

**General Dental Practice
Inspection (Announced)**
Aneurin Bevan University
Health Board. Matthews
and Jones Dental Practice

15th March 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 Matthews and Jones Dental Practice at 5, Worcester Street, Monmouth, NP25 3DF on 15th March 2016].

HIW explored how Matthews and Jones 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

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

Matthews and Jones Dental Practice is a mixed practice providing both private and NHS dental services

The practice staff team includes two dentists; four nurses and one receptionist.

A range of NHS and private dental services are provided.

One of the dentists at the practice undertakes domiciliary care services.

3. Summary

Overall, we found evidence that Matthews and Jones Dental Practice provides patients with safe and effective dental care. The owners of the practice informed us they were intending to implement measures to improve the practice in the near future.

This is what we found the practice did well:

- Patients we spoke to were happy with the service provided
- Staff we spoke to were happy in their roles, understood their responsibilities and were committed to providing high quality care to patients.
- There was good communication between staff members.
- Policies and procedures were regularly reviewed.
- There are arrangements in place for the safe use of x-rays

This is what we recommend the practice could improve:

- The practice needs to have formal staff meetings and appraisals.
- Decontamination procedures need to be validated.
- The standard of recording within patient notes.
- The method of checking emergency drugs and equipment.

4. Findings

Quality of the Patient Experience

Patient feedback we gained through the HIW patient questionnaires was positive and patients told us they were satisfied with the care they received at the practice. The practice carries out patient surveys using a suggestion box that is checked monthly. We recommended the practice develop a more detailed system for regularly seeking patient feedback as a way of assessing the quality of the service provided

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

"A good dental practice, well run, I have had no problems with any treatment and feel I can ask for help or information if I need to."

"I am very satisfied with the treatment and reception."

"My dentist is proactive when caring for my teeth, preventative not just treating when needed or unnecessarily."

Dignified care

We observed staff speaking to patients in a friendly, dignified and professional way. All patients told us that they were satisfied with the care and treatment they received and felt welcomed by staff. The questionnaire showed that many of the patients had attended this practice for a number of years.

A comprehensive leaflet describing the practice was available for patients in the reception. Price lists for treatment were displayed in the waiting areas.

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 surgery also provided some care on Saturday mornings. 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 was closed. The answer-phone message 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 variety of leaflets and posters promoting oral health and general well being some of which included smoking cessation and caring for children's teeth. 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 had recognised the diversity of its patient population and has considered its' responsibilities under Equality and Human Rights legislation.

The practice does not offer access to wheelchair users but there is a partial ramp and handrail into the building to assist patients with mobility difficulties. The downstairs surgery is accessible.

The practice had a suggestion box for seeking patient feedback. We recommended the practice develop a more detailed system for regularly seeking patient feedback. A complaints file was seen and there was evidence that verbal comments were being noted in the patient records. However, we advised the practice that it would be more appropriate to include these in a separate logbook, so complaints could be monitored and common themes identified more easily.

The practice had visible written procedures in place for all patients both NHS and private, advising them on how to raise complaints and leaflets were available in the waiting area.

Improvement needed

Introduce a complaints logbook to monitor all complaints.

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 but recommended better validation of the decontamination process. We were satisfied that radiographic equipment was used appropriately and safely. The practice had a plan to upgrade the radiographic and decontamination equipment in the near future.

We looked at patient records and found that overall they contained adequate detail, but we recommended some areas for improvement which are detailed below.

Safe care

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 within the practice. Fire extinguishers were placed strategically and had been serviced regularly. The compressor was checked and serviced regularly.

Contract documentation was in place for the disposal of non hazardous and hazardous waste and waste was managed appropriately at the practice. The practice was clean and tidy and reasonably well maintained. In general the surgeries were in need of some modernisation, although they were visibly clean and tidy.

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. Decontamination procedures were carried out in the surgeries using manual pre sterilisation methods. We saw inspection certificates for the autoclaves showing they had been tested to ensure they were working correctly. We were advised by the practice owners that an upgrade for decontamination equipment was being considered in their improvement plan. We recommend they improve the method of validation of their daily maintenance programme for each autoclave. We suggested they use logbooks specific to their autoclaves ensuring daily checks are properly recorded.

Sufficient instruments were 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.

Resuscitation equipment and emergency drugs were available at the practice and were kept appropriately in accordance with the guidelines of the Resuscitation Council (UK). The practice owners advised us that emergency medicines were checked to ensure they were in date. Emergency equipment was also checked to ensure that it was suitable for use. We suggested the practice checked emergency medicines and equipment regularly and updated their logbooks to reflect this.

The practice had a resuscitation policy and 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. The practice owners were nominated first aiders.

We found the practice had taken some steps to promote and protect the welfare and safety of children and vulnerable adults. We saw a child protection policy and a policy for the protection of vulnerable adults. All staff had received training in the protection of children. All staff, except one new employee, had received training in the protection of vulnerable adults (POVA). This new member of staff will be included in the next POVA training session.

We were told there were arrangements in place for staff to raise any concerns. We also saw evidence that the practice undertakes pre-employment checks of any potential members of staff before they join the practice. There is an induction programme in place for new staff members to help ensure they are adequately trained..

We saw documentation to indicate that x-ray machines had been regularly serviced and maintained to ensure they were safe for use. One machine (Belmont 066) was commissioned in 1985 and is due to be replaced according to the practices' proposed improvement plan. 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 and Ionising Radiation (Medical Exposure) Regulations 2000.

Working instructions and identification of controlled areas were displayed but the isolator switch, for the equipment in Surgery 1 was not detailed on the plan. We recommended the plan be updated to include this.

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.

Improvement needed

The practice should ensure the method of validation of daily maintenance programmes for each autoclave adhere to current guidelines.

The radiographic plan of surgery should be updated to show the position of the radiation isolator switch.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided and monitors its progress. Quality assurance audits for X-Rays were seen. We also saw evidence that infection control audits had been completed but we found there were some inconsistencies in recording these. We recommended future audits be carried out in a manner that ensures they are accurate and reflect best practice.

Clinical staff attend peer reviews with dentists at a local practice. They also take part in the annual quality assurance arrangements provided by the local health board.

Improvement needed

We recommended future infection control audits are carried out in line with WHTM 01-05 guidelines.

Patient records

We looked in detail at a small sample of patient records for both dentists at the practice. At the time of inspection, all patient records were in paper format only. This meant there was limited space on the patient record cards for the dentists to write notes. We identified the following areas for improvements:

Ongoing consent should be obtained and consistently noted.

Patients' social history including smoking, alcohol consumption and oral hygiene should be consistently recorded.

We advised the practice to record oral cancer screening within patient records.

There was evidence of treatment planning but treatment options were not consistently noted.

The justification for taking radiographs was not always noted and the clinical findings from x-rays were not always recorded. The quality grade of the x-ray (QA 1, 2 or 3) was not noted.

In some cases the Basic Periodontal Examination findings were not always consistent with the findings of the x-rays.

Reasons for recall were not always noted (NICE guidelines).

Improvement needed

The following improvements should be made to patient notes, including the consistent recording of:

Signed ongoing consent

Treatment options

Social history

Justifications and clinical findings from x-rays

Patient recalls

Basic Periodontal Examination

Quality of Management and Leadership

The day to day management of the practice is shared by the practice owners. Staff we spoke to were committed to providing high quality care to patients. There were good lines of communication between staff members with appropriate delegation of tasks. We recommended that staff meetings and appraisals be formalised. Policies and procedures were regularly reviewed. We recommended files be organised to kept the most recent information separate for ease of use.

The day to day management of the practice is the responsibility of both of the practice partners. The practice had a competent, friendly staff team. There was good internal communication and the staff showed commitment to caring for its patients

We saw training records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD). We found the dentists at the practice participated in adequate clinical governance/quality assurance arrangements. They attended peer review meetings with other local dentists and took part in the annual quality assurance scheme implemented by the local health board.

Communication between staff at the practice was good. We were told during staff interviews that they felt able to discuss concerns or training needs with the practice partners whenever they needed to. The practice had recently begun having practice meetings and we recommended these be conducted regularly and formalised with detailed minutes and outcomes noted. All members of staff had personal development plans in their files but no formal appraisals were conducted. We suggested the practice carry out formal appraisals for all staff annually.

Improvement needed

Practice meetings should be formalised.

The practice should ensure staff appraisals are carried out annually.

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 but we recommended files be organised to keep the most recent information separate for ease of use.

Improvement needed

Files containing practice policies and procedure be better organised to facilitate ease of use.

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 Matthews and Jones 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 inspections of the NHS in 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

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

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

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
- 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: Matthews and Jones

Date of Inspection: 15 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	Introduce a logbook to monitor complaints	Health & Care standard 6.3, General Dental Council (GDC) standard 5.1.1	Logbook now in place with receptionist to record any relevant patient comments and any patient complaints	Aled Jones	Completed 16/03/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
9	The practice should ensure the method of validation of daily maintenance programmes for each autoclave adhere to current guidelines	Private Dentistry (Wales) Regulations section 14 (2); Health and Care Standards 2.9	Daily maintenance compliance logbooks purchased allowing us to document and validate manual cleaning and ultrasonic bath usage and autoclave cycle operation. Digital download of cycles available now.	Aled Jones	Completed 25/04/2016
9	Radiographic plan of surgery should be updated to show the position of the radiation isolator switch.	Health & Care Standards 2.1 and 2.9; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000;	Radiograph plan in Radiation file amended to show position of isolator switch.	Aled Jones	Completed 16/03/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Health & Safety Executive			
9	We recommended future infection control audits are carried out in line with WHTM 01-05 guidelines.	Health & Care standards 2.1	Future updates and review of infection control audits to be carried out in line with WHTM 01-05 guidance.	Aled Jones	Completed 16/03/2016
10	<p>Patient notes should include the consistent recording of:</p> <p>Signed ongoing consent</p> <p>Treatment options</p> <p>Social history</p> <p>Justifications and clinical findings from x-rays</p> <p>Patient recalls</p> <p>Basic Periodontal Examination</p>	Health & Care Standards 3.5; GDC Standards 4.1	<p>A Development Template has now been designed based on the DF1 Clinical Record Keeping Audit 2013.</p> <p>This has been adapted to our practice, typed, laminated and is available for each Dentist to use consistently on each patient in his surgery.</p>	Aled Jones & Anthony Matthews	Completed 05/05/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of Management and Leadership					
11	Practice meetings should be formalised.	GDC standards 6.6.4, 6.6	<p>All staff discussions will be generally recorded in staff notebook with those present indicated. Because we are a small practice with two dentists and five part-time staff there is constant good staff communication as recognised in the HIW report.</p> <p>We will have a regular formal staff meeting every 4 months to discuss specific points.</p> <p>If we consider a more regular formal meeting is appropriate i.e. new member of staff, this will be altered accordingly.</p>	Aled Jones & Anthony Matthews	Completed 05/05/2016
11	The practice should ensure staff appraisals are carried out annually.	Health and Care Standards 7.1. GDC standards6.	Individual staff discussions/appraisals with relevant dentist will routinely be set for December of every year and recorded.	Aled Jones	Completed 25/04/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		6.1			
12	Files containing practice policies and procedure be better organised to facilitate ease of use.	Health & Care Standards 2.1 and 7.1; General Dental Council Standards 6.6	<p>Practice Policy, Procedural and Equipment Servicing files have been reorganised.</p> <p>A specific Policy File with all current and regularly looked at policies is now in the one file to allow easy use.</p> <p>All other files are more prominently marked and all old maintenance and equipment servicing documents have been archived with only current contracts readily to hand.</p>	Aled Jones	Completed 05/05/2016

Practice Representative:

Name (print):Aled V Jones.....

Title:Dentist/Owner/Principal.....

Date:06/05/2016.....

