 28 days, and a Yearly one for vacuumed instruments.

Use of radiographic equipment

- This will be bought 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.
- The local rules 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 the correct individuals who can operate the equipment onto the local rules, I am currently updating the Radiography file.

Emergencies

- 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.

Patient records

- We will look at this in the next staff meeting. 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. 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
- This will be incorporated with Staff appraisals and we will be using the 360 point system as suggested by the GDC

What we found on follow-up

Decontamination

We observed staff undertaking decontamination cycles during our visit and noted how well staff worked together and understood the decontamination process. The room had areas clearly sign-posted to indicate dirty and clean areas. Cupboards were well stocked and personal protection equipment was available and being used by staff.

The instruments were clearly marked with the date they had been processed and an expiry date for when they would need to be re-sterilised.

Use of radiographic equipment

We reviewed the radiation protection file and noted that it was clear and well laid out. The structure of the file enabled easy access to information that allowed you to identify controlled areas, the equipment and key individuals who are authorised to operate the equipment.

We saw well detailed quality assurance audits had been undertaken and checked by the practice manager. The radiation equipment had been examined and certificates were in place to evidence this.

We looked at some patient notes and observed that some justification for radiographs could be better reported and include the quality grade of the radiographs.

Emergencies

A resuscitation policy was in place and we saw the location where emergency equipment and medicines were kept. The practice manager keeps training records for all staff to ensure they are trained to CPR and first aid.

Patient records

We reviewed a sample of five patient records and concluded:

- Patient consent was recorded on their notes (where applicable)
- The recording of social history including alcohol and tobacco use was variable within the notes we reviewed. Specifically, some notes were detailed, whilst others contained no such information. Discussions with staff confirmed that smoking cessation was available.
- A standard form was in use to record patient medical histories. The form was signed by the patient and all information was updated on the computer system. Of the records we reviewed, we found limited evidence of medical histories being checked at every appointment and there were patchy updates to the medical history screen on the computer. During the visit, we stressed the significance of what could happen if the medical history is not updated and signposted staff to the GDC standards.
- Of the records we reviewed it was evident that the National Institute for Health and Care Excellence (NICE) guidance on recalls was not being recorded. This issue was dealt with during our visit and the computer system was amended to ensure that records would now record recall information.

Record keeping

Improvement needed

Patient notes need to be reviewed to ensure:

- medical histories are checked and documented at every appointment
- Social histories need to be recorded consistently
- The justification for taking radiographs is comprehensively recorded

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

There was clear evidence that recommendations made in 2015 had been actioned with improvements made to management and leadership responsibilities at the dental practice. A suite of policies and procedures had improved pre employment suitability and an induction programme was in place to support the recruitment function. An appraisal system was also in place for all staff.

Team meetings take place on a regular basis which are documented and evidence learning among the staff team.

We asked the practice to review their complaints procedure to ensure that clear information is available for both NHS and private patients to follow.

We recommend that senior management support and allow the practice manager to focus on delivering services that adhere to Welsh regulations and standards.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Management and leadership

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

- 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.
- A system must be set up to ensure that annual appraisals of staff are undertaken.
- Forward a copy of the new complaints policy and procedure to HIW for review.
- Develop a policy and procedure for the safe employment of appropriately qualified agency staff, also taking account of induction needed.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

Management and leadership

- 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
- 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 meetings since the inspection.
- 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.

- We will use the 360² point system as suggested by the GDC
- 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
- I am currently working on the policy but they all 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

What we found on follow-up

Management and leadership - Recruitment

The practice had a suite of policies and procedures in place that ensure pre employment suitability checks are adhered to. A review of staff files confirmed all staff had a contract of employment and there were certificates to confirm professional registrations (where applicable). All staff had a disclosure and barring service (DBS) certificate on file which is renewed every three years. We recognised this as good practice. References, interview notes, immunisation status and training certificates were evident on the staff files we reviewed.

An induction programme was in place for new starters. We reviewed the file of the newest employee and noted that the completed induction pack was on file. There was evidence of regular meetings with the staff member which documented progress and understanding of their role.

Management and leadership - team meetings

Team meetings were planned in advance and the schedule was displayed in staff areas. Team meetings we were told take place on a monthly basis, but there can be more than one meeting per month depending on business need. An agenda was drafted for each meeting and the minutes of the meetings we

² Most often, information solicited in a 360-degree feedback process will include feedback from an employee's subordinates, peers (colleagues), and supervisor(s), as well as a self-evaluation by the employee him or herself.

reviewed described the discussions and also included those who did and did not attend.

We reviewed a sample of minutes from previous team meetings and noted that there was evidence of learning among staff. The last minutes on file were specifically about cross infection. The notes documented comprehensive points which would enable understanding to any member of staff unable to attend the session.

Management and leadership - role of the practice manager

We spoke to the practice manager regarding her role and the support provided. It was evident that the action that had been put in place following the 2015 visit was still in place. An area manager/director provided regular contact with the practice manager and this support, we were told, was more regular than originally stated in the action plan.

The practice manager has completed a management and leadership course and is supported to undertake any necessary learning which they feel is relevant to their role.

It was evident that the changes the practice had made since 2015 were due to having an established practice manager in post who could embed changes and drive change to ensuring better practices within the service. However, we were told that the practice manager is required to ensure that English health and care standards and regulations are adhered to at Hay on Wye Dental Centre. As there is no jurisdiction for English regulators at this practice we are concerned that unnecessary work is being added to the practice manager's role which might detract from focusing on delivering an improving service based on Welsh standards and regulations. Therefore we recommend that the practice manager is supported to deliver and ensure that Welsh regulations are adhered to and to cease implementing English regulatory standards which may cause confusion at Hay on Wye Dental Centre.

It was apparent following discussions with staff that they had worked hard to improve services following the 2015 inspection. Processes had been embedded which enabled staff to deliver services in accordance with their own policies and procedures. There had been times when the practice manager was on leave and staff would make contact to report issues that could be easily dealt with internally. We were told that in the absence of the practice manager now, a senior nurse has responsibility to oversee the day to day running of the practice. This arrangement needs to be continually communicated with staff to ensure that staff can take leave without having to take calls on their non working days.

Management and leadership - appraisals

An appraisal system was in place and all staff had received an appraisal. This enabled the employee the opportunity to give feedback on their own performance and also enabled the practice to reinforce their company values and objectives.

The system in place flagged up when appraisals were due to help ensure that no-one is missed.

Management and leadership - complaints

The practice had a complaints policy in place and a complaints pack had been developed following the visit in 2015. The pack provided all the information a patient might require if they had a complaint, including a complaint form and procedure. Staff told us that very few complaints had been received but they had a system to log complaints so they could easily track progress. The complaints procedure was freely available in the waiting area.

Having reviewed the complaints procedure it was evident that it was generic and we discussed with staff at the time of our visit the benefit of making clear distinctions between NHS and private complaints. Therefore we recommended that the practice review the complaints procedure to ensure that it is clear how patients make complaints whether they are NHS or private patients.

Management and leadership - agency staff

Staff told us that since 2015 no agency staff had been used because the practice had made sure that sufficient resources were available internally to support the business. As a result, the agency staff policy that was being developed had been abandoned.

The induction process had been developed following the 2015 inspection and there were clear processes in place which ensure that any new staff are provided with a comprehensive induction, including orientation to the building, location of the fire exits, stock room and emergency equipment.

Governance, leadership and accountability

Improvement needed

Senior management must ensure that the practice manager at Hay on Wye Dental Centre is supported to deliver and ensure that Welsh regulations and standards are adhered to and to cease implementing English regulatory

standards which may cause confusion at the practice.

A review of the complaints procedure is required to ensure that NHS and private patients have clear information on what process they need to follow should they wish to make a complaint.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects the NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: **Insert name**

Date of inspection: **Insert date**

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurances were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Hay on Wye Dental Centre

Date of inspection: 13 June 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
A system to capture verbal comments is required which will support the other methods in place that capture patient feedback/suggestions.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) & 2 (b) (ii) (c) Health & Care Standards 6.3 GDC Standards 2.1	We have placed a book on reception for the staff to fill out every time a patient gives them verbal concerns/feedback/suggestions	Practice manager	immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
<p>Patient notes need to be reviewed to ensure:</p> <ul style="list-style-type: none"> • medical histories are checked and documented at every appointment • Social histories need to be recorded consistently • The justification for taking radiographs is comprehensively recorded 	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a) (i) (ii)</p> <p>Health & Care Standards 3.5</p>	<p>Practice Manager to address in staff meeting on July 20th 2017,</p>	<p>All clinicians</p>	<p>immediate</p>
Quality of management and leadership				
<p>Senior management must ensure that the practice manager at Hay on Wye Dental Centre is supported to deliver and ensure that Welsh regulations and standards are adhered to and to cease implementing English regulatory standards which may cause confusion at the practice.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a)</p> <p>Health & Care Standards</p>	<p>Copy of HIW report given to Mitesh Badiani in person Thursday 6th July 2017.</p>		

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Governance, leadership and accountability GDC Standards 1.9			
A review of the complaints procedure is required to ensure that NHS and private patients have clear information on what process they need to follow should they wish to make a complaint.	The Private Dentistry (Wales) Regulations 2017 - Regulation 21 4 (a) (b) Health & Care Standards 6.3 GDC Standards 5.1	Both private and nhs patients are welcome to use existing complaints procedure, this was updated previously as Health Board didn't want me to differentiate between patients, having said that I have printed the 'putting things right' poster and leaflets in the waiting room and saved it on the computer so we can always have copies available (the poster has the local health boards address on it)	Practice manager	immediate

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Zoe-marie Luxton

Job role: Practice Manager

Date: 18/07/17