

**General Dental Practice
Inspection (Announced)**
Powys teaching Health
Board
River Wye Dental Practice

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	13
5.	Next Steps	15
6.	Methodology.....	16
	Appendix A	18

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 River Wye Dental Practice, My Dentist, Oxford Road, Hay-On-Wye, Hereford HR3 5AL on 27th September 2016.

HIW explored how River Wye 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

River Wye Dental Practice provides services to patients in the Hay-On-Wye area of Powys. The practice forms part of dental services provided within the area served by Powys teaching Health Board.

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

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

River Wye Dental Practice is owned by {my}dentist

3. Summary

Overall, we found evidence that River Wye Dental Practice provides patients with safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Patients stated they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Clinical facilities were well-equipped and visibly clean
- There were arrangements in place for the safe use of x-rays
- The 'niggle book' used to capture patients' verbal/informal concerns
- The practice's commitment to support and be an active part of the local community

This is what we recommend the practice could improve:

- Ensure patients are fully aware of what is available in a NHS course of treatment
- The arrangements for decontamination and infection control to be improved in line with Welsh Health Technical Memorandum (WHTM) 01-05
- Record keeping to be improved, including medical histories signed by dentists, audits used as tools for improvement and full patient details recorded on record cards
- Arrangements for peer review audits

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive. The practice had systems for regularly seeking patient feedback as a way of assessing the quality of the service provided. We recommended the practice display further health promotion information and ensure patients are made fully aware of what is available within a NHS course of treatment, before referring them for treatments privately.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients, to obtain their views on the services provided. Seventeen were completed and returned. All of the patients indicated that they were satisfied with the services received at the practice. Patient comments included:

“They make me feel very welcome”

“Very satisfied, always very welcoming”

“the information [regarding treatment] is always sufficient”

Dignified care

We found the staff to be professional and friendly, and we overheard them being polite and courteous to patients. Feedback from the patients who completed the questionnaires was positive. All of the patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. All the patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. The majority of patients who completed the HIW questionnaires told us they did not experience a delay in being seen by the dentists. Staff told us that if a dentist was running late they would make sure they kept patients informed. If required, alternative arrangements would be offered.

An emergency contact telephone number for patients' use was displayed in the window of the dental practice. We were told that the emergency number was also provided on the practice's answer phone message, so that patients could

access emergency dental care when the practice is closed. A review of the completed HIW questionnaires did highlight a significant number of responses in which patients did not know how to access out of hours dental care. The practice should consider exploring ways in which patient awareness of the out of hours service can be improved.

Staying healthy

All patients who completed the questionnaires told us they received enough information about their treatment. However, our review of patient's notes highlighted a referral to a hygienist privately when it may have been appropriate for this service to be provided as part of NHS care. There was no record of any discussion with the patient explaining this, nor of the patient requesting to see the hygienist on a private basis. This issue needs to be reviewed and any changes to procedures implemented and communicated to staff. The practice needs to explain to all patients, especially those requiring hygiene as part of their treatment, what is available within their NHS course of treatment and other available options.

Improvement needed

Staff must make all patients fully aware of what is available in a NHS course of treatment, before being referred for private treatment.

Health promotion information was available in the waiting area. A range of patient information leaflets regarding different forms of treatments and mouth cancer were recognised as good practice. Posters also displayed information regarding treatments and oral health as well as a TV displaying dental information and services. We identified one poster listing the Care Quality Commission (CQC) as a point of contact. However as they do not operate in Wales we asked the practice to review and remove this information. The practice should consider how they could make information accessible to a wider range of patients, such as by providing information in other formats and languages, including Welsh. The need for this could be assessed through gaining patient feedback.

Improvement needed

A review of health promotion information is required to ensure it is accessible to a wider range of patients. Where other agencies are listed they must be appropriate and correct.

At the time of our visit, the 'no smoking' sign was not displayed. Staff were informed and told us that the sign would be replaced.

The practice had a way of seeking patient feedback via questionnaires. We saw a sample of completed feedback forms, which provided positive comments on the service. In addition to questionnaires, the practice also invited patients to attend a patient forum. We recognised this initiative as good practice, as it enabled patients to provide feedback on the service with staff from the practice. Feedback from questionnaires and the patient forum were discussed and considered at team meetings. This was with a view to making improvements as appropriate.

Individual care

The practice had a complaints policy and procedure in place. Complaint posters were displayed in the waiting area that covered private and NHS complaints. Staff told us of the online complaints system used by the practice to log and monitor complaints, however, the practice had not received any complaints.

To capture verbal and informal concerns the practice had a 'niggle' book which we recognised as good practice. There were only two entries but the book was regularly reviewed to identify themes and discussed with staff at team meetings.

The majority of patients who completed HIW questionnaires told us that they knew how to make a complaint about the dental services they receive.

The practice layout was suitable for people with mobility difficulties, with all facilities on ground level, including an accessible patient toilet.

The reception/waiting area was open plan. Staff told us that private conversations would take place in a room to ensure privacy, dignity and confidentiality was maintained. Reception staff told us that they ask for information from patients as opposed to stating personal information when using the telephone to ensure patient privacy and confidentiality is preserved.

Delivery of Safe and Effective Care

Overall, we found evidence that patients are provided with safe and effective dental care.

We identified some improvements to expand and enhance the practice's facilities, which staff were aware of and would consider. In addition, we recommend that some improvements regarding decontamination take place. Record keeping and audits need to be reviewed and improved.

Safe care

Clinical facilities

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

We examined equipment maintenance records kept at the practice and the on-going contract in place to ensure the appropriate transfer and disposal of hazardous waste. All such records were found to be current and valid, including the maintenance of fire alarm systems and extinguishers. We also found that hazardous waste awaiting disposal was locked away to protect patients and staff.

We found that all surgeries were clean, tidy and well organised. However, space seemed limited due to decontamination being completed in each surgery. During our visit staff told us of the potential area that could be developed to enhance the clinical facilities at the practice. The potential space shown would certainly help and enhance the amenities at the practice and move towards best practice.

Infection control

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the practice was not fully meeting with the measures in place based on the Welsh Health Technical Memorandum (WHTM) 01-05¹ guidelines. We observed:

¹ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

- Decontamination being completed in each surgery, but there was no clear designation of clean and dirty areas.
- The decontamination areas within the surgeries were small.
- There was no decontamination protocol displayed on the wall.

Discussions and observations did highlight that the practice had an opportunity to utilise some additional space which would improve the facilities for decontamination and move towards best practice.

Improvement needed

The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05 and consider developing additional space to improve facilities.

Other arrangements we observed regarding the decontamination process were satisfactory. Examples included the following:

- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing.
- Instruments were stored appropriately and dated.

We saw evidence that infection control audits had been completed, using an audit tool aligned to WHTM 01-05 guidelines. This ensures that the audit covers those areas specific to guidelines used in Wales.

Emergency drugs and resuscitation equipment

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records

to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. There were suitable arrangements in place to ensure that expired drugs were promptly replaced. The practice had named persons as their appointed first aiders.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults. All clinical staff had completed training in the protection of children and vulnerable adults.

We were told there were arrangements in place for staff to raise any concerns. The practice told us that pre-employment checks of any new members of staff are carried out before they join the practice, including Disclosure and Barring Service (DBS) clearance.

Radiographic equipment

The practice had X-ray equipment and the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. Staff involved in taking radiographs had completed the required training in accordance with the requirements of the General Dental Council² and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

We observed that the radiation protection file was completed as required. On examination of the patient's records, generally we found a good standard of record keeping, with the majority of patient records we examined having sufficient information recorded to justify why certain dental X-ray views had been taken. However we identified some records with no justification recorded in the notes. Patient records need to be complete and accurate including the recording of justification for X-rays.

Improvement needed

All x-rays need to be justified in the clinical notes.

² General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

The practice had a quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. The audit we reviewed highlighted a number of findings. However, there was no evidence to show these had been acted upon. It is recommended that audits be used as tools for improvement.

Improvement needed

Audits undertaken should be used as tools for continued improvement.

The grading of X-rays needs to be routinely recorded and acted upon.

Effective care

We looked in detail at a sample of fifteen patient records at the practice. Overall, we found that the majority of records were appropriate and sufficiently detailed with information about each patient's treatment. However we identified issues that need to be addressed, including:

- Medical history must be counter-signed routinely by the dentist in line with the General Dental Council Standards (Standard 4)
- Recall intervals to be recorded and justified in the patient's clinical notes
- All paper record cards should have full patient details including name, address and date of birth to ensure correct identification for storing paperwork and radiographs
- The recording of the justification for taking X-rays was not evidenced in some notes examined (as noted above)
- One set of notes did not evidence that smoking cessation advice or risk of oral cancer had been explained.

Improvement needed

Patient records need to be improved by ensuring:

- ***Recall intervals are documented and justified in patients notes***
- ***All paper record cards have full patient details recorded to ensure the correct identification for storing paperwork and radiographs***
- ***Smoking cessation and risks of oral cancer are provided to patients (where applicable) and documented in their notes.***

- ***All medical histories need to be counter-signed by the dentist.***

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engages in some relevant audits, including infection control. Some audits we reviewed did not have the assessors name and date completed and it is recommended that audits are fully completed, recording all necessary information.

Improvement needed

All audits to be fully completed, including the assessor's name and date completed.

We were told that the dentists had access to a clinical director to provide any clinical support as required.

There were no formal arrangements for staff to conduct regular peer review audits together. We advised the practice that learning from peer review and audits contributes to the quality of care provided.

Improvement needed

The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, share best practice and helping to ensure the quality of the care provided.

Quality of Management and Leadership

We found evidence of effective management and leadership at this practice. Staff we spoke to were happy in their roles, understood their responsibilities and felt supported. A range of relevant policies and procedures were in place.

The practice had been acquired by {my}dentist in 2014 and we were told of the improvements that had been made to the practice.

We found that the practice was well run, with a clear structure of management in place both locally and corporately. The daily operation of the practice was the responsibility of the practice manager and was underpinned by a range of clinical procedures and quality assurance processes to ensure that patients' care and treatment were delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team.

We saw a staff team at work who seemed happy in carrying out their roles. We found there were systems in place to ensure any new staff received an induction and that they are made aware of policies and procedures.

We saw evidence that staff had completed relevant training to their role and for their continuing professional development (CPD). There was a system in place for staff to receive an annual appraisal and regular one-to-one meetings. This meant there were opportunities for staff to reflect on their work and identify any relevant training they may feel is required.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice.

We looked at the policies and procedures in place and found there were arrangements for regular review. The practice's policies are available to staff electronically and in hard-copy format. We were assured that any changes to policies were communicated to staff.

We were told that staff meetings were held monthly and we saw evidence of an agenda and minutes of previous meetings, which would be circulated to staff unable to attend the staff meeting.

At the time of our visit we noted that (patients) paper records were not stored in a fire proof cabinet. This was discussed during the visit and plans were in place to address this issue.

The office and staff room were external to the main building which was accessed by stairs and a steep slope. During bad weather we noted that this approach could be dangerous for staff. The additional space that could be used to improve clinical facilities could also benefit all staff by having the practice manager and staff room within the main building. Consideration needs to be given to moving the office and staff room to within the main building.

Discussions with staff highlighted the practice's involvement in supporting the local community which we recognised as noteworthy and good practice. The practice had raised money for a local charity, which provides transport to local people who have no means of suitable transport. The practice also organised a Children's Day, in which local children spent time at the practice, learning about the importance of oral care.

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 River Wye 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 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: River Wye Dental Practice

Date of Inspection: 27 September 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	<p><i>Staff must make all patients fully aware of what is available in a NHS course of treatment, before being referred for private treatment.</i></p> <p><i>General Dental Council Standards for the Dental Team, Standard 1.7</i></p>	Standard 4.2	Choices are to be offered in line with the GDC regulations. Before agreeing a treatment plan the clinicians must validate the patients understanding of the NHS banding option and what is available to them. (practice based meetings involving all staff to discuss NHS band options available to patients under treatment and what this means for them.) The HC12W publication to be freely available to patients, which again explains what, is available under the current NHS bandings. In addition we already have a poster in large print indicating current	PM/ Support from Clinical team.	November 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			prices and banding treatments this is displayed in the waiting room.		
6	<p><i>A review of health promotion information is required to ensure it is accessible to a wider range of patients.</i></p> <p><i>Where other agencies are listed they must be appropriate and correct.</i></p>	Standard 1.1	<p>These are available in the patients waiting room I am member of the Wales Health Promotion Library and have from them publications regularly</p> <p>I was not asked for this on the day. The CQC poster was removed immediately</p>	PM	Completed
Delivery of Safe and Effective Care					
9	<p><i>The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05 and consider developing additional space to improve facilities.</i></p> <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05</i></p>	Standard 2.4	<p>Although the practice does have additional space this is currently occupied, used and leased by Mental Health.</p> <p>Talks with Facilities and property are happening to see what can be done in how we can take back some space to consider plans for a decontamination room.</p>	Regulatory Officer/ Area Manager/ facilities/ Property	To be reviewed once legal paperwork with lease and agreements have been looked at.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>guidelines section 2.4i</i>				
10	<p>All x-rays need to be justified in the clinical notes.</p> <p><i>General Dental Council Standards for the Dental Team, Standard 4.1</i></p>	Standard 3.5	I have highlighted the lack of justification on radiographs to the clinicians. The clinical support manager is also visiting the practice to validate this. There is a training matrix now in place and in the 6monthly audits there will be clear checks made and recorded.	Practice Manager/ Support from CSM	November 2016
11	<p>Audits undertaken should be used as tools for continued improvement.</p>	Standard 3.4	Agreed with the dentists to meet to discuss as a group the findings of the audits. Action and development plan to be cascaded to the dental team.	Practice Manager	November 2016
11	<p>The grading of x-rays need to be routinely recorded and acted upon.</p> <p><i>General Dental Council Standards for the Dental Team, Standard 4.1</i></p>	Standard 3.5	All clinicians are grading their x-rays in the log books provided in surgery and going forward with the implantation of R4 clinical plus this will be a mandatory task to complete within the clinical notes to ensure this is not missed.	Practice Manager	November 2016
11	<p>Patient records need to be improved by ensuring:</p>	Standard 3.5	The pending installation of R4 Clinical plus will again ensure that the justifiable recall periods are noted in the patient notes and set	PM/ Support from CSM	Ongoing 3 monthly review until satisfied

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> • <i>Recall intervals are documented and justified in patients notes</i> • <i>All paper record cards have full patient details recorded to ensure the correct identification for storing paperwork and radiographs</i> • <i>Smoking cessation and risks of oral cancer are provided to patients (where applicable) and documented in their notes.</i> • <i>All medical histories need to be counter-signed by the dentist.</i> <p><i>General Dental Council Standards for the Dental Team, Standard 4.1</i></p>		<p>accord to the NICE guidelines.</p> <p>The new operational system, as we mentioned during the inspection visit – re patient record envelopes holding patient sensitive information will now be stored for three months in a fire retardant lockable cabinet; then archived with Iron Mountain. X-rays will be held in each surgery in a locked draw with relevant coding for identification.</p> <p>Dentist has been spoken to in regard to the importance for recording smoking cessation and oral cancer screening and reflecting the conversation in the clinical notes and using the provided template on R4.</p> <p>All Medical Histories will also</p>		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			now be signed by the Dentist when completed or if any change has occurred. This will be monitored through the record card Audit.	PM/ Support from CSM	Ongoing 3 monthly review until satisfied
12	<i>All audits to be fully completed, including the assessors name and date completed.</i>	Standard 3.4	This is been taken on board completely and going forward will be countersigned by two members of staff. Record keeping, Radiograph Antimicrobial Audit and the management of referral audits.	PM	Completed and on going review
12	<i>The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, share best practice and helping to ensure the quality of the care provided.</i>	Health and Care Standards 3.3; Private Dentistry Regulations Section 14(2);	We are currently in conversation with neighbouring sites within the mydentist group to arrange a 3 monthly peer review audit gathering to increase learning. Also all dentists have actively enrolled onto the deanery peer review audit committee.	PM/ Dentists	January 2017

Practice Representative:

Name (print):**Alison Price**.....

Title:**Practice Manage**.....

Date:**24/10/2016**.....