

# General Dental Practice Inspection (Announced) Huw Jones Dental Practice

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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 Huw Jones Dental Practice at Northfield Road, Narberth, Pembrokeshire, SA67 7AA on 8 December 2016.

HIW explored how Huw Jones Dental Practice 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

Huw Jones Dental Practice provides private only dental services and is based in Narberth, Pembrokeshire.

The practice staff team includes one dentist, one part time therapist, two dental nurses, one receptionist and one practice manager.

A range of private dental services are provided.

### 3. Summary

Overall, we found evidence that Huw Jones 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:

- 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.

This is what we recommend the practice could improve:

- Develop patient feedback processes
- Update fire and environmental risk assessments
- Consider safe and secure storage of items highlighted in the report
- Identify and train a staff member as a first aider
- Improve patient notes in the areas identified in the report
- Arrangements for quality assurance audits and peer review
- Update policies as identified in the report
- Undertake protein and foil kit tests for ultra sonic equipment
- Date stamp dental instruments at point of sterilisation.

## 4. 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. We advised the practice to display further health promotion information to help support patients to take responsibility for their own health and well-being. The practice needs to develop a process 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. 17 were completed and returned to us. Patient comments included:

*“Good welcome and good service”*

*“Very happy with the service and treatment I receive”*

*“Everyone is very welcoming and always happy to help. Very happy, the dentist is lovely and welcoming every time. It’s a pleasure to visit the dentist”*

*“Always very helpful and lovely smiles. Always seem to put your mind at rest, lovely to have fresh flowers in the waiting room. I have every confidence in my dentist and all the staff”*

#### 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 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

dentist. The majority of patients knew how to access out of hours dental care. The practice details available outside the surgery were updated during the inspection to include the opening hours, emergency contact telephone number and the name and qualifications of the dentist to ensure patients could access this information if required.

### Staying healthy

All patients who completed the HIW questionnaires told us they received sufficient information about their treatment. There were patient welcome leaflets and some health promotion information available in the waiting area. However, we advised that further health promotion leaflets could be made available in respect of oral cancer and smoking cessation and information was made available during the inspection. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

### Individual care

The practice needs to develop and implement a patient feedback process as a way of assessing the quality of the service provided. Results of feedback received should be considered and actions taken to respond to any suggested improvements, with patient survey summaries provided to patients.

### ***Improvement needed***

***The practice needs to develop a process for regularly seeking patient feedback as a way of assessing the quality of the service provided.***

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>1</sup>. A concerns book was being maintained and we were told that the practice had received two complaints to date, which had been dealt with appropriately. There was a comment book available in the waiting area and we noted positive patient feedback entries. We saw that a price list for treatments was available, so that patients were informed about costs. The practice is on the first floor and there is lift access available. A hearing loop system was in place to aid communication with patients who had difficulties in hearing. Information was available in the Welsh language for patients who were Welsh speakers.

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<sup>1</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. 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 had been undertaken in line with the WHTM 10-05<sup>2</sup> guidelines.**

**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 the surgery was clean, tidy and well organised. Remedial work was advised to one cabinet in the dentists' surgery. This was to enclose an area of where equipment piping was housed. The dentist made arrangements during the inspection for this to be addressed.

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. COSHH items were stored out of sight but we advised that the access to the cupboard used needed to be made more secure and arrangements were made to address this during the inspection.

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. There were no gas appliances in use at the setting.

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<sup>2</sup> The new WHTM 01-05 replaces the concept of "Essential Requirements" and "Best Practice" with a process of continuous improvement which is in line with other recent revised WHTM. <https://dental.walesdeanery.org/improving-practice-quality/national-audit-projects>

<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>

The five yearly electrical certificate for the premises was up to date. A record of the daily compressor checks being undertaken was being maintained.

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. Fire extinguishers were placed strategically and had been serviced regularly. Fire drills and checks were being undertaken periodically. However, we recommended that the practice review its fire risk assessment, as fire signage was required; advice was given regarding the storage of oxygen, which was addressed on the day of the inspection and the use of the lift in the event of a fire needs to be clarified.

***Improvement needed***

***The practice should review its fire risk assessment.***

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were being safely stored and the practice confirmed that these were to be secured to the wall. However, we noted that the storage arrangements for clinical waste needed to be reviewed. We found that some dental materials were not being stored securely and whilst this was addressed on the day of the inspection, appropriate storage arrangements must be maintained.

***Improvement needed***

***All dental materials must be stored appropriately and securely at all times.***

***The practice should review its environmental risk assessments, to ensure appropriate storage arrangements are identified and 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 place 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.

We found that the dentist and dental nurses had completed decontamination training. Infection control audits had been completed, as recommended by the Wales specific WHTM 01-05 guidelines. Evidence of inoculation immunity check status for all relevant staff was in place. We found that dental instruments were not being consistently date stamped at the point of sterilisation and that protein and foil kit tests for ultrasonic equipment, needed to be undertaken.

***Improvement needed***

***Dental instruments should be date stamped at the point of sterilisation to ensure they are used within the specified time of processing.***

***Protein and foil kit tests for ultrasonic equipment should be undertaken.***

*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 safe for use in the event of a patient emergency (collapse). Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks was being maintained. There was an appropriate accident book in place and accident sheets were being filed securely to maintain data protection.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We advised the practice to review and update its resuscitation policy to include roles and responsibilities for staff. There was a first aid kit available. However the practice needs to appoint and train a first aider in the team.

***Improvement needed***

***The practice should review and update its resuscitation policy to include roles and responsibilities for staff.***

***The practice must appoint and train a first aider in the team.***

## *Safeguarding*

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. There were appropriate protection policies in place and safeguarding training was up to date for all relevant staff. However, the practice should develop its protection of vulnerable adults and protection of children policies, so that they include local safeguarding contact numbers. This is to ensure that staff could easily access this information, should the need to report a concern arise.

### ***Improvement needed***

***The practice should develop its safeguarding policies, so that they include local safeguarding contact numbers.***

We were told there were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We were told that pre-employment checks of any new members of staff were carried out before they joined the practice, including appropriate safeguarding checks. The three yearly refresher safeguarding check for the dentist was being updated at the time of the inspection and documentation was received shortly after to verify that this had been brought up to date.

## *Radiographic equipment*

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. The practice completed radiograph audits for quality assurance purposes.

We found that the majority of staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council<sup>4</sup> and Ionising Radiation (Medical Exposure) Regulations 2000. We were told and saw evidence to indicate that the dentist was booked onto refresher training in this area and a training date had been arranged for February 2017.

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

## *Patient Records*

We viewed a sample of dental records and spoke with the dental practitioner on the day of our inspection. Overall, we found there was a good quality of record keeping and patient care.

However, we identified the following areas for improvement:

- Medical histories were not consistently countersigned by the dentist and patient to identify they had been checked. There was not a clear system of updating them.
- Smoking cessation advice and mouth cancer screening was not being consistently recorded. Patients' ongoing informed consent need to be recorded
- Intra and extra oral examination records need to be detailed, clearly distinguished and consistently recorded
- Patients' notes need to be signed by the dentist
- Patients recall intervals need to be recorded
- Radiograph justification and findings to be recorded at all times.

### ***Improvement needed***

***Patient notes must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.***

### Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in some relevant audits, including infection control. There were no formal arrangements for staff to conduct regular peer review audits. We advised the practice that learning from peer review and audits contributes to the quality of care provided. We discussed the range of audit topics provided by the Welsh Deanery.

### ***Improvement needed***

***The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, sharing 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. There is an established staff team, with low staff turnover. Staff we spoke with were happy in their roles, understood their responsibilities and felt supported by the dentist and practice manager. A range of relevant policies and procedures were in place.**

We found that the dental surgery was well run. 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. The day to day management of the practice was the responsibility of the practice manager. We saw a staff team at work that seemed happy and competent in carrying out their roles.

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). The practice manager that appraisals had been conducted for staff. We found there were systems in place to ensure any new staff received an induction and that they were made aware of practice policies and procedures. We were told that staff meetings were held on a regular basis and these were recorded.

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 looked at the policies and procedures in place and saw evidence that they had been reviewed regularly. Some policies required further detail as indicated in the report and the practice manager was advised to consider developing their quality assurance policy, to implement an ongoing process of audit and review, as a way of ensuring the quality of the care provided.

We noted that storage and archiving of patient files required consideration, to ensure the safety and security of personal data. The practice was in the process of taking further advice regarding retention and/or archiving processes.

### ***Improvement needed***

***The practice must review the storage of patient files to maintain the safety and security of personal data.***

## 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 Huw Jones Dental Practice at Northfield Road will be addressed, including timescales.

The actions 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

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>5</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>6</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
- 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 relevant regulations at the practice visited on the day of the inspection.

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<sup>5</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>6</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>



## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Huw Jones Dental Practice**

**Date of Inspection: 8 December 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	The practice needs to develop a process for regularly seeking patient feedback as a way of assessing the quality of the service provided.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>General Dental Council (GDC) Guidance 2.1</i>	We have always had a comments book for patient feedback and we have since introduced the use of patient questionnaires, which will be given to patients annually and audited and acted upon as necessary.	Lisa Smith	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Delivery of Safe and Effective Care</b>					
8	The practice should review its fire risk assessment.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>Fire Precautions (Workplace) Regulations 1997 &amp; The Regulatory Reform (Fire Safety) Order 2005</i>	The building has now received a fire risk assessment. There were areas that needed attention and are being dealt with at present by building management, one of which is an evacuation chair which will aid disabled patients in the event of a fire. Other areas that were needing attention, such as emergency lighting, will be dealt with by building management.	Lisa Smith	28 <sup>th</sup> February 2017
8	All dental materials must be stored appropriately and securely at all times.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>Hazardous</i>	Cupboards now have secure locks on, so materials are no longer accessible by patients.	Lisa Smith	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>Waste (England and Wales) Regulations 2005</i>			
8	The practice should review its environmental risk assessments, to ensure appropriate storage arrangements are identified and maintained.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>Management of Health and Safety at Work Regulations 1999</i>	Environmental risk assessments will be reviewed as appropriate storage space for hazardous waste is now available outside the building in a lockable bin.	Lisa Smith	28 <sup>th</sup> February 2017
9	Dental instruments should be date stamped at the point of sterilisation to ensure they are used within the specified time of processing.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>WHTM 01-05</i>	All dental instruments are now date stamped at the specified point of sterilisation and are reviewed monthly.	Lisa Smith	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>24 (k)</i>			
9	Protein and foil kit tests for ultrasonic equipment should be undertaken.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>WHTM 01-05</i>	Protein and foil kit tests for the ultrasonic bath are now being taken as part of the decontamination process on a weekly basis.	Lisa Smith	Completed
9	The practice should review and update its resuscitation policy to include roles and responsibilities for staff.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>GDC Guidance 6.2.6</i>	The resuscitation policy has now been updated to include the new location of medical drugs and oxygen, and the roles and responsibilities of staff members.	Lisa Smith	Completed
9	The practice must appoint and train a first aider in the team.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)	We have two appropriately qualified members of staff that have been appointed first aiders and both possess certificates.	Lisa Smith	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>Health and Safety (First Aid) Regulations 1981</i>			
10	The practice should develop its safeguarding policies, so that they include local safeguarding contact numbers.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>GDC Guidance 4.3.3 &amp; 8.5</i>	Safeguarding policies have been updated to include contact numbers and flow charts.	Lisa Smith	Complete
11	Patient notes must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>GDC Guidance standard 4</i>	We have taken on the advice from inspectors and are now implementing recommended guidance and improvements to our record keeping	Bonnie Mothibi	Complete
11	The practice should formalise quality	Private	Arrangements are already in place	Lisa Smith	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	assurance arrangements, including regular peer review audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.	Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>Private Dentistry (Amendment) Regulations 2008 Section 16 A (1)</i>	with a nearby dental surgery to hold regular peer review audits. Dates are to be confirmed.		
<b>Quality of Management and Leadership</b>					
12	The practice must review the storage of patient files to maintain the safety and security of personal data.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>Data Protection Act 1998</i>	After contacting NHBSA, appropriate records have been safely disposed of. All other record cards are now stored in lockable cupboards, where they are not accessible to patients.	Lisa Smith	Completed

**Practice Representative:**

**Name (print):** Lisa Smith

**Title:** Practice Manager

**Date:** 24<sup>th</sup> January 2017