



General Dental Practice Inspection (Announced)

Paul John Dental Practice, Cwm
Taf University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Paul John Dental Practice, 60a Oxford Street, Mountain Ash, CF45 3HB within Cwm Taf University Health Board on 11 May 2017.

Our team, for the inspection comprised of an HIW inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Paul John Dental Practice was meeting the standards necessary to provide safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

This is what we found the service did well:

- Patients were very satisfied with the service provided
- We found evidence that this is a well run service with effective systems to support overall practice management and leadership
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well-equipped, clean, tidy and well organised
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the service could improve:

- A private patient price list must be displayed
- A five yearly electrical wiring certificate for the premises is required and a copy to be sent to HIW
- Dentists must ensure that the specific findings in the report are addressed around decontamination
- Dentists must ensure that the specific findings in the report are addressed around record keeping.

3. What we found

Background of the service

Paul John dental practice provides services to patients in the Mountain Ash and surrounding areas. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice employs a staff team which includes two dentists, six dental nurses (which includes part-time dental nurse staff, one of whom also provides receptionist duties), two therapists, two receptionists and one full time practice manager.

The practice provides a range of NHS and a small percentage of private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we found that this practice was working hard to provide a high quality experience and were committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was very positive.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 30 completed questionnaires. The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years. Patients that completed a questionnaire all told us they were very satisfied with the service they received at the practice. Patient comments included the following:

"Excellent service from all staff"

"Always helpful, informative and supportive, efficient, professional and courteous staff"

"Always have a positive experience when visiting this practice"

Staying healthy

The majority of patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. There was ample dedicated dental health promotion information available, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed on the notice board which gave patients a range of information about the dental practice.

Dignified care

Every patient that completed a questionnaire felt that they had been treated with respect when visiting the practice and were made to feel welcome by the practice team. We observed the warm, friendly and professional approach adopted by staff towards patients.

There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining patient confidentiality. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Patient information

Almost all patients that completed a questionnaire felt involved as much as they wanted to be in any decisions made about their treatment. The majority of patients that completed a questionnaire told us that they had received clear information about their dental treatment, including available treatment options and costs. Only a small number of patients that completed a questionnaire said that they didn't know how the cost of their treatment was calculated.

The practice has its own patient information leaflet named "Mountain Ash dental practice working together" and staff photos and names in the waiting area which provides patients with information on the practice. We saw that the practising dentists' details and the surgery opening hours were being displayed externally. Patient records were being stored securely.

We saw that information about the price of NHS treatment was available in the waiting area, so that patients were informed about costs. However, a private patient's price list was not on display.

Improvement needed

A private patient price list must be displayed in a prominent accessible place to inform patients of relevant costs.

Communicating effectively

A small number of patients that completed a questionnaire considered themselves as Welsh speakers, and could only sometimes speak to staff in their preferred language at the practice. All non-Welsh speaking patients that completed a questionnaire told us that they were always able to speak to staff

in their preferred language. We saw evidence that Welsh language needs were being considered as the practices own patient questionnaires were available in Welsh. The practice are advised to consider whether any other bilingual information could be made available for patients.

Timely care

The practice tries to ensure that dental care is always provided in a timely way. Patients that completed a questionnaire told us that they hadn't experienced any delay in being seen by the dentist on the day of their appointment. Only a small number of patients that completed a questionnaire said that they wouldn't know how to access the out of hour's dental service if they had an urgent dental problem. We saw that the details of the emergency contact number were being displayed externally.

Individual care

Planning care to promote independence

Responses from patients' questionnaires showed us that all of the patients felt they were given enough advice about their individual treatment and were very happy with the service they received and were always made to feel welcome.

Patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice had in place an equality and diversity policy. There is level access to one surgery on the ground floor, which is accessible for patients with mobility difficulties. The patient toilet is located on the first floor. There is a public toilet with disabled access available directly across the road from the practice.

Listening and learning from feedback

A quarter of patients that completed a questionnaire told us that they wouldn't know how to raise a concern or complaint about the services they receive at the dental practice. Details of the complaints procedure were available on the wall of the waiting room. Copies of the complaints procedures are accessible, on the reception desk. This meant that patients could easily access this information, should they require it.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment. The complaints procedure was compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'¹). There was also information for private patients' complaints procedures displayed in the waiting area in line with the Private Dentistry Wales 2008 Regulations².

Few patient complaints had been received over the years and there was a complaints file with evidence to indicate that those received had been responded to in line with the complaints policies. The practice manager has put in place a concerns log to record informal concerns centrally to enable any common themes to be identified.

Patients that completed a questionnaire confirmed that they are asked for their views on the dental practice. The practice had an established way of seeking patient feedback. We saw evidence that patient satisfaction surveys were distributed to seek patients' feedback and suggestions. We advised that the frequency for requesting patient feedback be periodic and that following an audit of the information received that the practice could display an analysis of the feedback in the waiting area demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

¹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

² [https://www.dentalprotection.org.uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](https://www.dentalprotection.org.uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use.

There were arrangements in place for the safe use of X-ray equipment. The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

Safe care

Managing risk and promoting health and safety

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was visibly well maintained and surgeries were clean, tidy and well organised. All patients who completed a questionnaire felt that, in their opinion, the practice was very clean. We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. Evidence of a five yearly electrical wiring certificate for the premises was not available.

There was one unisex toilet for use by patients and one toilet for staff. Both facilities were clearly signposted and visibly clean with sanitary disposal bins in place.

Risk assessments on Control of Substances Hazardous to Health (COSHH) and safety data sheets were being kept for substances in addition to risk assessments. COSHH substances were being stored safely on the day of the inspection visit.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored. Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. There was a health and safety policy in place.

Improvement needed

A five yearly electrical wiring certificate for the premises is required and a copy to be sent to HIW.

Infection prevention and control

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

- Designated room for the cleaning and sterilisation of dental instruments
- 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
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place and we saw that all staff were signing and dating to indicate that they had considered key policies. We found that inoculation immunity check status for staff members was up to date.

Whilst a decontamination record was being maintained, to record processes; the practice was using test strips for the autoclave. A manual automatic control test is recommended to be carried out and a record of these tests should be maintained in a dedicated autoclave logbook which will have all the daily and weekly test requirements. The manual cleaning of instruments should also be validated and recorded.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05)³ guidelines and relevant staff had completed decontamination refresher training on a five yearly basis. The principal dentist indicated that replacement cabinetry is being planned for the surgeries. The cabinetry was appropriate on the day, with only some minor wear and tear.

Improvement needed

It is recommended that a manual automatic control test is carried out and recorded. In addition cycle parameters must be recorded for each cycle and checked at least weekly either by printouts or digital downloads.

A separate logbook to validate the manual cleaning processes should be maintained.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in all relevant areas. We saw records that indicated the team had received all relevant training. The emergency drugs were stored securely and immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use. All clinical staff had up to date CPR training there was a designated and trained first aider available.

Safeguarding children and adults at risk

³ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was being provided for relevant staff.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. There were systems in place to ensure that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. DBS safeguarding checks were in place for dentists in line with the private dental regulations.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgery and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgery had been designed and organised to help the team work efficiently and was visibly very clean and in good condition.

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We discussed with the principal dentist the access issue to the X-ray facilities as currently these are in the surgery on the first floor only. The principal dentist confirmed that they are considering a replacement X-ray facility in the surgery on the ground floor.

We saw documentation to show that the X-ray machine had been regularly serviced to help ensure it was safe for use. We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000. A radiation protection file was being maintained.

Effective care

Safe and clinically effective care

⁴ <https://www.gov.uk/government/publications/the-ionising-radiation-medical-exposure-regulations-2000>

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in relevant audits, including infection control.

Quality improvement, research and innovation

The principal dentist stated that the practice had previously been engaged with the Deanery of Wales CAPRO audits⁵. Also the principal dentist indicated that there had been intermittent peer quality review processes with other surgeries and that this was an area that they could look to re-establish on a regular basis.

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. We discussed with the principal dentist whether a keypad entry to the staff room at the top of the stairs would be beneficial to restrict entry to this area further than at present and this is to be arranged. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping and overall these were good. However, we identified the following areas for improvements:

- Evidence of ongoing informed consent needs to be recorded more consistently
- Reasons for recall periods needs to be more consistently recorded
- Medical histories must be recorded and signed consistently at the start of examination
- The frequency of radiographs (bite wings) needs to be considered in line with guidance

⁵ <https://dental.walesdeanery.org/improving-practice-quality/carro>

- Smoking and alcohol consumption and subsequent oral cancer screening to be recorded consistently at each examination

The findings were discussed with the dentists in detail and we advised, and it was agreed, that they would implement a peer review programme in this area, to further improve the quality of record keeping.

Improvement needed

Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

The practice was owned by the principal dentist, with one other dentist and a friendly and settled staff team. There was a practice manager in place to support the day to day management of the practice. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior practice staff and their colleagues. They also told us they had opportunities to attend relevant training.

Governance, leadership and accountability

Paul John dental practice is owned by the principal dentist who is supported by one other dentist and the wider practice team. There is a practice manager in place to assist with the day to day management of the practice. Where we identified areas for improvement, the principal dentist and practice manager demonstrated a commitment to address these quickly.

Staff told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw records of practice meetings that had been held on a regular basis with minutes provided for each member of staff stored in individual personnel files.

There were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

Staff and resources

Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. We saw certificates to evidence that all clinical staff had completed training in areas highly recommended by the General Dental Council.

The practice had a settled and stable staff team, with good team working being reported and observed on the day of the inspection. We saw evidence that staff had received an appraisal of their performance within the last year and personal development plans identified as a result of their appraisals.

We found that dentists and nursing staff were registered with the General Dental Council to practice and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The dentists working at the practice provided private dental services and we saw their HIW registration certificates prominently displayed as required by the regulations for private dentistry.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). 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 [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Paul John Dental Practice

Date of inspection: 11 May 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Immediate improvement plan

Service: Paul John Dental Practice

Date of inspection: 11 May 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
A private patient price list must be displayed in a prominent accessible place to inform patients of relevant costs.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) General Dental Council (GDC) Guidance 2.4.1	Private Patient List Drawn up and is being Framed for display	P S John	Display by 10/07/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
A five yearly electrical wiring certificate for the premises is required and a copy to be sent to HIW.	Health and Care Standards 2.1 The Electricity at Work Regulations 1989	Wiring certification to be arranged – Electrician contacted Copy to be sent to HIW	P S John	31/07/2017
A decontamination log book should be used to maintain autoclave records.	Health and Care Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (4) & (6) WHTM01-05	Decontamination log books for each autoclave ordered and when delivered will be utilised –After next practice meeting	P S John	17/07/2017
It is recommended that a manual automatic control test is carried out and recorded. In	Health and Care	Manual control tests are being carried out and weekly cycle parameters are	P S John	17/07/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
addition cycle parameters must be recorded for each cycle and checked at least weekly either by printouts or digital downloads.	Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (4) & (6) WHTM01-05	being checked via data loggers.		
A separate logbook to validate the manual cleaning processes should be maintained.	Health and Care Standards 2.4 Private Dentistry (Wales) Regulations 2008 14 (4) & (6) WHTM01-05	Log book ordered for Manual Cleaning To be Implemented alongside Autoclave log books.	P S John	17/07/2017
Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure	Health and Care Standards	Audit of record keeping already carried out and amendments made to ensure that records are maintained as per	P S John	Completed 27/05/2017

Improvement needed	Standard	Service action	Responsible officer	Timescale
patient dental records completed by them are maintained in accordance with professional standards for record keeping.	3.3, 3.5, 4.2 Private Dentistry (Wales) Regulations 2008 14 (1) (b) GDC Standard 4	guidelines.		
Quality of management and leadership				
None				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Paul John

Job role: Principal

Date: 30/06/17