

# General Dental Practice Inspection (Announced)

Newport Smile Centre

Inspection date: 23 November  
2017

Publication date: 26 February  
2018

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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 Smiles Centre at 14 Bassaleg Road, Newport, NP20 3EA on the 23 November 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

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 could not be assured that the service was providing safe and effective care.

This is because we found evidence that the practice was not fully compliant with the regulations and standards in all areas. HIW have needed to issue non-compliance notices, an immediate assurance letter and also have identified a number of improvement areas.

This is what we found the service did well:

- Patient comments received from HIW questionnaires' were positive about the staff team. However, responses were mixed in some areas.

This is what we recommend the service could improve:

As there are a number of compliance, immediate assurance and improvement areas noted for this practice, only a summary of these is presented here. Please make reference to pages 7 to 11 of the report, Appendix B and C for further details.

- There were issues relating to the quality of patient experience which required improvement e.g. more health promotion information is required and a patient survey.
- There were a number of concerns relating to the delivery of safe and effective care e.g. infection control processes were insufficient, patient record keeping was poor, we had concerns regarding professional clinical judgement in regards to treatment planning and provision.
- The quality of management and leadership was poor.

## Areas of Non Compliance

The Registered Person is not compliant with regulations 14 (1) (d), 14 (2) & 14 (6) of the Private Dentistry (Wales) Regulations 2008<sup>1</sup>, Welsh Health Technical Memorandum 01-05<sup>2</sup> (WHTM-01-05) and General Dental Council Guidance standard<sup>3</sup> 1.5 regarding sufficient Infection Prevention and Control and the environment for decontamination.

An inspection was undertaken on 23 November 2017. HIW could not be assured that the principal dentist was maintaining safe clinical practice with regards to infection control processes. This is because;

- The infection control audit regime was insufficient. A WHTM-01 Audit had not been undertaken as is required. The “I-comply” infection control audit which had recently been completed by staff at the practice did not reflect the findings of the inspectors on the day of the inspection.
- The inspectors had to tell the principle dentist to cease immediately undertaking the work of making impressions for gum shields in a non-clinical area, which was clearly un-hygienic (kitchen/office area). The area was fusty with clear evidence of damp and mould. A tooth whitening machine and a water purifier were also being used and/or stored in this area and must be removed. HIW consider this to be a significant lack of good clinical judgement or practice.
- The floors to the decontamination room, surgery and the vestibule area between these were not being kept clean, to an acceptable level.
- All of the above was in spite of there being a good infection control policy on file and end of day schedule posted in the vestibule area

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<sup>1</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>2</sup> <https://dental.walesdeanery.org/quality-improvement/national-audit-projects/whtm-01-05>

<sup>3</sup> <https://www.gdc-uk.org/professionals/standards/team>

between the decontamination room and surgery. The principle dentist must maintain the required standards and be accountable for good infection control practices so that patient safety is maintained.

The significant impact of the issues listed above means that the welfare and safety of the patients could not be assured. HIW routinely shares information with the General Dental Council, the principal dentist should be aware that HIW is considering whether these concerns warrant referral.

The Registered Person is not compliant with regulation 14 (1) (b) of the Private Dentistry (Wales) Regulations 2008 and the General Dental Council Guidance standard 4 regarding ensuring that patient dental records completed by them are maintained in accordance with professional standards for record keeping.

HIW could not be assured that the principle dentist was applying professional clinical processes in regards to record keeping. This is because;

- Record keeping practices were poor;
- Medical histories were not consistently countersigned by the dentist. There was not a clear system of updating them.
- Smoking cessation advice and mouth cancer screening was not being consistently recorded.
- Patients' ongoing informed consent was not being recorded
- Intra and extra oral examination records need to be more detailed, and consistently recorded
- Quality of Radiographs was poor as was the justification and reporting process.

HIW note here that the principal dentist has previously been reminded of his responsibility and accountability to maintain patient records in accordance with GDC Guidance, as he was fully appraised of this in June 2017 during an inspection at the sister practice. Therefore these findings are unacceptable.

The Registered Person is not compliant with regulation 14 (1) (d), 14 (2) & 14 (6) of the Private Dentistry (Wales) Regulations 2008 regarding ensuring that a sound and justifiable clinical judgements and practice are being undertaken and maintained.



HIW could not be assured that appropriate professional clinical judgement in regards to treatment planning and provision was being maintained. This is because;

We took a random sample of five patient paper records and three of these raised concerns over areas of clinical judgement and practice;

- One record indicated that an incompletely root filled tooth, as evidenced by an intra oral radiograph, had been crowned without taking a recent radiograph to ascertain whether there was any infection or pathology present at the roots before providing a crown restoration.
- One record indicated that an anterior tooth which it was claimed was non vital, was restored without further investigation with a radiograph or vitality testing.
- One record indicated that the extraction of a lower premolar tooth was undertaken without taking a pre operative radiograph.

The principal dentist must be aware that HIW reserve the right to consider referring this level of concern to the GDC. The significant impact of the above means that the welfare and safety of the patients could not be assured.

HIW received a response to the above issues from the registered provider on 8 December 2017 which provided sufficient assurance and actions had been or were being taken to address these issues and make the required improvements.

NB the principal dentist has also advised HIW of the following intention; "We are moving our patient base from the current premises by 31 March 2018".

### 3. What we found

#### **Background of the service**

Newport Smile Centre is a private only dental practice.

The practice staff team includes one dentist; one staff member who is a hygienist and registered dental nurse and also provides receptionist and practice manager input. There is also one trainee dental nurse (although this role is covered by one of two available trainee nurses). At the time of the inspection this small staff group were also providing all cleaning duties at the practice.

HIW note here that the staffing levels were presenting significant challenges for the practice. We have discussed this separately in writing with the dentist.

A range of private dental services are provided.

## 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 could not be assured that the patients were receiving a quality patient experience.

This is because we found that the feedback received from patients was mixed and the views of patients were not being sought routinely.

HIW have needed to issue non-compliance notices, an immediate assurance letter and also have identified a number of improvement areas, which identified patient safety issues.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 10 completed questionnaires; the majority of questionnaires received were from long term patients at the practice (those that had been a patient for more than two years). Overall, patient feedback provided in the questionnaires was mixed. Patient comments included:

*"I am quite happy with the service I receive"*

*"Happy with the service provided"*

Patients were asked in the questionnaires how the dental practice could improve the service it provides, patients commented as follows:

*"The practice cancels too many appointments"*

*"Practice often running late"*

*"Shorter appointment waiting times - probably not practical"*

## Staying healthy

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

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. Further, dedicated dental health promotion information needs to be made available for patients in the waiting areas, as we found a lack of such material was available.

#### Improvement needed

More health promotion information needs to be available for patients in the waiting areas.

### **Dignified care**

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice. One patient told us that the staff are always polite. We observed a friendly and welcoming approach adopted by staff towards patients.

The space available for staff to have conversations away from other patients, if required for the purpose of maintaining patient confidentiality, was the staff kitchen/office area. This area was not appropriate for this purpose as it was in poor repair, with damp evident and was not sufficiently clean. The need for residual works to be undertaken in this area of the practice is covered elsewhere in this report.

We saw that the door to the dental surgery, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

### **Patient information**

All patients who completed a questionnaire told us 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 available treatment options.

The majority of patients who had received treatment at the practice said in the questionnaires that the cost of their treatment was always made clear to them. However, these patients also told us and that they did not understand how the cost of their treatment was calculated. We saw that a private patient's price list was available in the waiting area, so that patients could be informed about costs.

We saw that the practising dentists' details and the surgery opening hours were being displayed externally. The practice was advised to remove the old practice

sign at the front of the building as this is no longer relevant. The principal dentist gave assurance that this would be done promptly.

### Communicating effectively

All of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. The complaints policy on display indicated that a version was available in Welsh on request.

The practice has a website and we found that this is not being maintained in line with GDC guidance on Ethical advertising. This was because, the website covered Newport Smiles Centre and the sister practice and so it was confused in detail e.g. it was unclear that Newport Smiles Centre was Private patients only. The website was not up to date, as it stated that staff who had left were still working there. The link to the complaints policy and procedure was difficult to find and needs to be more transparent. The website did not have a date when it was last updated.

#### Improvement needed

The practice needs to review and update its website in line with GDC guidance for ethical advertising.

### Timely care

The practice strives to ensure that dental care is provided in a timely way. However, patient feedback in this area was mixed (see page 11). The practice runs on a part time basis and refers patients to the sister practice when required. The dentist should review patient comments in this area, to see how improvements can be made to provide more timely care.

Just over a half of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. We saw that the details of the NHS emergency contact number were being displayed externally in the front window of the practice. However, as this is a private only practice, the dentist should review the arrangements for out of hours services for private patients.

### Improvement needed

The dentist should review patient feedback to address the availability of timely care.

The dentist should review the arrangements for out of hours services for private patients.

## Individual care

### Planning care to promote independence

All of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, we could not be assured that treatment planning and options was being discussed with patients. This is because the patient record keeping was poor and concerns were raised regarding treatment planning and options. We could not be assured that patients had access to information about how to care for their teeth/gums after and between appointments. These issues were dealt with through the non-compliance notice and we received a satisfactory response on the 8 December 2017.

### People's rights

The practice had in place an equality and diversity policy. Access for patients with mobility difficulties is limited and for those who require a wheelchair is not available at the practice as it is accessed by a number of steep steps to the front. Staff stated that they would refer patients to another dental surgery, where access to facilities was available. The unisex patient/staff toilets are located on the ground floor of the premises.

### Listening and learning from feedback

Just over a half of patients who completed a questionnaire told us that they would not know how to raise a concern or complaint about the services they receive at the dental practice if they needed to. A complaints procedure for private dental care was available as is required in line with the Private Dentistry Wales 2008 Regulations and this was displayed in the patient waiting area on the day of the inspection. The dentist should consider how patient awareness of the complaints' process can be enhanced.

We were told that no patient complaints had been received to date. We found that there was no complaints file or complaints format, to record any received

complaints, in place. A complaints file and format are required, to capture the date, detail of any complaint, the response, outcome and closure date, so that a consistent approach to record keeping is ready to be applied when required for all complaints. An audit of complaints should be undertaken periodically so that lessons learnt can be implemented. A separate concerns log to record informal concerns centrally, to enable any common themes to be identified is also required. We were told that the nominated individuals for handling complaints were the principal dentist and the hygienist; we noted that the latter had received training to support them in fulfilling this role.

The majority of patients who completed a questionnaire told us that they were unaware of whether the dental practice asks for their views on the service provided there, for example, through patient questionnaires. The practice needs to develop a formal and regular system for seeking patient feedback as a way of monitoring the quality of care provided. The practice should audit the data and take appropriate actions where applicable. The practice should also display an analysis of the feedback results in the waiting area, demonstrating to patients that feedback is acted upon and is used to influence changes to the service delivery at the practice.

#### Improvement needed

The practice must review and develop its complaints and concerns record keeping handling processes.

The practice must develop a system for regularly seeking the views of patients as a way of monitoring the quality of care provided.

## 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 could not be assured that the service was providing safe and effective care.

This is because we found evidence that the practice was not fully compliant with the regulations and standards in all areas. HIW have needed to issue non-compliance notices, an immediate assurance letter and also have identified a number of improvement areas.

### Safe care

Our concerns regarding non-compliance issues were dealt with under our non-compliance process. Details of the non-compliance issues are identified on pages 7 to 11. Our concerns regarding cardiopulmonary resuscitation (CPR) training updates were dealt with under our immediate assurance process. This means that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvement we identified are provided in Appendix B.

### Managing risk and promoting health and safety

The Control of Substances Hazardous to Health<sup>4</sup> (COSHH) and safety data sheets were being kept for substances in addition to risk assessments. However, the storage of COSHH materials was insufficient as there were items not being stored safely and securely. The access to the staff kitchen/office area was not restricted to patients. We noted that COSHH cleaning substances, amalgam and mercury storage jars were being kept in this area and so were not stored safely and securely stored to ensure patient safety. Access to the

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<sup>4</sup> <http://www.hse.gov.uk/coshh/basics.htm>



decontamination room must be made more secure to ensure patient safety. The record keeping process for the daily compressor checks needs to be reviewed.

We saw that the electrical (PAT) testing for small electrical items was up to date and that there was a recent gas boiler service certificate in place. However, a five yearly electrical installation wiring certificate was not available for the premises. This was because the service engineer was only prepared to provide a one year certificate due to the age of the electrics on the premises. There was a unisex toilet for use by patients and staff on the ground floor of the premise. These facilities were clearly signposted and visibly clean; with sanitary disposal bin in place.

Fire extinguishers were available and had been serviced in the last 12 months. A fire equipment maintenance contract was in place and fire signage was evident. However, the fire risk assessment, must be updated as we noted on the day of the inspection that the fire exit door was locked and oxygen storage arrangements needed further consideration. There was a health and safety policy in place. However, the dentist is required to review the environmental risk assessment, identifying residual actions in light of the issues identified in this report e.g. safe, appropriate and accessible storage of items e.g. resuscitation kit, emergency medication, oxygen.

#### Improvement needed

To ensure patient safety access to the kitchen/office where COSHH items and hazardous wastes are stored must be made secure and safe.

To ensure patient safety access to the decontamination room must be made more secure.

A five yearly electrical wiring certificate is required. A copy of this is to be forwarded to HIW.

The dentist must review and update the fire risk assessment and inform HIW of actions taken.

The dentist is required to review the environmental risk assessment; identifying residual actions taken that ensure all risks are considered for patient safety.

#### Infection prevention and control

There were no concerns given by patients over the cleanliness of the dental practice; the majority of patients that completed a questionnaire felt that the dental practice was very clean.

There was a pleasant and clean waiting area for patients and the practice surgery also gave the appearance of being clean and well kept. However, on closer inspection we found that the surgery required a deep clean in some areas and other areas in the practice not used by patients were insufficiently clean. These issues are identified within the non-compliance notice (see pages 7 to 11).

Issues included; the inspectors recommended that the laboratory work taking place in the kitchen area should cease immediately. The kitchen area itself was damp with green/black mould on the wall together with visible thick dust on surfaces and stored items. Below this on a shelf was a bin used for disposal of spent amalgam capsules. A tooth bleaching machine was being stored in the corner of this room; a water purifier was situated next to the mouth guard manufacturing machine together with plaster, mixing bowls and spatulas ready for pouring up impressions from patients. Plastic mouth guards/splints being manufactured were not being produced by a registered dental lab as is required by the medical devices authority.

We therefore could not be assured that there were sufficient arrangements in place to protect staff and patients from preventable healthcare associated infections at the dental practice. An infection control policy and daily cleaning schedule were in place, but were not being adhered to. We found that inoculation immunity check status for staff members was up to date. The practice is required to undertake an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines.

[Areas for improvement in this area have been covered in the compliance notices and so will not be repeated as improvements here. Refer to pages 7 to 11 of this report.](#)

The following evidence was available to indicate that some infection prevention and control measures were in place:

- The dentist had recently arranged for a designated room for the cleaning and sterilisation of dental instruments. This demonstrates good intentions to make improvements
- There was availability of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection. These must be used consistently as required
- There was a dedicated hand washing sink

- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition. There was an ultrasonic cleaner available, but not being used. The dentist is advised to utilise this facility and to maintain appropriate records as is good and safe practice
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored. The dentist was advised to consider the use of re-sheathing devices as is good and safe practice.

All relevant staff should undertake 5 hours decontamination training on a five yearly basis; the practice needs to review the status of this as insufficient evidence was available.

#### Improvement needed

The principal dentist is to confirm that the practice of manufacturing plastic mouth guards/splints has been ceased on the premises.

The practice must arrange up to date decontamination/infection control training for staff.

#### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. We saw records that indicated that some of the staff team had received relevant training. However, the dentist needed to refresh their CPR training (see Appendix B). Emergency drugs were being stored in a location where they are immediately available in the event of a medical emergency (patient collapse) at the practice. The emergency drugs and resuscitation equipment were being stored in a locked cabinet in the vestibule area. The dentist was advised to consider the accessibility of this i.e. consider using a more substantial lock for security. We were also informed that the dental nurse (trainee) was the key holder for the lock to this cabinet. We advised that this could be a combination type lock, so that there is no issue with key access. The dentist agreed that this would be more appropriate from an access and security standpoint and agreed to arrange for this to be changed. The oxygen was being stored separately and appropriate storage and signage needs to be arranged for this equipment.

We recommend that the system in place to check the resuscitation equipment and emergency drugs is reviewed as the daily check chart currently being used (loose sheets) is not detailed or robust enough. There should be a separate format for checking resuscitation equipment. The emergency drugs checks should be checked weekly, with a list of drugs and expiry dates being maintained.

We were told that the designated and trained first aider for the practice is the dentist. We did not see the first aid training document on the day of the inspection. The dentist is reminded of their responsibility to ensure that this training is refreshed at the required intervals.

#### Improvement needed

The practice needs to arrange accessible and safe storage of the oxygen with signage and details of where it is stored kept within the medication details.

The system and record format in place to check the resuscitation equipment, compressor and emergency drugs must be reviewed.

#### Safeguarding children and adults at risk

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place, with local contact numbers for safeguarding agencies.

Vulnerable adults and children's safeguarding training was being provided for relevant staff. There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice.

#### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgery and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgery had been designed and organised to help the team work efficiently. However a deep clean was required in this area (see pages 7 to 11).

We saw that the environments had been planned and laid out to ensure the safe use of radiation equipment. The equipment being used was an old model. We saw documentation to show that this X-ray machine had been regularly serviced to help ensure it was safe for use. The developer equipment for X-rays was located in the kitchen/staff room area, it was advised that this could be relocated to a more appropriate area and the dentist agreed with this. We found

that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000<sup>5</sup>.

We saw that a quality assurance audit of radiographic image quality had been undertaken on 15 November 2017. However, the frequency and justification of radiographs need to be undertaken in line with guidance. Following the findings from our sample of patient records, we recommend that the dentist repeats the radiographic audit by 15 February 2018, to ensure that an improvement in the quality and frequency of X-rays is being achieved and maintained.

#### Improvement needed

A radiographic audit needs to be undertaken by 15 February 2018 to identify that improvement is being achieved and maintained in this area.

### Effective care

#### Safe and clinically effective care

We could not be assured that safe and clinically effective care was being provided to patients and significant effort needs to be made to address all the improvement areas identified during this inspection.

The dentist has been co-operative with the inspection process and showed they are keen to address the issues identified. HIW will be undertaking a follow up inspection, to ensure that progress has been made. We saw that the practice had intention to engage in relevant audits, with some recent audits having been undertaken.

However, a WHTM-01 infection control audit is required, a re-audit of radiographs is required and patient record audits need be to demonstrate that progress has been achieved and is being maintained in these areas. These improvements have been addressed through the non-compliance notice (see pages 7-11) so are not repeated here.

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<sup>5</sup> [http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf)

## Quality improvement, research and innovation

The dentist indicated that they were arranging for a peer quality review process to be put in place, so that a review of practice and process could be arranged periodically to promote improvement and good practice. HIW require that the dentist provides an update once this process has been embedded. The dentist is also advised that engagement with the Deanery of Wales Clinical Audit and Peer Review (CAPRO<sup>6</sup>) would be beneficial.

### Improvement needed

The practice must formalise quality assurance arrangements, including peer review and regular thorough audits, as a way of increasing learning, promoting best practice and helping to monitor the quality of the care being provided. The dentist is to update HIW on progress with the peer review arrangements. Indicating when these have started and the frequency intended. Records of these reviews are to be retained for inspection purposes.

## Information governance and communications technology

A data protection policy was in place. However, access to the kitchen/staff office area was not secure from patient access. Furthermore, there was a large unlockable cabinet with patient confidential files being stored in this area. Therefore, patients' data was not being stored securely. The dentist stated that electronic files are being backed up on a regular basis, via a memory stick method. The dentist was advised that he should take responsibility for the safety of the backup information and stated that there are intentions to make electronic back up arrangements more secure. Access to the computer screen in reception was secure and discreet. Access to the computer screen kept in the Kitchen/staff office area, needs to be considered within the environmental risk assessment.

### Improvement needed

The data protection of patients' paper records must be made secure.

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<sup>6</sup> <https://dental.walesdeanery.org/improving-practice-quality/carro>

## **Record keeping**

Areas for improvement in this area have been covered in the compliance notices and so will not be repeated here. Refer to pages 7 to 11 of this report.

## 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 Private Dentistry Regulations and relevant professional standards.*

Overall, we found that there was a significant need for a review of management and leadership processes in this practice.

This is because we found that practice management and leadership need to be strengthened. Roles and responsibilities need to be reviewed and clarified. This is demonstrated by the number of improvement areas identified in this report. The dentist must prioritise and have ownership of this.

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

Due to the number of compliance, immediate assurance and improvement areas reported during this inspection HIW were not assured that the standard of leadership and quality of management in this practice was sufficient to ensure and maintain patient safety.

There was insufficient evidence of thorough clinical audits being undertaken e.g. a WHTM 01-05 audit is required; a radiographic audit needs to be undertaken. A recent patient record audit did identify areas for improvement, but this audit was overdue. The practice must formalise quality assurance arrangements, including peer review and regular thorough audits, as a way of increasing learning, promoting best practice and helping to monitor the quality of the care being provided. This improvement has been covered elsewhere in this report.

#### **Improvement needed**

The significant concerns over the standard of governance, leadership and accountability in this practice, must be reviewed by the dentist. HIW must be informed in writing what measures have been taken to improve the quality of management and leadership, in order to ensure and maintain patient safety.



## Staff and resources

### Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. We saw certificates to evidence that all clinical staff had completed training in areas highly recommended by the General Dental Council. However, there were gaps in CPR training and decontamination/infection control training as identified in this report.

Staff told us that there was good team working across the practice team generally and on the day of the inspection the whole staff team worked well and openly with the inspection process. However, we found that staff roles and responsibilities, could be better defined and clarified. The practice had a small and in the inspectors view, a stretched staff team. We discussed this with the dentist on the day of the inspection. We have also written to the dentist separately in respect of his management of delegation responsibilities, to enable him to consider this issue moving forward.

Documentation was disorganised and required better housekeeping and processes to be in place. The dentist needs to undertake a whole-system review of record keeping processes. For instance record keeping of policies, staff files, medication/resuscitation kit and compressor checks needed to be better organised and/or more detailed.

The dentist and registered nursing staff were registered with the General Dental Council to practice and indemnity insurance cover was in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The staff facilities were not appropriate to staff needs. The kitchen/office area being used, was insufficiently clean and damp was evident. This area was also the only space available to speak to patients in private.

[The requirement for residual work to this area have been covered in the compliance notices and so will not be repeated here as an improvement. Refer to pages 7 to 11 of this report.](#)

The dentist working at the practice provided private dental services and we saw their HIW registration certificate was prominently displayed as required by the regulations for private dentistry. There were systems in place to ensure that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS)

clearance checks. DBS safeguarding checks were up to date for the dentist in line with the private dental regulations.

#### Improvement needed

Documentation was disorganised and required better housekeeping and processes to be in place. The dentist is to undertake a whole-system review of record keeping processes.

## 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

Our dental practice inspections are usually announced. Dental practices will receive up to 12 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.

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 details about how HIW inspects [dental practices](#) and [independent healthcare services](#) 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

**Date of inspection:** 23 November 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	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>Finding</p> <p>We found that the principal dentist cardiopulmonary resuscitation (CPR) training had lapsed and so required up dating in line with the regulations.</p> <p>Improvement needed</p> <p>The principal dentist is required to advise HIW when CPR training will be refreshed in line with the regulations. A copy of the CPR training</p>	<p>Private Dentistry (Wales) Regulations 2008</p> <p>14 (1) (b)</p> <p>GDC Guidance 1.5.3</p>	<p>Principal Dentist Dr. Amrish Gupta is booked to attend a CPR training on 7th December 2017 with Lubas Training. Certificate has been sent to HIW.</p>	<p>Dr. Amrish Gupta</p>	<p>Completed</p>

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
certificate is to be sent to HIW as evidence.				

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: Dr. Amrish Gupta**

**Name (print): Dr. Amrish Gupta**

**Job role: Principal dentist**

**Date: 03/12/2017**

## Appendix C – Improvement plan

**Service:** Newport Smile Centre

**Date of inspection:** 23 November 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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
More health promotion information needs to be available for patients in the waiting areas.	Private Dentistry (Wales) Regulations 2008  14 (1) (a)  GDC guidance 1.4.2	Patient information leaflets have been procured from BDA and displayed at reception.	Dr Amrish Gupta	Completed



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The practice needs to review and update its website in line with GDC guidance for ethical advertising.	GDC guidance for ethical advertising.	We have instructed Our IT Team to update the website and will be done by 31 January 2018.	Dr Amrish Gupta	31/1/2018
<p>The dentist should review patient feedback to address the availability of timely care.</p> <p>The dentist should review the arrangements for out of hours services for private patients.</p>	<p>Private Dentistry (Wales) Regulations 2008</p> <p>14 (1) (a) (b)</p>	<p>We are moving our patient base from the current premises by 31 March 2018. We have planned to transfer our patient base to another practice and they will conduct a patient feedback survey.</p> <p>We will contact Local Dental committee to arrange Out of Hours rota for private patients.</p>	Dr Amrish Gupta	31/3/2018
The practice must review and develop its complaints and concerns record keeping handling processes.	<p>Private Dentistry (Wales) Regulations 2008</p> <p>15 (3)</p>	<p>We are moving our patient base from the current premises by 31 March 2018.</p> <p>We have made a separate record of patients concerns and complaints. In addition we have updated our protocol to deal with any concern/complaints in line with “putting things right”.</p>	Dr Amrish Gupta	Completed
The practice must develop a system for regularly seeking the views of patients as a way	Private Dentistry	We will annually do a patient satisfaction survey and take action from it to	Dr Amrish Gupta	30/4/2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
of monitoring the quality of care provided.	(Wales) Regulations 2008  14 (2)  GDC Guidance 2.1	improve our delivery of care.		
<b>Delivery of safe and effective care</b>				
To ensure patient safety access to the kitchen/office where COSHH items and hazardous wastes are stored must be made secure and safe.	Private Dentistry (Wales) Regulations 2008  14 (1) (d)	We have removed all the COSHH items from Kitchen/Office area into a locked cabinet.	Dr Amrish Gupta	Completed
To ensure patient safety access to the decontamination room must be made more secure.	Private Dentistry (Wales) Regulations 2008	Decontamination room is marked on a door as Private area staff only.	Dr Amrish Gupta	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	14 (1) (d)			
A five yearly electrical wiring certificate is required. A copy of this is to be forwarded to HIW.	Private Dentistry (Wales) Regulations 2008  14 (1) (d)	We are moving our patient base from the current premises by 31 March 2018. Current certificate valid until end of 2018.	Dr Amrish Gupta	Completed
The dentist must review and update the fire risk assessment and inform HIW of actions taken.	Private Dentistry (Wales) Regulations 2008  14 (1) (d)	We are moving our patient base from the current premises by 31 March 2018.  We have reviewed our fire risk assessment and informed HIW about changes made.	Dr Amrish Gupta	Completed
The dentist is required to review the environmental risk assessment.	Private Dentistry (Wales) Regulations 2008	We reviewed the environmental risk assessment and changes have been made to ensure safe delivery of care.	Dr Amrish Gupta	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	14 (1) (d)			
The principal dentist is to confirm that the practice of manufacturing plastic mouth guards/splints has been ceased on the premises.	Private Dentistry (Wales) Regulations 2008  14 (1) (b)	We have stopped manufacturing mouth guard/splint at our premises and use MHRA registered Lab.	Dr Amrish Gupta	Completed
The practice must arrange up to date decontamination/infection control training for staff.	Private Dentistry (Wales) Regulations 2008  14 (1) (b)  WHTM 01-05 1.26 - 2.4o	Our team has completed on-line training of more than 6 hours on decontamination/infection control. We will also be attending Wales deanery infection control training when they propose dates as it is being updated in line with new CPD guidelines by GDC.	Dr Amrish Gupta	Completed and ongoing
The practice needs to arrange accessible and safe storage of the oxygen with signage and details of where it is stored kept within the	Private Dentistry (Wales)	We have moved Oxygen to a more accessible and safe location with in the surgery room. We have also placed	Dr Amrish Gupta	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
medication details.	Regulations 2008 14 (1) (d) Pressure receptacles regulations 1996	signage outside the cupboard. In the new premises we have Oxygen in a locked cupboard within surgery and marked.		
The system and record format in place to check the resuscitation equipment, emergency drugs and compressor must be reviewed.	Private Dentistry (Wales) Regulations 2008 14 (1) (d) Dental Practitioners' Formulary	We have made separate record format for resuscitation equipment and emergency drugs. Also a new format of compressor log from BDA has been put in use.	Dr Amrish Gupta	Completed
A radiographic audit needs to be undertaken by 15 February 2018 to identify that improvement is being achieved and maintained in this area.	Private Dentistry (Wales) Regulations 2008	We are undertaking radiographic Audit at the moment and results of the audit will be sent to HIW.	Dr Amrish Gupta	15/2/2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	14 (1) (d) GDC and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000			
The practice must formalise quality assurance arrangements, including peer review and regular thorough audits, as a way of increasing learning, promoting best practice and helping to monitor the quality of the care being provided. The dentist is to update HIW on progress with the peer review arrangements. Indicating when these have started and the frequency intended. Records of these reviews are to be retained for inspection purposes.	Private Dentistry (Wales) Regulations 2008  14 (2)	I have formed a peer review group with 2 dentists (HIW are informed of their names) and we are deciding on topics of peer review in conjunction with the Wales Deanery and will give us start date soon. HIW will be informed of progress with this by 30 June 2018.	Dr Amrish Gupta	30/6/2018
The data protection of patients' paper records must be made secure.	Private Dentistry (Wales) Regulations 2008	In the new premises the records room has got a code lock on the door. In our existing premises we are keeping the records room locked.	Dr Amrish Gupta	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	14 (1) (b)  Data Protection Act 1998			
<b>Quality of management and leadership</b>				
The significant concerns over the standard of governance, leadership and accountability in this practice, must be reviewed by the dentist. HIW must be informed in writing what measures have been taken to improve the quality of management and leadership, in order to ensure and maintain patient safety.	Private Dentistry (Wales) Regulations 2008  14 (2)	We are moving our patient base from the current premises by 31 March 2018. I have decided to close the current premises which will reduce the work load and will result in better management of the overall practice. I have also recruited a Practice manager and she will be joining us from 01/2/2018.	Dr Amrish Gupta	31 March 2018
Documentation was disorganised and required better housekeeping and processes to be in place. The dentist is to undertake a whole-system review of record keeping processes.	Private Dentistry (Wales) Regulations 2008  14 (2)	I have moved away from paper records to digital records henceforth resulting in better record keeping. I have attended a record keeping course conducted by wales deanery on 04 December 2017.	Dr Amrish Gupta	Completed

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): Dr Amrish Gupta**

**Job role: Principal Dentist**

**Date: 26/01/18**