

General Dental Practice Inspection (Announced)

United Dental Neath Practice

Abertawe Bro Morgannwg

University Health Board

Inspection date: 11 January 2018

Publication date: 19 April 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 United Dental Neath Practice at 109 London Road, Neath SA11 1HL, within Abertawe Bro Morgannwg University Health Board on the 11 January 2018.

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

HIW explored how the service met the Health and Care Standards (2015), 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 found evidence that the United Dental Neath Practice was providing safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas

This is what we found the service did well:

- Overall, patient feedback was very positive about the service provided
- The staff team were friendly, welcoming and committed to providing a good standard of care
- Clinical facilities were well equipped and clean
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the service could improve:

- Complaints handling and recording processes need to be reviewed and improved
- Environmental risk assessment must to be reviewed to address the access and storage issues identified
- Immunisation levels need to be reviewed for two staff members
- Data protection processes need to be reviewed and improved
- Whilst the recording of patient notes was very good, there was one area which must be kept in line with GDC guidance.

3. What we found

Background of the service

United Dental group has six dental practices in the West Wales area. United Dental Neath Practice provides services to patients in the Neath and surrounding areas. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a large staff team which includes nine dentists (one of which provides domiciliary cover), one therapist, one hygienist, 15 dental nurses, two receptionists and one practice manager (who manages this and another two United Dental practices).

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 United Dental Neath Practice was working hard to provide a high quality service and were committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was very positive.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided. In total, we received 183 completed questionnaires; the majority of questionnaires were completed by 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 very positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides; some of the patient comments included:

"Excellent practice, dentists and staff"

"Very helpful dental surgery. And nothing too much trouble, will always try and fit you in in an emergency. Best dentist around"

"My family and I have been registered here for years and are always happy with the treatment we have received, particularly being accommodated quickly in an emergency"

"I am very happy with the service I get from the practice"

Staying healthy

The majority of patients who completed the questionnaire indicated 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. Dedicated dental health promotion information was available for patients in the waiting areas. Good practice was noted in the upstairs waiting area where a display aimed at children was available that demonstrated sugar levels in drinks. The practice manager was

advised to consider using this poster approach for other important oral health information.

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice. Comments provided by patients in the questionnaires included:

“Very friendly staff, always helpful and welcoming”

“Excellent care at all levels from reception through to dental treatment”

“Very friendly, staff are always smiling. 10/10”

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

Patient information

Almost all patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and a large majority of patients felt they had received clear information about available treatment options. Most patients that had received treatment at the practice said in the questionnaires that the cost of their treatment was always made clear to them. Almost a half of patients that had received treatment told us they didn't understand how the cost of their treatment was calculated. However, we saw that information about the price of NHS and private treatments were available on notice boards in the waiting areas informing patients about the costs of treatment.

Communicating effectively

Most of the patients that completed a questionnaire told us they were always able to speak to staff in their preferred language; this included those patients that considered themselves to be a Welsh speaker, and non-Welsh speaking patients. However, five patients told us in the questionnaires that they felt that they could never speak to staff in their preferred language. We were advised by the practice manager that the practice was working on providing more

information bilingually and had obtained a translation service contact number from one of the sister practices to support this.

Timely care

The practice tries to ensure dental care is always provided in a timely way and the receptionists seek to advise patients if a delay is anticipated. A third of patients who completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. However, we saw that the details of emergency contact numbers were being displayed prominently in the window of the practice and on the practice website.

Individual care

Planning care to promote independence

The majority of patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We saw evidence that patients were being informed and encouraged to care for their teeth/gums after and between appointments.

People's rights

The practice had an equality and diversity policy in place. There is level access to the front of the building and to four ground floor surgeries, which meant that these are accessible for patients with mobility difficulties/wheelchair users. There are toilet facilities on the ground floor which were accessible for wheelchairs and patients with mobility difficulties; a replacement sanitary waste bin was being obtained.

Listening and learning from feedback

A large proportion of patients who completed a questionnaire told us they were not aware of being asked by the dental practice for their views on the service provided, for example, through patient questionnaires. However, we saw evidence that the practice is seeking patients' views on the service through their own patient survey. The practice manager is advised to review the regularity of surveys, the process for auditing any themes and recording actions taken, following receipt of patient responses. A brief summary of the findings should be provided to patients, to demonstrate what actions are being taken following the feedback received.

Just over half of patients who completed a questionnaire told us that they would know how to raise a concern or complaint about the services they receive at the dental practice if they needed to.

The practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment which was available on the wall of the waiting room. This was compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'¹). A complaints procedure for private dental care was also available as is required in line with the Private Dentistry Wales 2008 Regulations². This meant that patients could easily access this information, should they require it. It was advised that a link to this information could also be made available on the practice's website.

A few complaints had been received in the last 12 months. The practice manager is the appointed individual for dealing with complaints. The housekeeping of the complaints file required attention and a complaint/concerns log should be recorded separately. The formats for capturing the details from initial referral, actions taken and to closure of complaints/concerns should be reviewed, developed and standardised. This is so that all complaints can be responded to consistently and easily tracked to completion. This will support maintaining responses in line with the practice complaints handling processes. The process for auditing common themes would also benefit from further development. These improvements should be used across the sister practices. It is advised that a refresh of complaints handling training course is undertaken by the practice manager.

Improvement needed

The practice must review its complaints handling processes and standardise its record keeping format, so that all details are captured from referral to actions taken and closure. A separate concerns log should be maintained to improve the housekeeping of complaints records.

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

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

Delivery of safe and effective care

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

Overall, we found evidence that patients were being provided with safe and effective dental care. However, there were some areas where improvement was required.

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, the practice must review its environmental risk assessment, to address the access and storage issues identified. Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. However, the inoculation immunity records for one dentist and one therapist required more detail/updating.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. 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 arrangements in place for the safe use and maintenance of X-ray equipment. The practice must review its data protection processes to ensure that access to patient records is safe and secure.

We identified some improvement was needed around one aspect of the dentists' record keeping to fully comply with clinical standards for record keeping.

Safe care

Managing risk and promoting health and safety

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. We saw that the portable appliance testing (PAT) and five yearly electrical wiring check for the premises had been undertaken to help ensure the safe use of small electrical appliances within the practice.

There was a unisex disabled access toilet for use by patients on the ground floor and a unisex toilet on first floor. These facilities were clearly signposted and visibly clean.

Risk assessments on Control of Substances Hazardous to Health (COSHH) and safety data sheets were being kept for substances in addition to risk assessments. COSHH substances were being stored safely and securely at all times. Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place. A fire risk assessment was available and fire signage was available. There was a health and safety policy in place.

More secure access to staff only areas needs to be considered for the decontamination room and the medication storage areas, so as to limit the accessibility to patients. Also prescription pads must be locked away securely during lunch time. The under stair storage arrangements need to be reviewed. The practice must review its environmental risk assessment, to address the issues identified.

Improvement needed

The practice must review its environmental risk assessments to consider and take action in respect of; making more secure access to prescription pads, access to the decontamination room, access to medication storage and storage of items in the under stair area.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the dental practice; almost every patient that completed a questionnaire felt that the dental practice was very clean. We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- Designated room for the cleaning and sterilisation of dental instruments
- Hand washing sinks and dual sink arrangement was in place in the decontamination room
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection

- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used by.

A decontamination policy was in place and we saw evidence that staff were signing and dating key policies to indicate that they had considered them. Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff. However, the records for one dentist and one therapist required more detail and/or updating.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05)³ guidelines. We found that not all relevant staff had evidence of decontamination training undertaken within their continuing professional development cycle. Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored.

Improvement needed

The immunisation records for one dentist and one therapist required more detail and/or updating.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. The emergency drugs were stored securely and immediately available in the event of a medical emergency (patient collapse) at the practice. Consideration of patient access to this area of storage is to be considered via the environmental risk assessment.

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

We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use. A resuscitation policy was in place which included the location of the equipment and roles and responsibilities. There were designated and trained first aiders available at the practice.

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. Appropriate policies are in place and safeguarding training is 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 the practice.

Medical devices, equipment and diagnostic systems

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

We saw that the environments had been planned and laid out to ensure the safe use of radiation equipment. There was a radiation file available at the practice with key information in one place. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use.

We found that staff directly 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) 2000⁴. Dental nurses had undertaken radiology awareness training or had been booked for a refresher course.

Effective care

Safe and clinically effective care

⁴ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

Patients benefit from a practice that seeks to improve the service provided. We saw that the practice had engaged in relevant audits, including infection control, record keeping and radiographic audits.

Quality improvement, research and innovation

The practice manager described the quality review processes being undertaken internally. The practice is using the Maturity Matrix Dentistry⁵ evaluation tool. There was evidence on the dentists' training files of attendance at a range of continuing professional development courses.

Information governance and communications technology

The storage of patient files needed some further consideration to ensure the safety and security of personal data. We found that computer screens were not always locked when unattended and that access to the small staff room, where some patient records were being kept, was not secure. All electronic files were being backed up regularly and access to computer screens was discreet. A data protection policy was in place.

Improvement needed

The practice must review its data protection processes to ensure that access to patient records is safe and secure.

Record keeping

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

The quality grading of radiographs needs to be more consistent to comply with current standards. Dentists should consider completing another audit of radiographic practice. This finding was discussed with the practice manager.

⁵ The Maturity Matrix Dentistry (MMD) is a practice development tool for the whole dental team which helps dental teams deliver high quality care for patients.

Improvement needed

Dentists must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with current guidelines for record keeping in terms of narrative and format. The dentists at the practice should complete another radiographic audit.

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.

United Dental Neath Practice has an established practice team with a low turnover of staff. We found the practice to have very good leadership and staff understood their roles and responsibilities.

The day to day management of the practice was provided by the practice manager, with support from the head office team. Staff we spoke with were committed to providing high quality care for patients.

Governance, leadership and accountability

We found the practice to have very good leadership and staff understood their roles and responsibilities.

The day to day management of the practice was supported by the practice manager with head office staff team input. The practice was generally well organised, with good record keeping. There was evidence of effective quality assurance processes and relevant audits were being undertaken, as demonstrated by the WHTM 01-05, record keeping and radiographic audits.

All relevant staff were registered with the General Dental Council. HIW certificates were on display for all dentists as required by the Private Dentistry (Wales) Regulation 2008.

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 clearance checks were present for the dentists as required by the Private Dentistry (Wales) Regulation 2008. Some other DBS checks were in the process of being renewed.

Staff and resources

Workforce

Staff we spoke with were committed to providing high quality care for their patients. We saw evidence of staff induction documentation. The practice manager ensures that all staff are given access to policies and procedures, so that roles and responsibilities are clear and understood. We saw that all staff had accessed a wide variety of training, meeting continuing professional development requirements. We saw evidence of good team communication and regular team meetings. There was an annual staff appraisal policy and format in place and staff appraisals were being undertaken. We saw confirmation of indemnity insurance cover.

There is good staff cover, with no agency staff having been required. We looked at the policies and procedures in place and we found that these were very well organised, thorough and saw evidence that they reflected actual practice.

4. What next?

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

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

The improvement plans should:

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

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

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

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

5. How we inspect dental practices

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

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

We check how dental practices are meeting the [Health and Care Standards 2015](#). Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the [Private Dentistry \(Wales\) Regulations 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising 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 on this inspection			

Appendix B – Immediate improvement plan

Service: United Dental Neath Practice

Date of inspection: 11 January 2018

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 improvements 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: United Dental Neath Practice

Date of inspection: 11 January 2018

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must review its complaints handling processes and standardise its record keeping format, so that all details are captured from referral to actions taken and closure. A separate concerns log should be maintained to improve the housekeeping of complaints records.	Health and Care Standards 6.3 Private Dentistry (Wales) Regulations 2008 15 (3)			
Delivery of safe and effective care				
The practice must review its environmental risk	Health and			

Improvement needed	Standard	Service action	Responsible officer	Timescale
assessments to consider and take action in respect of; making more secure access to prescription pads, access to the decontamination room, access to medication storage and storage of items in the under stair area.	Care Standards 2.1 Private Dentistry (Wales) Regulations 2008 14 (1) (d)			
The immunisation records for one dentist and one therapist required more detail and/or updating.	Health and Care Standards 2.4 Private Dentistry (Wales) Regulations 14 (1) (b)			
The practice must review its data protection processes to ensure that access to patient records is safe and secure.	Health and Care Standards 3.4, 3.5 Data Protection Act 1998			

Improvement needed	Standard	Service action	Responsible officer	Timescale
Dentists must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with current guidelines for record keeping in terms of narrative and format. The dentists at the practice should complete another radiographic audit.	Health and Care Standards 3.5 Private Dentistry (Wales) Regulations 2008 14 (1) (b)			
Quality of management and leadership				
None				

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

Service representative

Name (print):

Job role:

Date: