

General Dental Practice Inspection (Announced)

Newport Smile Centre (Gupta &
Gupta Ltd), Aneurin Bevan
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 Newport Smile Centre (Gupta & Gupta Ltd.) at 5 North Street, Newport, NP20 1JT, within Aneurin Bevan University Health Board on the 22 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 Newport Smile Centre (Gupta & Gupta Ltd.) provides safe and effective care, however, we found some areas for improvement in order for the practice to meet with the relevant standards and regulations.

This is what we found the service did well:

- Patients told us they were very happy with the service provided
- Staff interaction with patients was observed as polite and courteous
- Clinical facilities were well equipped, clean and tidy
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they felt well supported by the practice owners and the wider practice team.

This is what we recommend the service could improve:

- Implementation of a system to allow patients to provide feedback
- A robust process for clinical audit and peer review with the aim of identifying areas for improvement and best practice
- Dentists need to improve aspects of their record keeping.

3. What we found

Background of the service

Newport Smile Centre (Gupta & Gupta Ltd.) provides services to patients in the Newport area of South Wales. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice employs a staff team which includes two dentists, one hygienist (who is also the practice manager), two dental nurses, two trainee dental nurses and a receptionist.

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

Newport Smile Centre (Gupta & Gupta Ltd.) has a sister dental surgery located close by, which is also owned by the principal dentists. For the purposes of this report, only North Street surgery was inspected.

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.

We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service they had received.

We found that the practice needed to introduce a system to allow patients to provide feedback on the services received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 20 questionnaires were completed. Patient comments included the following:

"Always found everyone polite and helpful"

"Happy with my treatment"

Staying healthy

We saw a number of health promotion information leaflets were available in the waiting area. This would help to promote the need for patients to take care of their own health and hygiene.

Without exception, all patients told us that they had been provided with enough information about their treatment by the dental team.

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner.

All patients that completed a questionnaire agreed that they had been made to feel welcome by the dental team and that they were satisfied with the service they had received.

Patient information

The practice provided a range of private and NHS dental treatments. Information on prices for private dental treatments was available to view in the waiting area and included on the practice website, as were costs for NHS dental treatments. This meant patients had easy access to information on how much their treatment may cost.

General information about the practice was available on its website and within a patient information leaflet. We recommended that the practice check the information leaflet to ensure that it provided patients with correct and up to date contact details of external bodies. The practice agreed to do this.

Without exception, all patients that completed a questionnaire told us that they had been given enough information about their treatment.

Communicating effectively

The majority of patients told us that they had been offered the option to communicate with the practice in the language of their choice. We saw that the practice's complaints policy was displayed in both Welsh and English.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times. The majority of patients that completed a questionnaire told us that they had not experienced a delay in being seen by the dentist. Those that did explained that any delay had been minimal, and had been offered an alternative appointment if appropriate.

An out of hours telephone number was available for patients in need of urgent dental care. This number was displayed in reception, on the outside of the practice and available on the answer phone message. However two thirds of patients that completed a questionnaire told us that they did not know how to access out of hours dental services. The practice may wish to consider how they can improve patient awareness of this service.

Individual care

Planning care to promote independence

We considered a sample of patient records and found that generally treatment options were recorded and demonstrated that consent to treatment was obtained from each patient.

People's rights

The practice was located in a two storey building, with one dental surgery on the ground floor and offices on the first floor. The surgery was accessible to patients in wheelchairs and/or those with mobility difficulties as there was a fixed ramp leading up into the practice.

Listening and learning from feedback

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the reception area, however just over a third of patients that completed a questionnaire told us that they did not know how to make a complaint about the dental services they receive. We recommended that the complaints process for NHS patients needed to be updated to include the contact details for the health board in line with Putting Things Right¹. We saw that the practice had one recorded complaint and we noted that appropriate documentation had been maintained. We did however recommend that the practice also record and review any informal (verbal) complaints it receives. This would help to ensure the practice is able to learn from any issues raised. The practice agreed to do this.

The practice did not have a process in place to allow patients to provide feedback on the dental services being provided. We recommended that the practice should implement a system that allows patients to provide feedback on a regular basis. The practice agreed to do this.

Improvement needed

The practice should implement a process allowing patients to be able to provide feedback on the dental services provided.

¹ <http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright>

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 the practice provided patients with safe care. The practice premises were visibly well maintained both internally and externally.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely

We also identified some improvement was needed around aspects of the dentists' record keeping and require that they take action to fully comply with clinical standards for record keeping.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The building appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months to make sure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the last 12 months, to help ensure equipment was safe to be used.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored in a locked bin outside the practice whilst waiting to be collected by the contractor company. Whilst the bin itself was locked, preventing unauthorised access, it was located in an open courtyard at the back of the practice. We recommended

that the practice should consider a way to secure the bin in the courtyard whilst awaiting collection. The practice agreed to do this. Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Non hazardous (household waste) was collected through arrangements with the local county council.

Improvement needed

The practice should ensure that the hazardous waste bin is securely stored whilst awaiting collection

Infection prevention and control

The practice had a designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)² policy and guidance document.

Decontamination equipment and cabinets within the decontamination rooms were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination. The practice had the use of one autoclave³ and we saw inspection certification to show it was safe to use. We were also able to confirm that the practice carried out start and end of day checks, on the equipment to confirm it was effective and safe to use.

Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. Staff carried out a manual cleaning process prior to instruments being processed through the autoclave. We recommended some areas where the decontamination process could be improved, as set out within WHTM 01-05. This included

² The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

ensuring that the practice had a process in place to make sure that the correct proportion of detergent and water used is in line with the manufacturer's recommendations. We also recommended that the practice use the thermometers recently purchased to ensure the water used in the manual cleaning process reaches the recommended temperature. The practice agreed to do this.

Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments were to be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05.

The practice had recently conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity; however we were unable to see an action plan as a result of the audit. We recommended that the practice may wish to submit the audit in order to obtain an action plan to allow them to address any improvements required. The practice agreed to do this.

Improvement needed

The practice must ensure that manual cleaning of instruments is in line with WHTM 01-05 and where necessary, the manufacturer guidelines are followed

Medicines management

We saw that equipment and drugs were available for use in the event of a patient emergency (collapse), and were stored securely. We also saw records showing that the drugs and equipment were being checked on a regular basis.

Certificates were available that showed all staff had received cardiopulmonary resuscitation (CPR) training within the last 12 months.

We saw that the practice had one trained and appointed first aider. We recommended that the practice may wish to consider training an additional person to be available in support of, and in the absence of, the other individual.

The practice should consider the guidelines of the Health and Safety Executive⁴ in respect of trained first aiders at work. The practice agreed to consider doing this.

Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. The practice manager confirmed that all appropriate staff had completed training on child and adult protection, and we saw certificates showing this.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff, and were confident these would be acted upon.

Medical devices, equipment and diagnostic systems

We looked at all the surgery within the practice, and noted that it was clean and tidy. Floors and surfaces within the surgery were easily cleanable to reduce cross infection. We found that the dental instruments within the surgery were in good condition and sufficient in number.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We recommended that the practice should highlight within the surgery that X-ray equipment is in use, by the means of a visual aid. The practice agreed to do this.

We saw training certificates demonstrating that all staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

We were unable to confirm that regular image quality audits of X-rays had been completed as part of the practice's quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where

⁴ <http://www.hse.gov.uk/firstaid/>

improvements should be made if required. We recommended that this should be implemented. The practice agreed to do this.

Improvement needed

The practice must ensure that the use of X-ray equipment within the surgeries is made clear by the use of visual clues

The practice should implement quality assurance audits of X-rays taken for image quality

Effective care

Safe and clinically effective care

We saw evidence that the practice had recently carried out a WHTM 01-05 audit of their decontamination arrangements and an antimicrobial audit in December 2015. We did not see, however, that the practice had a programme in place for undertaking a wider range of clinical audits with the aim of identifying areas for improvement. We discussed this with the practice and recommended that they should consider implementing a programme of audits across the year. The practice agreed to do this.

Improvement needed

The practice should implement a range of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate

Quality improvement, research and innovation

We saw that the dentists had recently completed the Maturity Matrix Dentistry⁵ tool with an aim to deliver high quality care for patients. We were unable to find

⁵ <https://www.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

evidence of any peer review being carried out at the practice. This presented a potential risk of the dentists practicing in clinical isolation. We recommended to the practice that they should implement a process for peer review as a way of identifying practice improvement areas, which they agreed to do.

Improvement needed

The practice should implement a process for clinical peer review

Information governance and communications technology

Patient records were maintained in both paper format and electronically. We found that paper records were stored securely in locked cabinets and electronic records were password protected to ensure only appropriate staff had access.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. We found areas for concern in the standard of record keeping within patient records which meant we could not be assured that patients were receiving an acceptable standard of care and treatment.

We identified the following where improvements must be made:

- We found that some paper records were disorganised with the potential for patient records to become mixed-up or misplaced
- The reasons for timescales between patient appointments were not consistently recorded meaning justification for different patient recall times was difficult to interpret
- The outcomes of BPE (Basic Periodontal Examination) checks was inconsistently recorded within patient records, and guidelines for treatment were not being appropriately followed when required
- Some patients had not had an X-ray taken for a significant period of time, not in line with recommended guidelines
- The recording of soft tissue examinations was limited, including cancer screening. We were told that this was being carried out for all patients at each appointment, but was not being recorded as a separate check.

The findings were discussed with the dentists in detail and we recommended that they should implement a peer review programme to assist with the development of patient records, as well as introducing a patient record card audit. The practice agreed to do this.

In addition, the reason for taking X-rays and the dentists' findings from them had not always been recorded as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Improvement needed

The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping

The dentists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000

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 and managed by two dentists who were supported by a practice manager and friendly staff team. 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

Newport Smile Centre (Gupta and Gupta Ltd.) is owned and managed by two dentists who are supported by a practice manager and wider practice team. The day to day management of the practice is undertaken by the practice manager, who is also the hygienist for the practice. Where we identified areas for improvement, the practice owners and practice manager demonstrated a commitment to address these quickly.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable 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.

We saw that there was a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We found that some significant policies had been signed by staff to show that they had read and understood the contents and stored in their personnel files. The practice maintained a

record of dates to ensure that policies and procedures were reviewed on a regular basis.

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 recently recruited three members of staff and we saw that appropriate pre-employment checks had been undertaken.

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 practise and had indemnity insurance cover in place.

Records were available that demonstrated most staff had received immunisation against Hepatitis B to protect patients and themselves against infection. Records for one member of staff were not available on the day of inspection, and were forwarded onto HIW the following day. We recommended that the practice ensures that records of the immunisation status of staff are available for inspection by HIW on request.

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. We also saw up to date Disclosure and Barring (DBS) certificates for the dentists working at the practice.

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 identified			

Appendix B – Immediate improvement plan

Service: Newport Smile Centre (Gupta & Gupta Ltd.)

Date of inspection: 22 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 improvement identified				

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 – Improvement plan

Service: Newport Smile Centre (Gupta & Gupta Ltd.)

Date of inspection: 22 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				
The practice should implement a process allowing patients to be able to provide feedback on the dental services provided.	6.3 Listening and Learning from feedback	Patient satisfaction survey to be done.(25 patients) Feedback/suggestion book already kept at the reception area.	AG	1 month
Delivery of safe and effective care				
The practice should ensure that the hazardous waste bin is securely stored whilst awaiting collection	2.1 Managing risk and promoting health and safety	Hazard Bin is securely locked to the iron staircase.	AG	Completed
The practice must ensure that manual cleaning	2.4 Infection	Detailed manual cleaning guideline	AG	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
of instruments is in line with WHTM 01-05 and where necessary, the manufacturer guidelines are followed	Prevention and Control (IPC) and Decontamination	displayed in Decontamination room. Changes made to it in accordance with manufacturer's recommendation. Team member responsible for decontamination need to read it and sign it.		
<p>The practice must ensure that the use of X-ray equipment within the surgeries is made clear by the use of visual clues</p> <p>The practice should implement quality assurance audits of X-rays taken for image quality</p>	2.9 Medical devices, equipment and diagnostic systems	<p>Radiation hazard sign displayed outside surgery.</p> <p>Xray audit to be implemented.</p>	AG	3 months
The practice should implement a range of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate	3.1 Safe and Clinically Effective care	<p>Clinical audits for</p> <p>1) Recall intervals</p> <p>2) periodontal Monitoring</p>	AG	6 months
The practice should implement a process for clinical peer review	3.3 Quality Improvement, Research and	Have Spoken to Dan Cook at LDC and will be arranging for clinical peer review.	AG	6 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping</p>	<p>Innovation</p> <p>3.5 Record keeping</p>	<p>1) Learning objectives by BDA training.</p> <ul style="list-style-type: none"> •Be confident about exactly what your clinical records should contain •Gain an overview of NHS regulations on, and GDC and CQC requirements for, record keeping •How to best implement your record keeping – a whole team job •How should you record the consent process? •How to keep an effective audit of record keeping and therefore monitor the quality of treatment. •Know the consequences you face if good records are not kept. <p>2) INFORM HIW About completion of</p>	<p>AG, VG</p> <p>AG</p>	<p>2 weeks</p> <p>3 weeks</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The dentists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000</p>		<p>training. Also Incorporate training objectives into Digital records.</p> <p>3) Audit the records using BDA audit and report outcome of audit to HIW.</p> <p>4) Training for Periodontal screening, risk assessment and examination.</p> <p>1) Update training of IRMER for both dentists at practice using Dent RPA.</p> <p>2) Start using Xray stickers for Justification, quality and report.</p> <p>3) Audit and report the result of audit to HIW.</p>	<p>AG</p> <p>AG, VG</p> <p>AG, VG</p>	<p>6 weeks</p> <p>2 weeks</p> <p>2 weeks</p> <p>Immediately</p> <p>6 weeks</p>
Quality of management and leadership				
No areas for improvement were identified				

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): Amrish Gupta

Job role: Director/ Owner

Date: 23/6/2017