

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

## **The Mayhill Dental and Specialist Centre**

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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 the Mayhill Dental and Specialist Centre at Mayhill Lodge, Mayhill, Monmouth, NP25 3LX on 17 November 2016.

HIW explored how the Mayhill Dental and Specialist Centre complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 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**

The Mayhill Dental and Specialist Centre provide private only dental services and is based in Monmouth.

The practice staff team includes four dentists, one therapist, four dental nurses and one practice manager.

A range of private dental services are provided.

### 3. Summary

Overall, we found evidence that Mayhill Dental and Specialist Centre provides patients with safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Patient satisfaction was high
- Staff we spoke with were happy in their roles and understood their responsibilities
- Clinical facilities are well-equipped, visibly clean and tidy
- There are arrangements in place for the safe use of x-rays
- Dental instruments are cleaned and sterilised appropriately
- Clinical waste is handled, stored and disposed of safely.

This is what we recommend the practice could improve:

- Further health promotion information to be displayed at the practice and information to be updated on the practice's website
- Infection control audit to be undertaken in line with Welsh Health Technical Memorandum 01-05<sup>1</sup> (WHTM 01-05)
- Corresponding medical emergency process to be kept with drugs
- Local radiation rules and radiology signage to be displayed
- Record of the daily compressor checks to be maintained
- Patient notes
- Arrangements for quality assurance audits and peer review.

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

## Findings

### *Quality of the Patient Experience*

**We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive. The practice had a system 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 to help support patients to take responsibility for their own health and well-being. We recommended that the practice clarify information available regarding their out of hours contact arrangements and maintain up to date website information.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. 21 were completed and returned to us. Patient comments included:

*“I am delighted with this practice, always friendly and professional”*

*“All the staff are very helpful. The dentist is very clear from the initial consultation until completion of treatment”*

*“An excellent practice, top notch facilities, knowledgeable, friendly staff”*

*“Everything is very, very satisfactory and the staff are lovely”*

### Dignified care

Patients were provided with care in a dignified and respectful manner. There was space available for staff to have conversations with patients in a private area, away from others, if required. We observed staff speaking with patients in a friendly and professional way. Feedback from the patients who completed HIW questionnaires was universally positive with patients stating they were satisfied with the care and treatment they received at the practice and that they felt welcomed by staff.

### Timely care

The practice tries to ensure that dental care is provided in a timely way. There was a flexible appointment system so that patients could book appointments both in advance and for emergencies. Patients responding to the HIW

questionnaires' told us they did not experience undue delay in being seen by the dentists and the majority knew how to access out of hours dental care. However, we recommended that the practice clarify the emergency contact telephone number arrangements. The practice needs to update the details available outside the surgery, to include opening hours and current names and qualifications of all dentists. The practice also needs to maintain its website, to ensure that details are up to date including price lists, complaints details and emergency contact arrangements.

### **Improvement needed**

***The practice should keep information about services up to date; specifically information displayed outside the practice and on its website, in line with GDC guidance.***

### Staying healthy

All patients who completed the HIW questionnaires told us they received sufficient information about their treatment. Free samples of toothpaste and apples were available for patients to pick up of their own accord. There was a patients' welcome pack and some health promotion information available in the waiting area. However, we recommended that further health promotion leaflets should be made available in respect of oral cancer and smoking cessation. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

### ***Improvement needed***

***Further health promotion information/leaflets to be made available.***

### Individual care

A patient questionnaire process was in place as a way of assessing the quality of the service provided. Results of the surveys were being considered and actions taken to respond to any suggested improvements. Patient testimonials were posted on the practice's website. We advised that patient survey summaries could be provided to patients, demonstrating the actions and learning taken forward, to complete the processes already in place.

The practice had a procedure in place so that patients could raise concerns (complaints) and this was clearly available in the waiting area. The procedure



was compliant with the Private Dentistry Wales 2008 Regulations<sup>2</sup>. A concerns book was being maintained and we were told that the practice had received no complaints to date. There was a suggestion box available in the waiting area. We saw that a price list for treatments was available, so that patients were informed about costs. The practice provides wheelchair friendly access to the ground floor surgeries.

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<sup>2</sup> The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

## *Delivery of Safe and Effective Care*

**Overall, we found evidence that patients are provided with safe and effective dental care. X-ray equipment was used appropriately and safely. However, we recommended that the practice display local radiation rules in each area where radiology is being used and that radiology signage is displayed.**

**We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We found that an infection control audit needed to be undertaken in line with the WHTM 10-05 guidelines. A record of the daily compressor checks being undertaken needed to be maintained.**

**We looked at patient records and found that improvements were needed. We recommended that the dentists conduct a clinical records audit together in order to share learning and best practice.**

### **Safe care**

#### *Clinical facilities*

We found that all surgeries were clean, tidy and well organised. We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients. The practice was visibly well maintained and fire extinguishers were placed strategically and had been serviced regularly. Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored.

Risk assessments on Control of Substances Hazardous to Health (COSHH)<sup>3</sup> were available and we saw that safety data sheets had been kept for each substance and risk assessments had been completed that were specific to the workplace and environment.

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 and that gas safety certificates were also available. The five yearly electrical certificate for the premises was up to date.

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<sup>3</sup> COSHH is the law that requires employers to control substances that are hazardous to health. More information can be found on the Health and Safety Executive website via the following link <http://www.hse.gov.uk/coshh/index.htm>

We found that a record of the daily compressor checks being undertaken was not being maintained.

### **Improvement needed**

***A record of the daily compressor checks being undertaken must be maintained.***

#### *Infection control*

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence that there were infection prevention and control measures in included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments with a dedicated hand washing sink
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- 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. Records for each sterilisation cycle were kept electronically and backed-up
- Instruments were stored appropriately and dated.

We found that all dental nurses had completed decontamination training, as recommended by the WHTM 01-05. However, we saw evidence that infection control audits needed to be completed, as recommended by the Wales specific WHTM 01-05 guidelines.

### ***Improvement needed***

***Infection control audit to be undertaken in line with WHTM 01-05.***

#### *Emergency drugs and resuscitation equipment*

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were stored safely and available for use in the event of a patient emergency (collapse). 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 were well organised. We advised that corresponding life support flowcharts for use in specific emergencies are kept alongside the drugs.

The practice had a sufficient number of appointed first aiders in the team who had completed relevant training. We found that the process for the checking and recording of drugs stock was appropriate.

### *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 in place. All staff had received training in the protection of children and vulnerable adults. As a matter of good practice all dentists and nursing staff had received an appropriate safeguarding check.

### *Radiographic equipment*

A radiation protection file was in place and documentation available, to show that x-ray machines had been regularly serviced to help ensure they were safe for use. Dentists and dental nurses involved in taking radiographs had all completed the required training. This is in accordance with the requirements of the General Dental Council<sup>4</sup> and Ionising Radiation (Medical Exposure) Regulations 2000. We found that the practice completed radiograph audits for quality assurance purposes. However, we recommended that radiographic control area plans be displayed for each surgery and that radiology signage be displayed.

### ***Improvement needed***

***Practice to display local radiation rules in each area radiology is being used and radiology signage to be displayed.***

The lead dentist indicated that he as a sole operator was using a laser at the practice on an infrequent basis. The lead dentist was recommended to contact the HIW registration team to seek further advice in respect of the use and registration of the QW laser 3.5w.

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<sup>4</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

### ***Improvement needed***

***Lead dentist must contact the HIW registration team to seek further advice in respect of the use and possible registration of the QW laser 3.5w.***

### **Patient records**

We looked in detail at a small sample of patient records across each of the dentists and therapist at the practice. Overall, we found that the record keeping was appropriate, but identified the following areas for improvement:

- There was no system in place to indicate that dentists had checked medical histories and/or that medical histories were countersigned by the dentist
- Smoking cessation advice provided to patients was not recorded in patient records
- Mouth cancer screening was not always recorded and the recording of this is advised
- Justification not being recorded for taking of radiographs
- Six point pocket charts should be recorded appropriately a recommended in the BSP guidelines<sup>5</sup>.

### ***Improvement needed***

***Improvements should be made to patient notes as indicated in the report above.***

### **Effective care**

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice undertakes some internal inspection processes and relevant audits, including infection control and radiographs. However, we recommend that quality assurance and audit processes being conducted at the practice be further developed, in line with the Wales Deanery

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<sup>5</sup> [http://www.bsperio.org.uk/publications/good\\_practitioners\\_guide\\_2016.pdf?v=3](http://www.bsperio.org.uk/publications/good_practitioners_guide_2016.pdf?v=3)

Maturity Matrix Dentistry<sup>6</sup> approach. We advised the practice that learning from peer review and audits helps to ensure the quality of care provided.

***Improvement needed***

***The practice should develop their quality assurance arrangements, including regular peer review audits.***

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<sup>6</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

## *Quality of Management and Leadership*

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

We saw a staff team at work that seemed happy and competent in carrying out their roles and responsibilities. Staff we spoke with told us they felt supported by the practice manager. We saw that staff were able to access training relevant to their role and for their continuing professional development (CPD). We were told that staff appraisals had been conducted. Annual appraisals of staff are important to help ensure the quality of care provided and to identify any training needs.

We were told that formal staff meetings were conducted on a regular basis with minutes and actions being recorded.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, the 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.

#### 4. 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 Mayhill Dental and Specialist Centre 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.



## 5. Methodology

Any dentist working at the practice who is registered with HIW to provide private dentistry will be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>7</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>8</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
- 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
- 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 relevant regulations at the practice visited on the day of the inspection.

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<sup>7</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>8</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: The Mayhill Dental and Specialist Centre**

**Date of Inspection: 17 November 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	The practice should keep information about services up to date; specifically information displayed outside the practice and on its website, in line with GDC guidance.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Guidance on advertising</i>	Completed	Helen Guppy	Done
6	Further health promotion information/leaflets to be made available.	Private Dentistry (Wales) Regulations 2008 14 (1) (a) <i>GDC guidance (1.4.2)</i>	In progress	Helen Guppy	28 February 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Delivering better oral health (version 3)			
<b>Delivery of Safe and Effective Care</b>					
9	A record of the daily compressor checks being undertaken must be maintained.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>Pressure Systems and Transportable gas Container Regulations 1989</i> <i>Pressure Systems Safety Regulations 2000</i>	Log book now kept by compressor	Sam Lounds	Done
9	Infection control audit to be undertaken in line with WHTM 01-05	Private Dentistry (Wales) Regulations 2008 14 (6) <i>Welsh Health Technical</i>	New audit (WHTM) carried out	Sam Lounds	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>Memorandum 01-05 (WHTM 01-05)</i>			
10	Practice to display local radiation rules in each area radiology is being used and radiology signage to be displayed	Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>Ionising Radiation Regulations 1999 Ionising Radiation (Medical Exposure) Regulations 2000</i>	Local rules displayed in all areas	David Guppy	Done
11	Lead dentist must contact the HIW registration team to seek further advice in respect of the use and possible registration of the QW laser 3.5w.	Private Dentistry (Wales) Regulations 2008 8 (c) and 10	Decommissioned see notes In evaluation form	David Guppy	Immediate
11	Improvements should be made to patient notes as indicated in the report above.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>GDC Guidance</i>	Advice taken and will be followed	David Guppy	Immediate

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>Standard 4</i>			
12	The practice should develop their quality assurance arrangements, including regular peer review audits.	Private Dentistry (Wales) Regulations 2008 14 (2) <i>Maturity Matrix Dentistry</i>	In progress currently investigating	David Guppy	31 May 2017
<b>Quality of Management and Leadership</b>					
	None				

**Practice Representative:**

**Name (print):** .....David Guppy.....

**Title:** .....Dentist and practice owner.....