

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

**Aneurin Bevan University  
Health Board, Goodwin  
Partnership**

17 June 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Goodwin Partnership at Fairwater Square, Fairwater, Cwmbran, NP44 4TA within the area served by Aneurin Bevan University Health Board on 17 June 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff

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

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

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

- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

### 3. Context

Goodwin Partnership provides services to patients in the Cwmbran area of Torfaen. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board.

Goodwin Partnership is a mixed practice providing both private and NHS dental services. A range of services are provided.

The practice employs a staff team which includes seven dentists, ten dental nurses, one practice manager and two receptionists.

## 4. Summary

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

Overall patients told us they were very 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 in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the clinical facilities to be of a high standard and the emergency drugs to be particularly well organised. Appropriate arrangements were in place for the safe use of radiographic equipment, resuscitation and first aid, waste disposal and decontamination. There were aspects of patient records which needed improvements.

We found a committed, enthusiastic, patient-centred staff team who told us they felt well supported in their roles. We found complaints management was particularly patient focussed. Appropriate arrangements were in place for staff recruitment checks and requirements. Aspects of adult protection arrangements, COSHH (Control of Substances Hazardous to Health) system and minor details in the complaints procedures needed improvements. There were robust monitoring and administrative systems in place.

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

## 5. Findings

### *Patient Experience*

**Overall patients told us they were very 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.**

We sent patient questionnaires to the practice and 33 patients had completed these prior to our inspection. The patients had been registered at the practice between 15 months to 47 years.

The overwhelming majority of patients told us 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:

*“This is an excellent practice – my 40 years as a patient is testament to the service provided”*

*“Have always been treated with respect”*

*“For a very busy practice, the team are always happy to help with any questions or problems that may arise”*

*“All staff are very pleasant and make me feel very welcome”*

*“Very pleased with the treatment me and my children receive”*

*“Staff of all grades are always very helpful and considerate. Reception staff always cheerful and kind going the extra mile! Dentist explained treatment every step of the way and puts you at ease. I never feel I am just another patient!”*

One third of patients told us they had experienced a delay in being seen by the dentist and although most patients indicated that this was not a problem, comments included the following;

*“Generally very good, but it has slipped of late with late cancellations of appointments”*

*“...normally a delay in appointment times”*



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

*"I have always been made to feel comfortable, safe and well informed"*

*"...all information is given"*

*"Dentist very nice, explain everything to you"*

Approximately two thirds of patients knew how to access out of hours services and some patients who did not know, felt they would be able to find the information when they needed it. We checked the practice's answerphone message outside of office hours and found that out of hours information was recorded for patients' information. This was also displayed in the practice.

The practice offered both routine and emergency appointments and one patient we spoke with confirmed they had been able to book an emergency appointment for the day. The practice was open Mondays to Fridays from 9am to 5pm.

Approximately two thirds of patients indicated that they knew how to make a complaint, should the need arise. Most 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 and some information was available in patient information leaflets.

The practice carried out ongoing patient surveys which had been adapted over the years to try to obtain as much detailed information from patients about their experience of the practice as possible. Staff also captured informal feedback centrally on reception. This meant there were robust arrangements in place to gain patients views about the practice and the practice used this to improve the service.

There was a wide range of health promotional material available in the reception/waiting area. Patient information leaflets were available and gave a summary of useful information about the practice.

## ***Delivery of Health and Care Standards***

**Overall, we found care and treatment was planned and delivered in line with relevant standards and requirements in the areas we inspected, with the intention of delivering a safe, high quality service to patients. We found the clinical facilities to be of a high standard and the emergency drugs to be particularly well organised. Appropriate arrangements were in place for the safe use of radiographic equipment, resuscitation and first aid, waste disposal and decontamination. There were aspects of 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.

We saw that signs were displayed to indicate the designated controlled areas where radiographic equipment was used.

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 recent first aid training. Staff had access to appropriate resuscitation equipment in the event of medical emergencies (collapse). All staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff were trained and equipped to manage medical emergencies.

### **Emergency drugs**

Emergency drugs were well organised and stored securely in a well-positioned and safe location. There was a system in place for monitoring the expiry dates of drugs regularly, by a nominated person and all drugs we checked were in date. Prescription pads were also 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**

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was an up to date policy and procedure in place for the safe handling of amalgam<sup>4</sup>.

## **Decontamination of instruments and compliance with WHTM01-05 (revision 1)**

The practice carried out decontamination of instruments within surgeries, with part of the process being carried out in two designated surgeries where there was appropriate equipment. Staff told us they planned to move to 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 and appropriate personal protective equipment for staff was available. All instruments were 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.

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

We saw logbooks for cleaning equipment had been appropriately maintained and that staff had performed daily checks at the start and end of each day.

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.

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

## **Clinical facilities**

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

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 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 patient records at the practice were good.

Records demonstrated that dentists updated patients' medical histories at every visit. We saw that patients' social histories were taken into account and, where appropriate, dentists offered smoking cessation advice. Dentists made appropriate referrals to other health professionals when needed.

We found dentists did not consistently record treatment planning and treatment options in sufficient detail to evidence that the patient had received enough information to give consent, or about the treatment and materials used. We discussed this with the principal dentist who agreed to follow this up with staff.

### ***Improvement needed***

***Dentists must ensure they record sufficient detail of treatment options and treatment provided in patient records.***

Overall, we found dentists' reporting of radiographs to be clear, however on a small sample we found that clinical findings from radiographs were not recorded.

***Improvement needed***

***All dentists must record radiograph clinical findings for every X-ray in patient records.***

## *Management and Leadership*

**We found a committed, enthusiastic, patient-centred staff team who told us they felt well supported in their roles. We found complaints management was particularly patient focussed. Appropriate arrangements were in place for staff recruitment checks and requirements. Aspects of adult protection arrangements, COSHH (Control of Substances Hazardous to Health) system and minor details in the complaints procedures needed improvements. There were robust monitoring and administrative systems in place.**

### **Staff**

The practice had been open for over 30 years and the current owner had taken over in 1980. The practice provided predominantly NHS services. A practice manager was responsible for the day to day running of the practice. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported.

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.

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We saw that staff had made applications to update their DBS where required.

We saw that certificates for each of the dentists, confirming their registration, were on display at the practice, as required through the Private Dentistry (Wales) Regulations 2008. We advised the practice that one dentist required an updated certificate to ensure the correct practice address was listed, which the practice agreed to organise.

We saw hepatitis B immunity records for all 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 staff told us that meetings were held regularly. 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 practices had changed as a result of discussions in team meetings. This meant the team had a more formal place to raise concerns and learning happened as a result, to improve the practice.

Staff members told us they had regular appraisals and we saw records 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 adult safeguarding policy was in place and local contact details for children's teams were displayed for ease of access, should staff need to make a referral.

The principal dentist had undertaken training in the protection of vulnerable adults (POVA) and took the lead on these issues whilst also disseminating information to staff. The practice team told us they had experienced difficulties accessing POVA training but had booked staff onto a course in October 2015. We advised the practice to obtain the contact details for making POVA referrals and add this to the safeguarding policy for ease of access.

### ***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 it was compliant with 'Putting Things Right'<sup>5</sup> NHS requirements. There was a separate complaints procedure covering the separate arrangements for private patients which was compliant with the Private Dentistry (Wales) Regulations 2008. There were details in the procedures about how to escalate a complaint but we found the different routes of escalation for NHS and private patients were not made clear. 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.

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<sup>5</sup> **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***

***Complaints procedures must correctly and clearly list the different routes of escalation for NHS and private patients. Community Health Council information should be added to complaints information.***

We saw that complaints were recorded clearly with excellent detail about the actions the practice had taken to address complaints. Complaints were held centrally, separately to patient records. Verbal comments and concerns were also recorded and kept centrally. From discussions with staff and through looking at complaints records we were assured there was a commitment to resolving complaints in a thorough, patient centred way. We also saw that complaints were discussed at team meetings to ensure learning happened as a result. We found complaints management at the practice to be an area of noteworthy 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. There was also a staff suggestion box which was another form of communication open to staff.

We saw that peer reviews and audits had taken place at the practice. This meant the practice had systems in place to monitor the quality of services they provided to ensure continual improvement.

### **Policies and Procedures**

Overall, we found the practice had a range of relevant policies, procedures and maintenance certificates in place which had been reviewed and updated. We found policies to be clear, detailed and localised to the practice.

We found there was a COSHH (Control of Substances Hazardous to Health) file in place which held details of hazardous substances used at the practice, in case of the event of harm to patients. We found that this had not been updated to include a recent addition of a COSHH substance.

### ***Improvement needed***

***The practice must ensure details of COSHH substances are kept up to date.***



## *Quality of Environment*

### **We found the practice provided a safe and welcoming environment for patients to receive treatment.**

The practice was located in the Cwmbran area of Torfaen. The practice was on the first floor. Free car parking was available nearby.

The practice was not wheelchair accessible or suitable for patients with serious mobility difficulties, due to a narrow staircase leading to the first floor practice. The principal dentist had explored ways to make the practice as accessible as possible but there were limitations due to the physical environment. Staff referred any patients who might struggle with the stairs onto another accessible local dental practice.

We found the practice to be satisfactorily maintained internally and externally and had been refurbished in 2008 providing a modern, comfortable environment. Internally the environment was appropriately lit, heated, ventilated, clean and tidy.

There was useful patient information 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 and a price list for private treatment were clearly displayed in the reception area.

There were appropriate and sufficient staff facilities available with a separate staff toilet. 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 how to maintain patient confidentiality. The waiting room contained reading materials, health promotional posters and leaflets.

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.

## 6. 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 the Goodwin Partnership 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: Goodwin Partnership**

**Date of Inspection: 17 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	None identified			
	<b>Delivery of Health and Care Standards</b>			
10	Dentists must ensure they record sufficient detail of treatment options and treatment provided in patient records.  [General Dental Council Standards for the Dental Team, Standard 4.1.2; Health and Care Standards, Standard 3.5]	A post inspection meeting with all the dentists has been undertaken to highlight deficiencies and improve note keeping with regard to treatment options and treatment provided. Specific advice has been reinforced to ensure sufficient detail is included to show evidence of consent.  NHS FP17DC forms and treatment plans are recorded and kept for all NHS patients.	H J Anthony	completed
11	All dentists must record radiograph clinical	A recent full audit of record keeping did not	H J Anthony	completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>findings for every X-ray in patient records.</p> <p>[General Dental Council Standards for the Dental Team, Standard 4.1.1; Health and Care Standards, Standard 3.5; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000]</p>	<p>highlight this issue but the findings and advice have been reinforced with all members of the dental team at a post inspection practice meeting.</p>		
<b>Management and Leadership</b>				
13	<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>	<p>All staff have now completed the Wales Deanery Level 1 POVA course as well as an online Level 2 POVA course. A further course has been booked in October 2015 with the Dental Postgraduate Dept.</p> <p>Contact details for making POVA referrals have been obtained are displayed in the staff area as well as being added to the safeguarding policy.</p>	H J Anthony	completed
14	<p>Complaints procedures must correctly and clearly list the different routes of escalation for NHS and private patients. Community Health Council information should be added to complaints information.</p>	<p>The Community Health Council contact details have been included in the complaints poster.</p> <p>HIW details have been removed from NHS complaints procedure poster.</p>	H J Anthony	completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Health and Care Standards, Standard 6.3; Private Dentistry (Wales) Regulations 2008; The National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 Putting Things Right 2011]			
14	The practice must ensure details of COSHH substances are kept up to date.  [Health and Care Standards 2.1]	A full review of the COSHH folder has been undertaken to include any new or recently introduced materials.	H J Anthony	completed
<b>Quality of Environment</b>				
	None identified			

**Practice Representative:**

**Name (print):**        **HYWEL JOHN ANTHONY**

**Title:**                **PRACTICE OWNER**

**Date:**                **23 JULY 2015**