

**General Dental Practice
Inspection (Announced)**
Aneurin Bevan Health
Board.
Usk Dental Practice

2 February 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Usk Dental Practice at 4 Priory Street, Usk, Monmouthshire, NP15 1BJ on 2 February 2016.

HIW explored how Usk Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

2. Context

Usk Dental Practice provides services to patients in the Usk area of Monmouthshire. The practice forms part of dental services provided within the area served by Aneurin Bevan Health Board.

Usk Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes two dentists, three dental nurses, one receptionist and one hygienist.

A range of NHS and private dental services are provided including domiciliary care services if requested.

3. Summary

We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. The feedback we gained through the HIW patient questionnaire was positive. The practice had a system for seeking and reviewing patient feedback but it is recommended that this be extended.

Overall, we found evidence to support the conclusion that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were satisfied that radiographic equipment was used appropriately and safely. We recommended that the storage and logging of emergency drugs and equipment adhere to GDC guidelines.

We looked at patient records and found that overall they were sufficiently detailed, but we recommended some areas for improvement.

We found that the practice had clear lines of accountability with one of the partners taking on the management leadership role. There were good lines of communication between staff members. Staff we spoke to were committed to providing high quality care to patients. Policies and procedures were regularly reviewed and well organised.

4. Findings

Quality of the Patient Experience

We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. All patients we spoke to on the day of the inspection indicated that the practice team had made them feel welcome.

The feedback we gained through the HIW patient questionnaire was positive.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Ten questionnaires were completed prior to the inspection and four on the day of the inspection. Patient comments included:

“Very happy with the service”

“Dentist and staff are always very professional and very helpful. I have recommended this practice to many others because of the care they give”.

On the day of the inspection one patient told us that “A local dentist is much appreciated in a small market town where older people do not have to travel far to get good care”.

Dignified care

We observed staff speaking to patients in a friendly, dignified and professional way. Feedback from the patients who completed the questionnaires was positive. All patients told us that they were satisfied with the care and treatment they received and felt welcomed by staff.

Price lists for treatment were displayed, a leaflet describing the practice was available for patients and the practice had a website. This meant that patients had access in a variety of formats to relevant information.

We noticed that the surgery door on the upper floor remained open throughout treatment allowing other patients in the waiting room next door to overhear conversations between the dentist and the patient. No patients complained about this arrangement but we suggested that doors remain closed during sessions so that confidentiality can be ensured.

Timely care

The practice tries to ensure that care is provided in a timely way. We were told that there was a flexible appointment system in place that allowed patients to book appointments both in advance and on an emergency basis. The majority

of patients told us they did not experience delay in being seen by the dentists. Those that had experienced delay said this had not been for long. Staff described the process for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

The majority of patients told us they knew how to access out of hours dental care. We saw a sign near the entrance of the practice with details of the emergency contact telephone number so that patients could access emergency dental care when the practice is closed. The receptionist demonstrated to us the message left on the practice answer-phone which contained suitable information.

Staying Healthy

We found evidence to indicate that the practice recognises the need for health promotion to support the well-being of their patients. There was a display indicating the amount of sugar in popular drinks and a variety of leaflets and posters promoting oral health and general well being. There was a TV monitor showing relevant oral care methods.

Questionnaires and conversations with patients indicated that they felt they were getting sufficient information.

Individual Care

The practice had an up to date Equality and Diversity policy, which showed that the practice has recognised the diversity of its patient population and has considered its responsibilities under Equality and Human Right's legislation

Access to the practice was limited for wheelchair users and patients with mobility difficulties. However there was a portable ramp located in the practice entrance and wheelchair users could be seen in the ground floor surgery. Staff told us they ask if the patient has mobility difficulties on booking an appointment and so are aware of the patient's needs beforehand. We witnessed appropriate care being taken of a patient using crutches on the day of the inspection.

We saw evidence that the practice had a system for seeking patient feedback. Quarterly patient questionnaires were conducted and the results were analysed and published on the website.

The practice had visible written procedures in place for all patients, both NHS and private, to raise complaints. We advised the practice to add HIW contact details to the complaints procedure for private patients to ensure it is compliant with the Private Dentistry (Wales) Regulations 2008.

We recommended to the practice that written and verbal complaints are logged and show timescales and outcome of the complaint. This was to ensure that all complaints are dealt with in an appropriate time and that any trends might be identified quickly and resolved.

Improvement needed

HIW contact details should be added to the complaints procedure for private patients.

Written and verbal complaints should be recorded in an appropriate logbook to show timescales and outcome of the complaint.

Delivery of Safe and Effective Care

Overall, we found evidence to support the conclusion that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. Some advice was given on the final layout of the proposed new decontamination room. We recommended the storage/logging of emergency drugs and equipment adhere to GDC guidelines. We were satisfied that radiographic equipment was used safely, checked and maintained appropriately. We looked at patient records and found that overall they were sufficiently detailed, but we recommended some areas for improvement.

Safe Care

Clinical facilities

We found evidence to indicate the practice has taken steps to ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances. The practice was visibly well maintained, clean and tidy with no obvious hazards. The building was well lit, appropriately heated and provided toilet and hand washing facilities. Fire extinguishers were placed strategically and had been serviced regularly. The practice was in the process of renewing two carbon dioxide (CO₂) extinguishers.

Infection control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence of effective infection prevention and control measures in place that are based on the Welsh Health Technical Memorandum 01-05 (WHTM01-05) guidelines:

- Logbooks for checking equipment had been maintained and routine audits of infection control requirements had been carried out in line with current guidelines.
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition, with a new autoclave (steriliser) purchased in August 2015. We saw certificates which showed the equipment had been tested to ensure it was working correctly. There was a large selection of instruments available and all were stored appropriately and dated so that staff knew that instruments were safe to use for patient treatments.

- Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were available. There was a sink dedicated for hand washing.

We saw appropriate records relating to Hepatitis B immunisation status for all clinical staff working at the practice demonstrating that the practice was taking steps to protect patients and staff from infection.

At present the practice has a separate room for the cleaning and sterilisation of dental instruments but the practice partners informed us that they are in the process of buying the building that the practice is housed in and intend to enlarge and upgrade their decontamination room. The layout of the decontamination room was discussed and we recommended that they refer to the WHTM 01-05 guidelines when deciding the final layout of the room ensuring that the autoclave is positioned on the clean side of the room with adjacent adequate work surfaces to pack instruments.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Clinical waste including extracted teeth with amalgam was stored and disposed of appropriately.

Emergency drugs and resuscitation equipment

Resuscitation equipment and some emergency drugs were available at the practice. However Ventolin (Salbutamol) was not present and a portable suction device was not fully operational. We sought immediate assurance on this issue and recommended that the full list of drugs, in accordance with the guidelines of the Resuscitation Council (UK), are stocked and that equipment is checked daily to ensure it is in immediate working order. Logbooks for emergency drugs and equipment contained very little detail.

We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff interviewed were aware of their roles during a medical emergency,

As these issues were potentially serious for patient safety in the event of an emergency, we issued an immediate assurance letter to the practice after the inspection in accordance with HIW processes. The practice response to this provided us with sufficient assurance that the improvements identified had been addressed.

Improvement needed

All emergency drugs should be stocked.

Emergency equipment should be regularly checked to ensure it is in immediate working order.

Detailed logbooks of checks carried out on emergency drugs and equipment should be kept.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults. We saw a safeguarding policy for the protection of children and vulnerable adults. All clinical staff had received training in the protection of children and vulnerable adults. Pre employment checks were in place for all employees and the two dentists had DBS checks in line with the regulations for private dentistry.

Radiographic equipment

We were assured that the equipment and process for taking radiographs (x-rays) at this practice were safe. X-Rays were processed digitally. We saw documentation to indicate that x-ray machines had been regularly serviced and maintained to ensure they were safe for use. Working instructions and identification of controlled areas were displayed for staff and patient safety.. In addition to this, evidence was seen to confirm that all staff involved in taking radiographs had completed training to meet standards for personnel who carry out these procedures. This is in accordance with the requirements of the General Dental Council (GDC) and Ionising Radiation (Medical Exposure) Regulations 2000.

Effective Care

Patients benefit from a practice that seeks to continuously improve the service provided and monitors its progress. The practice uses the Maturity Matrix Dentistry self evaluation tool which allows the team to focus on how they work and the quality of care they provide. Annual quality assurance audit logs for X-Rays were seen. We were told that infection control audits were undertaken routinely. Ionising radiation training had been taken by relevant staff. We advised the practice to conduct formal peer reviews, which would further aid development and would ensure the current good standards are maintained.

We looked in detail at a small sample of patient records for both of the dentists at the practice and we found that record keeping was of an appropriate standard overall, but we identified some areas for improvements:

- Patients' social history including smoking, alcohol consumption and oral hygiene was not consistently recorded.
- In one out of three records we reviewed there were no updated medical histories.
- We saw one record in which it was not clear whether an NHS patient had been appropriately charged for a hygienist appointment. This was discussed with the dentists during the inspection and we were shown a leaflet that is given to the patients to explain the practice policy regarding charging for seeing the hygienist. We suggest that valid, informed consent should always be obtained & recorded in the notes especially when mixing NHS & private treatment in the same course. The content and version of the information leaflet given should also be recorded.
- We saw one record in which there was no treatment plan available. Treatment plans are essential for all courses of treatment.
- Radiographs were not always taken prior to provision. It was recommended to the dentist to consider the frequency of taking radiographs.

Improvement needed

Dentists at the practice must ensure the following are recorded in individual patient's notes:

- ***Social history including smoking and alcohol intake***
- ***Updated medical history***
- ***A referral to the hygienist where required, and the individual hygiene prescription.***
- ***All patients should be given a detailed treatment plan, which is signed by the patient to ensure consent.***
- ***The practice should carry out a dental records audit to ensure all patient records are complete.***

Quality of Management and Leadership

We found that the practice had clear lines of accountability with one of the partners taking on the management leadership role. There were good lines of communication between staff members. Staff we spoke to were committed to providing high quality care to patients. Policies and procedures were regularly reviewed and well organised.

The day to day management of the practice is the responsibility of one of the practice partners. The practice has a small staff team that worked well together, had good internal communication and showed commitment to caring for its patients. We saw a staff team who were happy and competent in carrying out their roles.

We saw training records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD).

Communication between staff at the practice was good. We were told during staff interviews that informal rather than formal meetings took place which is appropriate for a small practice. All staff spoken to said they felt able to discuss concerns and training needs with the partners at the practice. Formal appraisals were not conducted with any of the staff.

Improvement needed

All staff, should have regular appraisals as a way of identifying development and training needs

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the Private Dentistry (Wales) Regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed at the practice. Appropriate indemnity insurance was displayed.

We found systems in place at the practice to ensure all new staff received an appropriate induction, ensuring they were aware of practice policies and procedures. We looked at the policies and procedures at the practice and saw evidence that they had been reviewed regularly and were clearly organised. Most information was also stored electronically so that any updates to policies and procedures could be easily managed and shared.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Usk dental practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



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 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². 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.

¹ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

² <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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
- 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Usk Dental Practice

Date of Inspection: 02/02/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
7	<p>HIW contact details should be added to the complaints procedure for private patients.</p> <p>Written and verbal complaints should be recorded in an appropriate logbook to show timescales and outcome of the complaint.</p>	<p>Health and Care Standards, 6.3</p> <p>GDC standard 5.1</p>	<p>The complaints policy has been updated to include the contact details of HIW. A written and verbal complaints logbook showing timescales and outcomes of the complaint has been implemented. The verbal complaint logbook records the complaint, outcome and action taken to improve services as an outcome. The written complaint logbook records the complaint, acknowledgement within two working days, written report within 4 weeks, outcome and actions taken</p>	SG	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			to improve services as a result.		
Delivery of Safe and Effective Care					
9	<p>All recommended emergency drugs should be stocked.</p> <p>Emergency equipment should be regularly checked to ensure it is in immediate working order.</p> <p>Detailed logbooks of checks carried out on emergency drugs and equipment should be kept.</p>	<p>Health & Care standard 2.6</p> <p>2.9</p> <p>GDC Standards1 1.5.3</p>	<p>The emergency portable suction pump is continuously charged and plugged into a mains socket. It is situated in reception below the defibrillator and can be regularly assessed. It can be used as an adjunct to the manual devices we have</p> <p>The salbutamol pump has been included within the emergency box. Emergency leaflets have been printed and laminated for all emergencies and divided into 'poly pockets' with the associated drugs. The drugs enclosed are monitored with a contents sheet, listing the enclosed medications and their expiry dates.</p> <p>Weekly checks of emergency box logbook</p>	SG	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	<p>Dentists at the practice must ensure the following are recorded in individual patient's notes:</p> <ul style="list-style-type: none"> • Social history including smoking and alcohol intake • Updated medical history • A referral to the hygienist where required, and the individual hygiene prescription. • All patients should be given a detailed treatment plan, which is signed by the patient to ensure consent. • The practice should carry out a dental records audit to ensure all patient records are complete. 	<p>Health & Care standards 4.2, 5.1.</p> <p>GDC standards 2.2.1, 2.3.6, 2.3.7, 2.3.8, 4.1, 4.1.1, 4.1.2</p>	<p>Leaflets are given to aid consent for crowns, dentures, bridges, tooth extraction, dental hygiene, root canal treatments, hypnosis, tooth whitening, and advice on hypoplasia. The contents have been personally written by Miles Gladson. These outline the proposed treatment including disadvantages, risks and alternatives. The provision of leaflets is recorded on the patient's notes on the computer – the exact leaflet the patient received is recorded. The leaflet is taken home following the examination, giving the patient time to consider the proposed treatment and any questions they may have. We also use video clips for certain procedures and talk the patient through the treatment - this is also recorded within the notes. If the case is perceived to be complex or several options to consider - the dentist may write to the patient to aid their decision making. This is</p>	SG	Completed/ ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>also recorded within their file.</p> <p>We also provide leaflets on hygienist visits prior to the appointment. The leaflet explains the practice policy regarding the NHS and Private charges for treatment with the hygienist. The leaflet is saved on the patients record. As advised, we will ensure a written prescription is included within the treatment plan, though the provision of 'direct access' of patients to hygienists means that the hygienist will also need to share some of this work.</p> <p>From the beginning of January 2016, FP17DC forms are now signed electronically. The patient is given a print out of the treatment plan and estimate – this is then signed on the electronic pad within the surgery.</p> <p>Following the feedback, we have organised to conduct a peer review</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>of dental records with Brecon Road Dental Practice Abergavenny within the next few months. Five patient records from each practice will be analysed and reviewed. Actions will then be taken to improve record keeping.</p> <p>The matrix maturity dentistry self evaluation tool is currently used to audit medical histories and addresses are up to date. A three monthly audit is carried out on twenty randomly selected patients over the last month. The medical history questions patients social history including alcohol consumption and smoking habits. It is checked in the surgery by the dentist for any changes and then stamped before returning to reception to be scanned to the patients' file.</p> <p>This has now be updated with the following patient record audit. The</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>dental records of twenty patients attending for an examination with both dentists have been audited over February. The results show the medical histories have been kept up to date. The majority of patients audited did not smoke and admitted drinking fewer units than the recommended limit. 2/20 patients received smoking advice from the hygienist and an oral cancer warning. 3/20 patients who admitted to smoking were not given smoking cessation advice or oral cancer warnings. Occlusal information should be updated during the examination if required. 4/20 patients did not sign the fp17dc prior or following treatment.</p>		
Quality of Management and Leadership					
12	All staff, should have regular appraisals as a way of identifying development and training needs	Health & Care Standards 7	<p>It was recommended that the staff should have regular appraisals and personal development plans.</p> <p>The members of the team have been advised of the upcoming</p>	SG	Staff informed. Ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			<p>appraisal meeting. A pre-meeting will be organised prior to the discussion to agree a convenient time and any special issues that need to be addressed.</p> <p>The staff have access to the Pro dental CPD website. They are encouraged to work on their personal development plan along with expanding their continued professional development within the programme. If the member of staff they feel would benefit from attending a course then generally this would be accepted.</p>		

Practice Representative:

Name (print): Sarah Gladson

Title: Owner

Date: 9/3/16