



General Dental Practice Inspection (Announced)

Paul James Dental Surgery/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 James Dental Surgery, 18 Morgan Street, Pontypridd CF37 2DS, within Cwm Taf University Health Board on the 27 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 evidence that the practice provides safe and effective care to its patients. The practice was clean and tidy and there were plans in place to develop a separate decontamination room.

The practice was patient focussed, providing opportunities for patients to provide feedback and undertake surveys.

We saw a range of policies and procedures in place which were signed by staff to confirm they had read and understood their responsibilities.

We did identify some areas for improvement in order for the practice to meet the relevant standards and regulations. We recommended more detail is recorded in patients notes, specifically for social history and cancer screening. The controlled area plan for the surgery needs to be displayed in the surgery so when X-rays are being undertaken staff know where the safe areas are.

This is what we found the service did well:

- We found this to be a patient focussed practice and staff interaction with patients was friendly but courteous
- Patients told us that they are treated with respect and are provided with a good dental service
- The practice and clinical facilities were clean and tidy
- We noted that all staff had signed the practice's policies and procedures to indicate that they had read and understood them.

This is what we recommend the service could improve:

- The practice's policies and procedures need to include issue and review dates.

- Patients' notes need more detail included around social history and cancer screening
- The controlled area diagram needs to be displayed in the surgery to highlight where staff should not go whilst the X-ray equipment is being used
- Facilities need to be made available for the hygienic disposal of feminine hygiene waste
- All clinical staff to ensure their Hepatitis B boosters are up to date (where applicable) and this is accurately recorded in practice records.

3. What we found

Background of the service

Paul James Dental Surgery provides services to patients in the Pontypridd area. 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 one dentist (who is also the owner), two dental nurses (one of whom also provides administrative and reception support) and one reception staff

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 this practice was working hard to provide a high quality experience to their patient population. The staff have worked together for many years and know the needs of their patients very well. The feedback we received confirmed that patients were very happy with the service they receive.

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 37 questionnaires were completed. The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years. Patient comments included the following:

"No need to improve in my opinion. Very happy with service"

"Do a great job already. I'm lucky to have a NHS Dentist. Great team"

"I'm very happy with the service, all dental staff are helpful and welcoming"

Staying healthy

There was a selection of health promotion leaflets available in the waiting area, including information on oral health. The majority of these were in English only. There was also a poster encouraging cessation of smoking. There were also no smoking signs just inside the entrance to the practice.

The majority of patients that completed a questionnaire said that the dental team talked to them about how to keep their mouth and teeth healthy.

Dignified care

The dental team has worked together in this practice for many years and they have built up good relationships with themselves and with their patients. This was evidenced in the polite and friendly way they approached their patients.

All patients that completed a questionnaire confirmed that they had been treated with dignity and respect when they visit the practice.

Whilst the staff could not recall an occasion where a patient needed to speak to them privately, we were told that if an occasion did arise, they would direct them to one of the rooms upstairs which was not in use.

Whilst there was not a dedicated car park for patients, there was on street parking and a multi-storey directly opposite the practice. Services are provided on the ground floor and are accessible to those patients with disabilities. There was a toilet on the ground floor but this might not be accessible by those patients who use a wheelchair.

Patient information

There were some patient information leaflets available and posters displayed in the waiting area. There was also information next to the reception desk on prices for private dental treatment. The practice had a complaints policy for both private and NHS related treatment, containing the contact information for all the appropriate agencies.

The majority of patients that completed a questionnaire said that they felt involved as much as they wanted to be in any decisions made about their treatment and that they had received clear information about their dental treatment, including available treatment options and associated costs. said they are involved in any decisions made about their treatment and that the cost of any treatment was made clear to them prior to them receiving treatment. However, almost a third of patients that completed a questionnaire said that they didn't understand how the cost of their treatment was calculated

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

Communicating effectively

The majority of those patients who completed the HIW questionnaire were able to speak to the staff in their preferred language. A small number of patients that completed a questionnaire considered themselves to be Welsh speakers, but told us that they could never speak to staff in Welsh 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.

Timely care

The practice endeavours to see all its patients in a timely manner. Staff told us that patients are advised verbally of any delays.

The majority of patients that completed a questionnaire told us that they knew how to access the out of hours dental service if they had an urgent dental problem. The practice's opening hours and telephone number for the Out of Hours Service was displayed on the front door to the practice. In addition there is an answer phone message providing out of hours contact details.

Individual care

Planning care to promote independence

Of those patients who completed the HIW questionnaires, the majority said the dental team do provide advice on how to keep their mouth and teeth healthy. All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. The majority also confirmed that they are involved as much as they wanted to be in any decisions made about their treatment and are advised of and understand all available options when treatment is needed.

People's rights

The practice had in place an equality and diversity policy. There was one surgery on the ground floor which was accessible for patients with mobility difficulties.

The practice had an open plan waiting and reception area, also accessible for patients with mobility difficulties. There was also a hearing loop facility at the reception desk to assist patients with hearing difficulties.

Listening and learning from feedback

The practice had a complaints policy and procedure in place for both NHS and private patients. The documents clearly listed the procedure a patient may need to follow including details of other bodies that may be helpful when making a formal complaint.

Almost a half 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. Whilst a complaints log was kept at the reception desk to record verbal and informal complaints, staff told us that the practice had not received any complaints in the last 5-6 years. The practice did not record

any compliments/ positive feedback and we advised that they should document this. Any feedback the practice receives can be used alongside their patient survey results to provide a wider picture of the services patients like or may suggest improving.

In the reception area there was a suggestion box with slips of paper for patients to add any comments or suggestions. It was suggested at the time of our visit that a pen is provided to enable patients to provide their comments anonymously. The practice had also conducted two patient surveys in recent years, seeking patient feedback on the services provided. Our review of these surveys highlighted positive feedback and provided a way for the practice to continually review their services. However, the patient questionnaires told us that over a third of patients that completed a questionnaire weren't aware of being asked for their views on the dental practice, for example, through patient questionnaires. The practice may want to consider promoting the availability of the suggestion box to patients.

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 evidence that patients were provided with safe and effective dental care.

We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were also satisfied that X-ray equipment was used appropriately and safely.

We recommended that more detail is recorded on patient notes, specifically when recording cancer screening and social history.

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.

We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately. Arrangements with the local council were in place for the disposal of non hazardous (household) waste.

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.

The practice building provided patient facilities and treatment areas on the ground floor. The building was visibly well maintained both internally and externally and all areas within the practice were clean and tidy. There were no concerns given by patients over the cleanliness of the dental practice; all but

one of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. The patient toilet was easily located and had one hand rail in place to provide some support for patients with mobility issues. The practice may want to consider having additional supports/rails installed, taking into account their patient group.

At the time of our visit there were no facilities to dispose of feminine hygiene products. We recommended that the practice review current regulations regarding this provision and provide the necessary amenities.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Improvement needed

Facilities need to be made available for the hygienic disposal of feminine hygiene waste

Infection prevention and control

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). From our observations of this process we concluded that suitable arrangements were in place for the decontamination of instruments. Examples included the following:

- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- The availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Instruments were stored appropriately

We saw evidence that an infection control audit had been completed using the Wales Deanery audit tool which is aligned to the Welsh Health Technical

Memorandum (WHTM) 01-05¹ guidance. We recognise this as good practice due to the comprehensive content the audit covers. Despite the audit being saved in a folder which was dated we suggested the actual audit is dated to clearly identify the timescale the audit refers to.

At the time of our visit, decontamination was being carried out in the surgery. We were told that plans were in place to develop a dedicated room for the cleaning and sterilisation of dental instruments which we agreed would benefit the practice and meet best practice requirements as stated in WHTM 01-05 guidance.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave and we saw evidence that start and end of the day checks were taking place.

Improvement needed

Ensure the actual WHTM 01-05 audit is dated to evidence when it was undertaken

Medicines management

The practice had procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). A resuscitation policy was in place.

The practice had a named, appointed first aider. As that member of staff was part time, we suggested the practice consider having another member of staff trained in first aid to ensure continuous cover.

¹ [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.

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults in place.

We were told there were arrangements in place for staff to raise any concerns about the delivery of services to patients. All staff had completed training in the protection of vulnerable adults and children.

The practice told us that pre-employment checks of any new members of staff are carried out before they join the practice. The dentist had a Disclosure and Barring Service (DBS) certificates in place, but due to the nature of the long serving staff members there were not DBS certificates on file for the other staff.

Medical devices, equipment and diagnostic systems

The practice had new digital X-ray equipment in place and we saw that the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. We saw documentation to show when the new X-ray machines will be serviced to help ensure they were safe for use. We found that the dentist involved in taking radiographs had completed the required training. This is in accordance with the requirements of the General Dental Council² and Ionising Radiation (Medical Exposure) Regulations 2000.

We observed that the radiation protection file was completed and maintained as required.

The practice had a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. This would identify possible issues with the taking of X-rays and indicate where improvements should be made. This would help ensure that good, clear X-rays supported decisions about patient care and treatment.

² General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

During the visit there was no controlled area³ drawing displayed in the surgery which is designed to show where staff must not go when the X-ray unit is in use. Therefore we recommended that one is put in place to prevent or limit the probability of a radiation accident.

Improvement needed

The controlled area drawing needs to be displayed clearly in the surgery to show where staff should not go when the X-ray equipment is being used

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice completed a range of audits, including those for infection control, antibiotic and radiographs.

Quality improvement, research and innovation

There was no formal system in place for peer review of clinical staff and we recommended that this would be a benefit due to the dentist working in isolation from other dentists.

There was evidence of clinical audits having been undertaken, namely WHTM 01-05 and an antibiotic audit. Whilst the dentist does not use the Maturity Matrix Dentistry, he does refer to material produced by the British Dental Association (BDA).

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

³ When an X-ray unit is operating a controlled area exists. A controlled area is somewhere that you must not go while the X-ray unit is in operation

Record keeping

We looked in detail at a sample of five patient records at the practice. Overall, we found that the records were appropriate and sufficiently detailed with information about each patient's treatment. However we identified issues that needed to be addressed, including:

- More detailed notes are required for social history and cancer screening notes because of the records we reviewed we identified limited or no information recorded.

Improvement needed

More detailed information needs to be recorded on patients notes for social history and cancer screening

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.

This is a well established practice owned and led by the sole dentist. The three members of staff, who are all long term told us that they were happy in their roles and understood their responsibilities. The day to day management of the practice was provided by the dentist, supported by the practice manager. There was strong evidence of this being a patient focussed practice.

Governance, leadership and accountability

Paul James Dental Surgery has been providing services in its current accommodation since 2000.

We found the practice had good leadership and clear lines of accountability. All of the staff had worked together for many years, evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns directly with the dentist, practice manager or appropriate body if required.

The dentist and staff were all committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw evidence showing staff had signed the policies and procedures to evidence they had read them and understood their responsibilities. We recommended that all policies and procedures have an issue and review date because the documents we reviewed at the time of the visit were missing this information.

Staff and resources

Workforce

There was evidence of an induction programme. We saw that all staff had accessed a variety of training, fulfilling their continuous professional

development (CPD) requirements. Discussions with staff confirmed that their training files were not kept at the practice. We recommended that the practice has copies on site of relevant training certificates to evidence that staff were compliant and up to date with their training requirements.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. We noted that some records indicated that boosters were required. We asked staff to review this and ensure any boosters are obtained and records updated to show that these had been followed up.

There was evidence that staff appraisals had been undertaken. We noted that some had not been signed by the employee and suggested they are to confirm they are an accurate record of the discussions.

There was evidence of formal and minuted staff meetings but these were not regular and there was limited evidence of staff learning from these meetings. However due to the small staff team we were told that daily discussions take place and staff were satisfied that they were kept up to date with practice matters.

We confirmed that the dentist had a valid Disclosure and Barring Service (DBS) check and all staff (where applicable) were registered with the General Dental Council. The dentist's HIW certificate was on display as required by the Private Dentistry (Wales) Regulation 2008 and we saw confirmation of indemnity cover.

Improvement needed

All policies and procedures need to have an issue and review date to evidence regular review.

All clinical staff must ensure that their Hepatitis B boosters (where applicable) are received within the timescales specified and practice records updated.

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 Radiations 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			

Appendix B – Immediate improvement plan

Service: **Insert name**

Date of inspection: **Insert date**

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 – Improvement plan

Service: Paul James Dental Surgery

Date of inspection: 27 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
Quality of the patient experience				
N/A				
Delivery of safe and effective care				
Facilities need to be made available for the hygienic disposal of feminine hygiene waste	Health & Care Standards 2.1 Workplace (Health, Safety and Welfare) Regulations 1992	We now have a contract in place to provide the hygienic disposal of feminine hygiene waste	Paul James	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure the actual WHTM 01-05 audit is dated to evidence when it was undertaken	Health & Care Standards 3.5	The WHTM 01-05 audits have now been correctly dated and all future WHTM 01-05 audits will be dated when undertaken	Paul James	Completed
The controlled area drawing needs to be displayed clearly in the surgery to show where staff should not go when the X-ray equipment is being used	Ionising Radiations Regulations 1999	There is now a controlled area drawing displayed in the surgery to identify where staff should not enter when X-rays are being taken	Paul James	Completed
More detailed information needs to be recorded on patients notes for social history and cancer screening	The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (a) (i) (ii) Health & Care Standards 3.5	All patient information relating to social history and cancer screening is now recorded in the patients' notes. Previously we verbally asked their social habits.	Paul James	Completed
Quality of management and leadership				
All policies and procedures need to have an issue and review date to evidence regular	Health & Care Standards 3.5	All policies and procedures have been amended to include any issue and	Paul James	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
review.		review dates and all future issue and review dates will be documented		
All clinical staff must ensure that their Hepatitis B boosters (where applicable) are received within the timescales specified and practice records updated.	Health & Care Standards 7.1 Welsh Health Circular (2007) 086	We have approached the Occupational Health Dept at Dewi Sant Hospital for Hepatitis B boosters but owing to a global shortage of vaccine they cannot give a specific date for an appointment	Paul James	To be completed when vaccine available

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 James

Job role: Practice Owner

Date: 14/8/2017