



General Dental Practice Inspection (Announced)

Evans Dental Limited / Powys
Teaching Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Evans Dental Limited at First Floor, Tannery Building, Bridge Street, Brecon, LD3 8AH, within Powys Teaching Health Board on the 13 March 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), 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 Evans Dental Limited provided safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised
- Appropriate arrangements were in place for the safe use of x-rays.

This is what we recommend the service could improve:

- Ensure relevant staff renew training in the protection of children and vulnerable adults
- Self evaluate using the Maturity Matrix Dentistry development tool to allow the dental team to focus on how they work
- Record keeping
- De-cluttering of the decontamination room.

3. What we found

Background of the service

Evans Dental Limited provides services to patients in the Brecon area. The practice forms part of dental services provided within the area served by Powys Teaching Health Board.

The practice has a staff team which includes three dentists, four dental nurses, two receptionists and a practice manager.

The practice only provides a range of NHS 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 evidence that Evans Dental Limited provided safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 19 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 positive. We asked patients to tell us what they thought about the dental practice, including how it could improve the service it provides. Patients' comments included:

“I have been very impressed with the service provided. Staff create a friendly and welcoming atmosphere. Greatest care given in patients' welfare and wellbeing”

“No need to improve the practice at all. I'm really pleased with the practice”

“Very valued service with excellent experienced dentist and receptionist (plus new assistants) Much appreciated”

“Send a text alert the morning of your appointment”

Staying healthy

There was ample, dedicated dental health promotion information available, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental

practice and oral health. No smoking signs were displayed in the practice. Price list for NHS charges were also clearly on display in the waiting / reception area.

The majority of patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice. One patient provided the following comment in the questionnaires about the staff:

“Very good practice, staff are always polite & helpful. Thank you”

The practice had arrangements to protect patients’ privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

Patient information

All but one of the 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.

Whilst the majority of patients who completed a questionnaire told us that the cost of any treatment was always made clear to them before they received any treatment, almost half of these patients told us they did not understand how the cost of their treatment was calculated. We noted that information on prices was available to view in the reception area which meant patients had access to information on how much their treatment may cost.

General information about the practice was displayed around the reception and the waiting areas. The practice also had its own patient information booklet for patients to take away.

Communicating effectively

Some staff working at the practice can communicate bilingually with patients.

The majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language. One Welsh speaking

patient told us they could only sometimes speak to staff in their preferred language.

Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients who completed a questionnaire confirmed that they did not know how to access the out of hours dental service if they had an urgent dental problem. However, we found that an emergency number for out of hours dental treatment was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, was given on the answer phone message and detailed within the patient information leaflet.

Individual care

Planning care to promote independence

We considered a sample of patient records and found that the majority of treatment options were recorded. However, we did note that the dentists at the practice needed to improve and expand on the advice and options given to patients.

We also found that verbal consent to treatment is not always recorded within patients' records. We advised the practice to ensure verbal consent is always recorded once obtained from each patient, which the practice agreed to do.

We noted that patients' medical histories were reviewed and updated at each visit. All patients who completed a questionnaire confirmed that the dentists do enquire about their medical history before undertaking any treatment. However, we did advise the practice to ensure all medical history forms are countersigned by the dentists, which the practice agreed to do.

People's rights

We noted that the practice had a dedicated equality policy in place.

The practice is located on the first floor. Wheelchair users could access the practice by means of a lift. The reception, waiting areas, toilet facility and all dental surgeries are fully accessible for wheelchair users.

Listening and learning from feedback

We reviewed the practice's complaints handling policy and we advised the practice to review and update the policy ensuring correct timescales for acknowledging and responding to complaints were included in line with 'Putting Things Right'¹ for NHS patients. The practice immediately reviewed and updated the policy during our visit.

Over half of patients who completed a questionnaire told us that they did not know how to raise a concern or complaint about the services they receive at the dental practice. We saw that the practice had a written complaints procedure in place for NHS treatment. The procedure for making a complaint or how to raise a concern was clearly on display in reception and the waiting areas. Details were also included within the patient information leaflet.

The practice informed us that any informal concerns were captured within individual patients' records. We advised the practice to record any informal concerns in a central log in order for any themes to be identified. The practice agreed to do this immediately.

The majority of patients who completed a questionnaire said that they did not know whether the dental practice had asked for their views on the service provided, for example, through patient questionnaires.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients in the reception area. We also noted that the practice had a comment box for patients to submit comments and questionnaires anonymously in reception. The practice informed us that any feedback is discussed at team meetings. However, we did advise the practice to also display an analysis of patient feedback in the waiting areas to demonstrate to patients visiting the practice that their feedback had been captured and acted upon to enhance learning and service improvement. The practice agreed to do this.

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

Delivery of safe and effective care

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

We found the practice to be well run and meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

The practice provided a clean environment and the surgeries were light and airy.

We found that patients were provided with safe and effective dental care.

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.

During a tour of the building we saw that all areas were very clean, tidy and free from obvious hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed a questionnaire felt that the dental practice was very clean.

There was one unisex toilet for use by patients and one unisex toilet for use by staff. Both facilities were signposted and visibly very clean.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure all small appliances were safe for use.

Fire extinguishers were in place throughout the building and were serviced regularly. The Health and Safety poster was clearly on display by reception.

We found that all chemicals were kept securely and none were left in public areas. There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) and relevant risk assessments were in place.

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

Infection prevention and control

One dental surgery had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05². The facility was well equipped and could be accessed directly from the surgery. However, we noted that the facility was slightly cluttered in some areas. We brought this to the attention of the practice and recommended that they arrange for the area to be uncluttered to aid effective cleaning.

Decontamination of dental instruments for the remaining two surgeries were undertaken within the surgeries. We were satisfied that there were appropriate procedures in place to minimise the risk of cross infection to protect both patients and staff. However, we did discuss and advise the practice to consider, as part of any future refurbishment plans, to only have one dedicated decontamination room for all surgeries. We also advised the practice to remove the autoclaves from the two surgeries and continue to carry out manual cleaning in line with WHTM 01-05.

Staff demonstrated the decontamination process and we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, no documentation was available to evidence that all clinical staff had completed this training as part of their induction programme. We were verbally assured by all clinical staff and the practice manager that training had been undertaken. We recommend that the practice introduces a formal induction programme checklist for decontamination training which should be kept within staff individual training records to evidence that training has been completed and is regularly reviewed.

² [Welsh Health Technical Memorandum \(WHTM\) 01-05 on decontamination in primary care dental practices and community dental services.](#)

We saw records that showed the practice had undertaken audits of infection control on a regular basis. We saw evidence that the practice had used the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales.

We found that the data loggers for the autoclaves were not always checked. Autoclaves are pressure chambers used to ensure that dental tools and equipment are completely sterilised. Data loggers are used to verify the sterilisation process. We advised the practice that regular checks of the data loggers must be put in place and records maintained and kept securely, which the practice agreed to do.

Improvement needed

De-cluttering of the decontamination room.

Formal programme checklist for decontamination training.

The data logger for autoclaves must be checked regularly and records maintained.

Medicines management

We saw that the practice had a resuscitation policy in place with clear procedures showing how to respond to patient medical emergencies.

We saw records that indicated the team had received all relevant training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice.

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

We did note that the emergency kit contained out of date airways. Our concerns regarding these were dealt with under our immediate assurance process. Details of the immediate improvement we identified are provided in Appendix A.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. One member of the reception team was due to renew their training and we were verbally assured plans were already in place.

We were informed that one member of staff is trained in first aid. However, the training was in need of renewal. We recommend that at least one member of staff is trained in first aid.

Improvement needed

Ensure one member of staff renews their training in CPR.

Ensure at least one member of staff at the practice is trained in first aid.

Safeguarding children and adults at risk

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults. However, we were informed by the practice that two members of staff were due to renew their training in adult protection. We also recommended that the reception team undertake training in the protection of children and vulnerable adults. We were verbally assured by the practice manager that arrangements would be made to renew the training.

We confirmed that all relevant staff were registered with the General Dental Council (GDC) and we saw evidence that all staff working at the practice are Disclosure and Barring Service (DBS) checked. We were informed and shown evidence that a DBS check was being renewed for one member of staff.

Improvement needed

Ensure all staff working at the practice undertake or renew their training in the protection of children and vulnerable adults.

Forward to HIW details of the renewed DBS certificate for one dentist.

Medical devices, equipment and diagnostic systems

We looked at 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 clean and in good condition.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of

radiographic (X-ray) equipment. We saw evidence of up-to-date ionising radiation training for all clinical staff.

We saw evidence that the practice had undertaken risk assessments and image quality assurance audits of X-rays. However, from the records we viewed, we noted that the practice had not undertaken regular wedge testing. Wedge testing is used as a quality assurance test in monitoring the film processing used in the dental x-ray. We brought this to the attention of the practice and we were informed that the need for regular wedge testing had been discussed and agreed at their last team meeting. Plans were already in place for regular testing to be undertaken and evidence maintained.

Effective care

Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see audits such as patient records; x-rays and infection control had been completed and / or arranged by the practice.

Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff is regularly undertaken and contributes to the quality and safety of the care provided to patients.

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

Improvement needed

Self evaluate using the Maturity Matrix Dentistry tool.

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.

Record keeping

A sample of patients' records were reviewed. Overall, there was evidence that the practice as a whole is keeping adequate clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing. However, we found some inconsistencies with the level of detail recorded within patients' individual records. Whilst patients' medical histories were updated at each visit, these were not always recorded and countersigned by dentists. We found that treatment planning and options discussed with patients were not always recorded and we also found that treatment plans for Band 2 and Band 3³ patients were not signed. Whilst soft tissue examination and cancer screening was being undertaken, this was not always recorded for all patients.

Considering the variance we found in patients' records, it would be advisable for the practice to undertake regular audits of patient records as part of their peer review process.

Improvement needed

Ensure patients' medical histories are recorded and countersigned by the dentists.

Ensure that treatment planning and options discussed with patients are recorded.

Ensure all treatment plans for Band 2 and Band 3 patients are signed and dated.

Ensure soft tissue examination and cancer screening is always recorded.

Undertake more regular audits of patients' records to ensure the quality is consistent.

³ [There are three bands of charges for all NHS dental treatments.](#)

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found the practice to have good leadership and clear lines of accountability.

We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail.

A range of relevant policies and procedures were in place.

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

Governance, leadership and accountability

We found the practice had good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the practice manager who was very efficient and competent in her role. Since most of the staff had worked together for some time, there was a good rapport amongst them. They told us that they were confident in raising any issues or concerns and felt well supported in their roles.

We found that staff were very clear and knowledgeable about their roles and responsibilities.

Staff and resources

Workforce

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements. We also saw evidence of annual staff appraisals and regular team meetings.

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

We looked at the policies and procedures in place and found that they reflected actual practice. All policies and procedures contained a review date and / or were version controlled along with staff signatures demonstrating that these have been read and understood.

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

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
We found that the emergency kit contained out of date airways.	This meant that patients were at risk in an emergency situation.	We brought this to the attention of staff who immediately arranged for new airways to be purchased.	Staff immediately ordered new airways on the day of our visit for delivery the next day.

Appendix B – Immediate improvement plan

Service: Evans Dental Limited

Date of inspection: 13 March 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
There were no immediate assurance issues identified during 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: Evans Dental Limited

Date of inspection: 13 March 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				
N/A				
Delivery of safe and effective care				
De-cluttering of the decontamination room.	2.4 Infection Prevention and Control (IPC) and Decontamination	Decontamination room has been decluttered.	N Coulthard (Nurse)	Complete
Formal induction programme checklist for decontamination training.		Formal decontamination induction training is in place for new staff. Daily decontamination procedure checklists are on display. Decontamination procedures are regularly peer reviewed and practical training sessions are carried out. Training records are kept in	J Evans (Practice Manager)	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		individual Staff files.		
The data logger for autoclaves must be checked regularly and records maintained.		Data loggers are checked regularly and records are maintained and saved on the Practice computer.	H Hussell (Nurse)	Complete
Ensure one member of staff renews their training in CPR.	2.6 Medicines Management	Annual CPR Training is carried out and has been booked for 2018. This will be mandatory for all Staff.	DG Evans (Principal)	4 months
Ensure at least one member of staff at the practice is trained in first aid.		Appropriate members of Staff have been identified for this role who will be booked onto an appropriate course.	DG Evans (Principal)	3 months
Ensure all staff working at the practice undertake or renew their training in the protection of children and vulnerable adults.	2.7 Safeguarding children and adults at risk	Level 2 Safeguarding training for children and vulnerable adults has been provided December 2017. Those Staff unable to attend will undertake appropriate and relevant training as advised by HIW.	DG Evans (Principal)	3 months
Forward to HIW details of the renewed DBS certificate for one dentist.		Renewed DBS certificate has been applied for and will be forwarded to HIW on arrival.	DG Evans (Principal)	Immediate
Self evaluate using the Maturity Matrix Dentistry	3.3 Quality	MMD tool will be reviewed and self-	J Evans (Practice)	4 months

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): D.G.Evans

Job role: Principal Dentist

Date: 30/4/18