

General Dental Practice Inspection (Announced)

Aneurin Bevan University
Health Board,
J Woodward, Brynmawr.

30 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 at J Woodward, 89 Bailey Street, Brynmawr, Gwent, NP23 4AN on Wednesday 30 March 2016.

HIW explored how J Woodward 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

J Woodward provides dental care and treatment to patients in the Brynmawr area of Gwent. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

J Woodward provides both private and NHS dental services.

The practice staff team included: 1 dentist; 2 part-time dental nurses and 1 part-time receptionist.

3. Summary

We found that J Woodward provided patients with excellent high quality, safe and effective dental care and was well regarded by patients.

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 and understood their responsibilities
- Clinical facilities were well-equipped, visibly clean and tidy
- There were robust systems in place for the safe use of X-rays
- There were robust systems in place for cleaning and sterilising dental equipment and instruments appropriately
- Audits and team meetings were conducted regularly and used to improve service delivery

This is what we recommend the practice could improve:

- Ensure all patients' records contain reference to cancer screening and treatment planning
- Document that patients have updated their medical histories before each treatment
- Display full details of the complaint procedure for both NHS and private patients
- Ensure the check list for expiry dates of emergency and surgery equipment is reviewed weekly and signed and dated.

4. Findings

Quality of the Patient Experience

We found that the practice team was committed to providing a positive experience for patients. Feedback obtained from HIW patient questionnaires was extremely positive.

The practice had a system in place for regularly seeking patient feedback via patient surveys, as a way of assessing the quality of the service.

There was a pleasant, bright and airy waiting area which contained a variety of dental health promotional leaflets and posters.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. Seventeen questionnaires were completed and patient comments included:

"Always friendly, enthusiastic and professional"

"The dentist is very good and patient with my son as he has learning difficulties and everything is explained to him step by step, to make him feel at ease."

"Always professional, courteous, friendly and always made at ease."

Dignified care

All patients stated they were extremely satisfied with the care and treatment they received at the practice and were made to feel very welcome by the staff. We also observed the warm and friendly atmosphere and professional approach adopted by staff towards patients. The practice had arrangements to protect patients' privacy including an area for people to have private conversations with members of the dental team, if needed. Staff were also found to be discreet when dealing with patients' telephone messages.

Timely care

The practice made every effort to ensure that dental care was provided in a timely way. Of the seventeen questionnaires completed, only three patients had experienced minor delays in being seen by the dentist on the day of their appointment. Patients also told us that they were informed of the reason for the delay and offered a different appointment time if they wished. More than three quarters of patients indicated that they knew how to access emergency/out of

hours care. In addition, we saw a sign on the window and information in the practice information sheet at reception, giving the emergency contact number. The emergency number was also included in the practice's telephone message.

Staying healthy

We saw that a range of dental health promotional leaflets were available for patients to take away with them and colourful posters were on display in the reception area of the practice. Staff qualifications and training certificates were also on view at reception.

All patients who completed a HIW questionnaire said they were given appropriate information about their treatment. Almost all patients, (when asked about the option of communicating in the language of their choice), had commented that they couldn't remember, as they had attended the practice for a long time. The practice team told us that very few people spoke Welsh in the area.

Individual care

The practice had a sign for wheelchair users to ring for assistance and a ramp was available to assist patients to enter the building safely. The dental surgery was located on the ground floor of the practice and doorways and corridors allowed patients with mobility difficulties to access all areas. There was no on-site parking but there was a free car park within a short distance from the dental practice.

Staff told us that patients were encouraged to provide verbal feedback regarding their views of the service, when they attended the practice. We were also informed that there were generally, no complaints about the practice. We saw that patient surveys were conducted quarterly and we saw that the data had been reviewed at the following staff meeting. This showed that there were systems in place to allow patients to provide feedback to the practice on an on-going basis; action being taken to improve services wherever possible.

When asked about making complaints about their care or treatment, over half of patients who completed a HIW questionnaire said that they knew how to make a complaint and had seen the 'Putting Things Right' notice (about the concerns/complaints procedures for NHS services in Wales) on the waiting room wall. There was also a 'Dental Complaints Service' leaflet on display which patients could take if they wished to make a complaint. However, addresses for organisations which could be contacted in the event of a concern, or the timescales for responding to a complaint, were not displayed in respect of either NHS, or private patients.

Improvement needed

The practice complaint procedures for NHS and private patients should be amended to include timescales for responding to complaints and details of other relevant organisations that patients could contact.

Delivery of Safe and Effective Care

We found that patients were provided with safe and effective dental care. We were satisfied that there were arrangements in place to protect patients and staff from preventable healthcare associated infections.

We were able to confirm that X-ray equipment was used appropriately and safely. We also found that the practice had a well established decontamination process (for used dental instruments).

We did however identify the need for some improvement to the environment, arrangements in place for checking emergency equipment and record keeping.

Safe care

Clinical facilities

We found that the practice was being run with the intention of meeting relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a fresh, clean and pleasant environment.

We looked at the clinical facilities within the dental surgery and found that it contained relevant equipment for the safety of patients and the dental team. We noted that the surgery was visibly clean, tidy and well maintained. The practice had a cleaning audit checklist in place to ensure all areas of the building were cleaned thoroughly. The flooring in the surgery was in need of some repair as the silicone edging was loose and there was a crack in one area of the floor. The dentist told us that plans were in place for the flooring to be replaced.

Improvement needed

HIW is to be notified of the timescale to replace the surgery flooring. This will help to prevent the accumulation of dust and dirt in this area.

The surgery was well organised to help nurses to work efficiently. There was an effective system in place for removing used equipment from the dental surgery to the decontamination room in sealed containers. However, used instruments were not stored in a solution until they were taken to the decontamination room at the end of the morning or afternoon session, as recommended by current guidelines. The practice was therefore advised to immerse used instruments in a cleaning solution prior to being transferred to the decontamination room. This would then assist staff to clean dental instruments more effectively. Appropriate personal protective equipment (such as gloves and aprons) were being used, although the dentist was asked to consider wearing a visor or face shield over her glasses as recommended by the Welsh Health Technical Memorandum

(WHTM) 01-05-Revision 1¹ guidelines, rather than relying on her spectacles for protection.

Once the equipment had been sterilised, it was dried, packaged, clearly labelled and dated before being returned to the surgeries to be stored. Each bag was labelled with the instrument processing date. The practice was advised to use a non-lint cloth for drying instruments, in accordance with WHTM 01-05 guidelines.

We inspected the machines for providing compressed air to the surgery (compressor). Safety check certificates were seen. We noted that the portable appliance testing (PAT) had been completed on all the electrical equipment in February 2015, to help ensure that small appliances were safe to use.

Fire equipment was in place and had been checked in February 2016. Staff completed fire safety drills quarterly and fire alarm checks were recorded weekly. There were clear signs to the emergency exits. There was a public liability insurance certificate on display in reception and a gas safety certificate had been obtained in May 2015. There was a health and safety poster in place with all the relevant names of the Health and Safety Executive office. However, the poster was not the most up to date version. The practice was therefore advised to address this issue.

There was a file available containing data sheets relating to Control of Substances Hazardous to Health (COSHH). The practice had also completed some specific risk assessments, (guiding staff about the current control measures in place to prevent harm, regarding chemicals kept on the premises). As there were only four members of staff employed at the practice, specific written risk assessments were not required. Nevertheless, the dentist told us that the practice intended to complete relevant risk assessments. All chemicals were kept securely behind locked doors.

Radiographic equipment

We found that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and we saw evidence of up-to-date ionising radiation training for the dentist and radiography training for the dental nurses in

¹ WHTM-01-05 was developed as a guide to primary care, dental practices and community dental services as a means of ensuring that patients are treated in a safe and clean environment with minimal risk of person-to person transmission of infection.
<http://www.wales.nhs.uk/sites3/Documents/254/WHTM%2001-05%20Revision%201.pdf>

accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

The current arrangements for protecting patients and staff when the X-ray and the OPG machine² was in use were acceptable. The notification letter to the Health and Safety Executive (HSE) regarding the use of X-ray equipment at the premises was seen. We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of X-ray equipment were also seen in the radiation protection file and on the wall in the surgery and in the room accommodating the OPG machine. These contained the names of the radiation protection supervisor and radiation protection adviser. A diagram identifying the controlled X-ray area was also in the file, for the purpose of protecting patients and staff.

Drug storage and emergency equipment

The practice had suitable procedures in place to respond to patient medical emergencies. We saw records that indicated that the team had received training on how to perform cardiopulmonary resuscitation (CPR) and there were three designated first aiders with up to date first aid training. There was no sign indicating the location of the first aid box or to identify the designated first aiders. The practice was also advised that a sign was required to identify where the oxygen cylinder was stored.

There was a resuscitation policy that was specific to the practice and it listed the roles of staff in an emergency. The resuscitation equipment and emergency drugs were immediately available to staff in grab bags, in the event of a medical emergency (collapse) at the practice. We saw evidence that a system was in place to record the expiry dates for emergency equipment and drugs. However, we found syringes that were out of date indicating that the system in place needed improving. These were safely disposed of and new stock was purchased during the inspection. Some dental materials were also found to be out of date and the practice was recommended to add syringes, needles and dental materials to the check list.

² An OPG machine takes a panoramic x-ray of the upper and lower jaw, giving a two dimensional view from ear to ear.

Improvement needed

A more effective system for checking the expiry dates of all emergency equipment, drugs and dental materials should be put in place and signed and dated weekly.

The prescription pads were locked away at night in a cabinet but the emergency drugs were not kept in a locked room/ over-night.

Improvement needed

Emergency drugs should be stored securely overnight.

Decontamination

The practice had a dedicated area for the cleaning and sterilisation of dental instruments. The practice used a washer/disinfector for cleaning equipment and had a vacuum autoclave in place. The area was visibly clean and uncluttered. We were satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff. We saw that there was no dedicated hand washing sink but there was one available in the next room. The practice was advised to consider installing a dedicated hand wash sink in the decontamination room. It was also seen that single use hand pump soap and hand cream dispensers were being used. The practice was advised to consider wall mounted hands-free liquid soap dispensers which would further minimise the risk of cross contamination.

The dental nurse we saw conducting the decontamination procedure was very competent in ensuring that correct processes were followed. All dental nurses had completed an infection control update training course on Wednesday 23 March 2016 and were waiting for their certificates.

The practice had completed the Welsh Deanery infection control audit tool, which complies with the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines, in January 2016. There was an action plan attached to show what actions had been identified and when they would be put in place. The practice was advised that an infection control audit should be completed annually.

We saw that all the equipment was serviced regularly. The practice recorded daily and weekly checks on both the steriliser and the washer/disinfector to ensure that equipment remained in good working order and that the decontamination process was effective.

Waste disposal

We could see that the practice had effective systems in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous and non-hazardous waste. We also saw that the waste had been segregated into the designated coloured bags/containers in accordance with the correct method of disposal. These were stored locked, in a separate area of the building, away from public areas, whilst awaiting collection. However, there was no designated feminine hygiene container at the practice.

Improvement needed:

The practice should have a suitable arrangement for the disposal of feminine waste products, in line with HSE's 'Managing offensive/hygiene waste safety' guidance.

Safeguarding

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. We were also able to confirm that all staff had completed training in the protection of children and vulnerable adults.

Effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that some audits had been completed by the practice regarding infection prevention and control, antibiotic prescribing and some specific treatments. The practice were aware of the quality assurance/staff development tool known as Maturity Matrix Dentistry, but had not yet made use of it to allow the dental team to focus on how they work, or to enable everyone in the practice to think about the quality of care. We therefore advised the practice to consider using a staff development tool.

Patient records

Although there was evidence that patient records were generally of a good standard, and demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing, we found there was room for improvement.

A sample of patient records was reviewed for the dentist. We found that patient care entries did not contain sufficient information regarding discussions held about treatment options although all patients completing the HIW questionnaire told us that they felt sufficient information was given verbally. We also saw evidence that the dentist had not counter signed the medical histories at each check-up which showed that they had been checked. The practice was asked

to consider obtaining a verbal update of medical histories before each treatment, to record any changes and, if necessary update their medical histories.

Improvement needed

The practice should record the fact that they have asked patients to review and, if necessary, up-date their medical histories before each treatment.

Some records we saw showed no evidence of discussion on cancer screening, alcohol use or smoking cessation, although staff told us that this did take place and leaflets with further information were offered to the patients. There was also no record of verbal consent being obtained before each treatment or of the justification for taking an X-ray.

Improvement needed

Clinical notes must contain evidence of discussion on:

- **Cancer screening**
- **Alcohol use**
- **Smoking cessation**
- **Verbal consent being obtained before each treatment**
- **Justification for the use of -X-ray**

We saw that the quality of the X-rays taken were considered and recorded on a daily basis. Routine six monthly X-rays were not always being completed and we advised the practice to consider completing an in depth radiographic audit every six months as recommended by the British Dental Association (BDA). We found that X-rays were stored securely in locked cabinets. Recall (the time period between which a patient is called back for treatment) was recorded in line with the National Institute for Health and Care Excellence (NICE) guidelines.

We found the practice had suitable arrangements in place to back-up electronic patient records to ensure continuity of care. Paper records were kept in a locked cabinet.

Quality of Management and Leadership

We found evidence of very effective management and leadership at the practice. A range of comprehensive policies and procedures were in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

The practice had operated from the converted terraced property in Bailey Street for nine years. Everything had been planned to make the best use of the available space. The day to day management of the practice was the responsibility of the dentist. Paperwork was well organised and easily accessible, which contributed to the effective running of the practice.

We saw templates for an induction programme but as the staff team had been in place for many years the programme had not been used. These were very thorough. All staff were given access to the policies and procedures and we saw evidence that these were read and signed by staff. Annual appraisals/performance reviews were carried out and we saw the files with evidence of appraisals going back a number of years. However, very little information was recorded. The practice should improve recording of appraisals and outcomes.

Improvement needed:

The staff appraisal process could be improved by the use of structured forms and personal development plans, which should be stored securely for confidentiality purposes.

We saw minutes of quarterly staff meetings. The minutes showed evidence of team learning at the meetings. Audits were also used to improve service delivery but we advised the practice to undertake further audits in the future to support quality assurance.

We confirmed that all relevant staff were registered with the General Dental Council and there was a sign outside the practice on the wall displaying the name and qualifications of the dentist. Indemnity insurance was in place. The original HIW certificate for the dentist was also on display in reception. Disclosure and Barring Service (DBS) checks had been completed for the dentist and for the dental nursing staff. We were told that most staff had been at the practice for a number of years and all staff had a contract of employment.

We saw records relating to relevant immunisations for all clinical staff working at the practice. We looked at the policies and procedures in place. We found that they were very thorough and saw evidence that they reflected actual practice.

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 J Woodward 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 2008³ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁴. 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

³ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁴ <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: J. Woodward, Brynmawr

Date of Inspection: 30 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	The practice complaint procedures for NHS and private patients should be amended to include time scales for responding to complaints and details of other relevant organisations that patients could contact.		A full copy of our complaints policy is to be displayed in the waiting room with time scales and relevant organisations.	Jan Woodward	Immediate effect.
Delivery of Safe and Effective Care					
7	HIW is to be notified of the timescale to replace the surgery flooring. This	Health and Care	Flooring in surgery area to be replaced.	Jan Woodward	Within the next 4

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	will help to prevent the accumulation of dust and dirt in this area.	Standards 2.9 and WHTM01-05 6.46-6.50			months to coincide with surgery closure to avoid patient appointment disruption.
9	A more effective system for checking the expiry dates of all emergency equipment, drugs and dental materials should be put in place and signed and dated weekly.	Health and Care Standards 2.6	Printed check list will be available in surgery for weekly check and signed by staff member.	Jan Woodward	Immediate effect.
9	Emergency drugs to be stored securely over-night.	Health and Care Standards 2.6	Emergency drugs to be stored in locked cabinet overnight.	Jan Woodward	Within 2 weeks.
10	The practice should have a suitable arrangement for the disposal of feminine waste products, in line with HSE's 'Managing offensive/hygiene waste safety' guidance.	Duty of Care Regulations 1991 Hazardous Waste	Arrange with Initial Medical to provide disposal of feminine waste products.	Jan Woodward	Initial Medical contacted and will arrange delivery of 2 feminine

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Regulations 2005 (Wales)			hygiene units as soon as possible.
11	The practice should record the fact that they have asked patients to review and, if necessary, up-date their medical histories before each treatment.	GDC guidance 4.1.1	Practice will ensure all medical histories are checked at each appointment and a regular audit of this will be carried out.	Jan Woodward.	Immediate effect.
11/12	<p>Clinical notes must contain evidence of discussion on:</p> <ul style="list-style-type: none"> Cancer screening Alcohol use Smoking cessation Verbal consent being obtained before each treatment Justification for x-ray 	Health and Care Standards1. 1,3.1,3.2,4.1 ,4.2, 5.1,6.1	Practice will ensure that records will contain evidence of discussion on all points mentioned and carry out a regular audit of this.	Jan Woodward	Immediate effect.
Quality of Management and Leadership					

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
13	The staff appraisal process could be improved by the use of structured forms and personal development plans, which should be stored securely for confidentiality purposes.	Health and Care Standards 3.3	Annual appraisals will be recorded, discussed with and signed by all staff members. Individual development plans will be implemented for each staff member.	Jan Woodward.	To be carried out over the next 6 months.

Practice Representative:

Name (print): Jan Woodward.....

Title: Dental Surgeon.....

Date: 4th May 2016.....