

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

Deri Dental Practice / Powys  
Teaching 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 Deri Dental Practice at Bridge Street, Llanfair Caereinion, SY21 0RZ, within Powys Teaching Health Board on the 13 June 2017.

Our team, for the inspection comprised of a 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 that Deri Dental Practice provides safe and effective care to their patients with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

This is what we found the service did well:

- The staff team appeared happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- The practice is committed to providing a positive experience for patients
- We saw evidence that patients were satisfied with the treatment and service received

This is what we recommend the service could improve:

- Implement a formal mechanism to seek the views of patients

- Emergency drugs and equipment management and storage
- Self evaluate using the Maturity Matrix Dentistry tool
- More detail to be recorded in patients clinical notes
- Ensure all patients are given a treatment plan
- Implement a range of clinical audits and clinical peer review.
- 

## 3. What we found

### **Background of the service**

Deri Dental Practice provides services to patients in the Welshpool area. The practice forms part of dental services provided within the area served by Powys Teaching Health Board.

The practice employs a staff team which includes one principal dentist, one dental nurse and one receptionist.

The practice provides a range of NHS and 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 Deri Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. The feedback we received confirmed that patients were very happy with the service they 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 14 were completed. Patient comments included the following:

*'I am happy with the service. Very friendly'*

*'Keep staff at present. Very courteous and kind'*

*'Happy as it is'*

*'Very good service'*

### Staying healthy

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 which gave patients a range of information about the dental practice and oral health information. No smoking signs were displayed in the practice.

### Dignified care

All patients who completed the questionnaires confirmed that they had been treated with respect when visiting the practice.

The practice had arrangements in place to protect patients' privacy for private conversations and discretion when dealing with patients' telephone messages.

## Patient information

The practice provided a range of private and NHS dental treatments.

General information about the practice was displayed around reception and waiting area.

We found that patient information was stored securely to ensure that personal and sensitive information was protected.

We found no evidence of treatment planning within a sample of patient records we viewed. However, all patients who completed a questionnaire told us that they had received information about their individual treatment.

We noted that information on NHS prices was available to view in the waiting area which meant patients had access to information on how much their treatment may cost. However, there were no price lists on display for private treatment.

### Improvement needed

Ensure all patients are given a treatment plan.

Ensure that price lists for private treatment is displayed.

## Communicating effectively

None of the patients who completed the questionnaires were Welsh speakers. However, all patients confirmed that they had always been able to speak to staff in their preferred language. We saw that the practice had some oral health information available bilingually.

## Timely care

The practice tries to ensure that dental care is always provided in a timely way and the staff described a process for keeping patients informed about any delays to their appointment times. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, was detailed on the practice information leaflet and was also given on the answer phone message.



## Individual care

### Planning care to promote independence

All patients who completed the questionnaires told us that they were provided with enough information about keeping their mouth and teeth healthy. All patients also confirmed that they were always involved as much as they want to be in any decisions made about their individual treatment.

We considered a sample of patient records and found no evidence of treatment options being discussed with patients. We also noted that patient consent was not always noted within patient records.

We saw that patients' medical histories are captured at their first visit to the practice and we were informed that these are verbally checked at each appointment. However, the medical forms were not all countersigned by the dentist. All patients who completed the questionnaires confirmed that the dentist does enquire about their medical histories prior to undertaking any dental treatment. We advised the practice of the need to ensure that the medical history forms are countersigned by the dentist at each treatment appointment.

#### Improvement needed

Ensure discussed treatment options are noted within patients' records.

Ensure patients' medical history forms are countersigned by the dentist at each treatment appointment.

### People's rights

The practice had in place an equal opportunities policy. However, this was in need of updating and made specific to the practice.

The practice is located on the ground floor, which is fully accessible for patients with mobility difficulties.

#### Improvement needed

Review and update the equal opportunities policy.

## Listening and learning from feedback

We saw that the practice had a complaint policy in place for dealing with complaints for NHS treatment which was clearly displayed in the waiting area. Bilingual leaflets were also available for patients to take away. However, the practice did not have a policy in place for private treatment.

We saw that the practice had a dedicated complaints file in place with clear procedures to deal with formal and informal complaints and concerns.

We discussed the practice's mechanism for seeking patient feedback. The practice informed us that they do not have a formal system in place to seek patient views. However, they do have a comments box in reception. We recommended that the practice develops a patient survey in order for patients to provide their feedback. We also advised the practice to display an analysis of the feedback received in the waiting area / reception demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

### Improvement needed

Review and update the complaints policy to include private treatment.

The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.

## Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the regulations and other relevant legislation and guidance to ensure the health, safety and welfare of staff and patients. However, we did find some improvements needed to medicines management and patients records.

### 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.

There was one unisex toilet for use by both patients and staff and the facility was signposted and visibly clean. However, no sanitary disposal bin was in place.

We noted that portable appliance testing (PAT) was undertaken appropriately and at regular intervals to help ensure they were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and Safety poster was on display.

We noted that the practice accident book needed to be replaced with the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which includes the Health and Safety Executive (HSE) contact details and protocols.

We found that all chemicals were kept securely and none were left in public areas.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that waste had been segregated into the designated coloured bags / containers in accordance with the correct method of disposal.

#### Improvement needed

Ensure that a sanitary disposal bin is provided in the toilet facility.

Ensure all accidents are recorded in an approved RIDDOR book.

#### Infection prevention and control

Decontamination of dental instruments was done within the surgery and we were satisfied that the arrangements in place were as effective and appropriate as they could be considering this was a one surgery dental practice with no separate decontamination room. Within the surgery there was a designated area for cleaning and sterilisation and we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

We found that dental instruments were stored correctly, were bagged, dated and initialled. However, we did note that some instruments had not been dated nor initialled. We recommend that the practice ensures that all stored and bagged instruments are clearly dated after they have been sterilised and bagged.

The log book in which the practice recorded their daily maintenance of sterilisation equipment was well organised.

The practice had audited their infection control and decontamination procedures but had not used the tool supported by the Wales Deanery<sup>1</sup>. We recommend that they use this as it is aligned to Welsh Health Technical Memorandum 01-05 (WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales.

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<sup>1</sup> <https://www.walesdeanery.org/deanery-homepage>

### Improvement needed

Use the Wales Deanery audit tool for decontamination and infection control.

### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. We saw records indicating that the team had received all relevant training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice. We advised the practice to ensure that drugs such as Midazolam are locked securely at night.

We saw evidence that an effective system was in place to check the emergency drugs to ensure they remained in date and ready for use.

All staff at the practice had up to date cardiopulmonary resuscitation (CPR) training and the practice had one dedicated first aider.

### Improvement needed

Ensure that Midazolam is locked securely at night.

### Safeguarding children and adults at risk

We saw that the practice had a safeguarding policy in place. However, this mainly covered children. The practice did have in place appropriate flowcharts for both children and vulnerable adults. We recommended to the practice that they review their safeguarding policy ensuring it covers both children and vulnerable adults.

Training in the protection of adults was due to be renewed for all staff working at the practice. The dental nurse was also due to renew her training in child protection. We saw evidence that all relevant training had already been arranged for all staff at the practice.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and all staff had a valid Disclosure and Barring Service (DBS) checks in place.

### Improvement needed

Review and update the safeguarding policy ensuring it covers both children and vulnerable adults

Ensure all staff at the practice are trained in the protection of children and vulnerable adults.

### Medical devices, equipment and diagnostic systems

We looked at the surgery and found that it contained appropriate equipment for the safety of patients and the dental team. However, we noted that the surgery was in need of refurbishment and upgrading. The practice informed us that they will be moving into a new purpose built premises in approximately 12 to 18 months.

We advised the practice that some temporary measures were required in the surgery until the practice relocates. We recommended to the practice that the floor should be sealed at the edges for easier cleaning and any areas of damage should be replaced.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. We saw evidence of up-to-date ionising radiation training for all the clinical staff. However, we did note that there was no radiation controlled area notification label on the door.

We saw evidence that the practice had recently undertaken image quality assurance audits of X-rays. We advised the practice to ensure these audits are undertaken annually.

### Improvement needed

The surgery floor should be sealed at the edges for easier cleaning and any areas of damage should be replaced.

Ensure appropriate radiation controlled area sticker is displayed on the surgery door.

## Effective care

### Safe and clinically effective care

We did not see that the practice had a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We recommend that the practice implements a programme of audits across the year.

#### Improvement needed

Implement a range of clinical audits with a view to identifying areas for improvement.

#### Quality improvement, research and innovation

The practice confirmed that they have not used the Maturity Matrix Dentistry tool. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

The practice also informed us that no peer review of clinical staff have taken place at the practice. However, they do have plans in place with a local dentist. We advised the practice to keep a record of all clinical reviews.

#### Improvement needed

Self evaluate using the Maturity Matrix Dentistry tool.

Implementation of clinical peer review.

#### Information governance and communications technology

The storage of patient files was appropriate to ensure the safety and security of personal data. The practice had a data protection policy in place.

#### Record keeping

A sample of patients' paper records was reviewed. Overall, we noted that the recording of the examination was improving. However, more detail is needed to be recorded within patients' individual records, in particular in respect of baseline basic periodontal examination (BPE), cancer screening and smoking cessation advice given to patients.

We also noted that x-rays were recorded within a central log and kept separately from patients' clinical notes. We advised the practice that x-rays

should also be transferred to patients' clinical record along with justification, clinical findings and graded accordingly.

#### Improvement needed

Clinical notes must be improved, to contain evidence of:

- Baseline BPE.
- Cancer screening.
- Smoking cessation advice.
- All radiographic x-rays must be justified, reported on and graded within patients' records.



## 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.*

We found that this was a well run service with committed staff.

The staff team appeared happy in their roles and were competent in carrying out their responsibilities.

### **Governance, leadership and accountability**

Deri Dental Practice was owned and managed by one dentist and was supported by a dental nurse and receptionist.

Staff we spoke with during our inspection told us that they felt supported in their roles. 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 and that they felt able to discuss any issues with all members of the team.

### **Staff and resources**

#### **Workforce**

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures. We also saw evidence of annual staff appraisals.

We saw evidence of regular team meetings and we recommended to the practice that these meetings should be formally minuted and include a list of attendees.

The dentist working at the practice provided private dental services and we saw that the HIW registration certificate prominently displayed in the surgery as required by the Private Dentistry (Wales) Regulations 2008. However, the certificate contained the incorrect address for HIW. We advised the practice to

contact the Registration Team at HIW in order for a replacement certificate to be issued.

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

We looked at the policies and procedures the practice had in place. Not all policies and procedures contained review dates and / or were version controlled and some had not been reviewed for several years. We advised the practice to ensure all policies and procedures are regularly reviewed, made specific to the practice, contain review dates and / or version controlled and ensure all staff sign the policies and procedures in order to demonstrate that these have been read and understood.

We found that the practice displayed its emergency contact details and the practice opening times on the entrance of the premises. The dentist's name and qualifications were also clearly on display.

#### Improvement needed

The practice should ensure that all team meetings are formally recorded.

Ensure up to date HIW registration certificate is on display for the dentist.

Ensure all policies and procedures are regularly reviewed, made specific to the practice, contain review dates and / or version controlled along with staff signatures.

## 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.

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

## Appendix B – Immediate improvement plan

**Service:** Deri Dental Practice

**Date of inspection:** 13 June 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 were identified on this inspection.				

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:** Deri Dental Practice

**Date of inspection:** 13 June 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
<b>Quality of the patient experience</b>				
Ensure all patients are given a treatment plan.	4.2 Patient Information	FP17DW introduced.	Souad Fawaz	Immediate
Ensure that price lists for private treatment is displayed.		Produce price list / place copy in reception area.	Souad Fawaz	Immediate
Ensure discussed treatment options are noted within patients' records.	6.1 Planning Care to promote independence	Refer to 4.2.	Souad Fawaz	Immediate
Ensure patients' medical history forms are countersigned by the dentist at each treatment appointment.		Our existing patient's medical sheets have a review section overleaf for the countersignature.	Introduced 2 years ago	Ongoing
Review and update the equal opportunities	6.2 Peoples rights	Updated the existing policy, continue to	Dental Nurse	Immediate

Improvement needed	Standard	Service action	Responsible officer	Timescale
policy.		adhere to the Caldicott report.		
Review and update the complaints policy to include private treatment.	6.3 Listening and Learning from feedback	Existing Complaints protocols and policy have been updated.	Dental Nurse	Immediate
The practice should implement a formal mechanism to seek the views of patients and ensure feedback analysis is displayed for patients to view.		A patient's questionnaire has been designed, using admore as a guide.	Dental Team	Due to annual leave booked October 2017
<b>Delivery of safe and effective care</b>				
Ensure that a sanitary disposal bin is provided in the toilet facility.	2.1 Managing risk and promoting health and safety	Initial Medical have provided the sanitary bin.	Helen Evans	Immediate
Ensure all accidents are recorded in an approved RIDDOR book.		Purchased a RIDDOR accident recording book.	Dental Team	Immediate
Use the Wales Deanery audit tool for decontamination and infection control.	2.4 Infection Prevention and Control (IPC) and Decontamination	Identified Welsh HTM01-05 audit tool.	Helen Evans	Next audit due Dec 18



Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure that Midazolam is locked securely at night.	2.6 Medicines Management	Midazolam is already stored in cupboard with child lock and contained in lidded container. Midazolam is now placed in locked tin overnight.	Helen Evans	Immediate
Ensure all staff at the practice are trained in the protection of children and vulnerable adults.	2.7 Safeguarding children and adults at risk	Souad Fawas has attended a course. Other team members booked for their up-date in August 2017.	Helen Evans	August 8th pm
The surgery floor should be sealed at the edges for easier cleaning and any areas of damage should be replaced.	2.9 Medical devices, equipment and diagnostic systems	Asked our carpenter. He will complete by end of month.	Souad Fawaz	Late August
Ensure appropriate radiation controlled area sticker is displayed on the surgery door.		Purchase door sticker for surgery door.	Souad Fawaz	Immediate
Implement a range of clinical audits with a view to identifying areas for improvement.	3.1 Safe and Clinically Effective care	Audits planned; clinical waste. Medical audit. And organisational audit.	Dental Team	October start date
Self evaluate using the Maturity Matrix Dentistry tool.	3.3 Quality Improvement, Research and	Introduce the Welsh Deanery Maturity matrix, using the evidence gathered during the routine surgery audits.	Souad Fawaz	December 2017 /January

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Innovation	alongside the audits.		2018
Implementation of clinical peer review.		Strengths, weaknesses and causative factors are verbally reviewed regularly at present. What needs to happen now, is that the evidence is recorded.	Souad Fawaz	October / Nov 2017
Clinical notes must be improved, to contain evidence of: <ul style="list-style-type: none"> <li>• Baseline BPE</li> <li>• Cancer screening</li> <li>• Smoking cessation advice</li> <li>• All radiographic x-rays must be justified, reported on and graded within patients' records</li> </ul>	3.5 Record keeping	A template has been designed and implemented. To accommodate these recommendations. These will be continuously assessed on a daily, and monthly basis to ascertain its suitability and alter if and where necessary.	Dental Team	Immediate and with a flexibility element to alter.
Quality of management and leadership				
The practice should ensure that all team meetings are formally recorded.	7.1 Workforce	Each team member will take their turn to record more information in the existing	Dental Team	On-going

Improvement needed	Standard	Service action	Responsible officer	Timescale
		team meeting book.		
Ensure up to date HIW registration certificate is on display for the dentist.		Applied for a new certificate (during inspection).	Susan Mellor	Received and on display
Ensure all policies and procedures are regularly reviewed, made specific to the practice, contain review dates and / or version controlled along with staff signatures.		Current protocols checked against updated evidence, amended where necessary. Review date sticker applied. All Staff members have read and signed the revised documents, Induction regime also updated to accommodate any changes too.	Helen Evans	Immediate

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): Souad Fawaz**

**Job role: Dentist**

**Date: 2nd August 2017**