

General Dental Practice Inspection (Announced)

Hawthorn Dental/Cwm Taf
University Health Board

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

Our purpose

To check that people in Wales are receiving good care.

Our values

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

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

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

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Hawthorn Dental at School Lane, Hawthorn, Pontypridd, CF37 5AL within the Cwm Taf University Health Board area on the 19 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), 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 this practice was working hard to provide a high quality experience to their patient population. Feedback received from HIW questionnaires confirmed patients were satisfied with the service they received.

We found that the practice was being run with the intention of meeting the relevant standards associated with the health, safety and welfare of staff and patients. We saw evidence of various policies and procedures and contracts in place to ensure the environment and facilities were safe and well maintained. Staff training was booked throughout 2018 to ensure all staff had necessary skills and knowledge to assist them with their work.

We recommended some improvements at the practice. This included the recording of full base dental charting¹ and oral cancer screening in patient notes, and to update the complaints information so the process to follow for NHS and/or private treatment is clearer to patients.

This is what we found the service did well:

- The practice had a system in place for seeking the views of patients

¹ A full dental charting detailing teeth resented, current restorations and their material, caries, mobility, missing teeth and details of any prosthesis should be recorded.

- The staff team told us they were happy in their roles and had a strong commitment to providing a high quality service
- Improvements to the environment were evident, including a newly redecorated waiting room. Plans to further improve other areas within the practice would further enhance the facilities and patient experience
- Feedback from patients who completed HIW questionnaires was very positive. All patients told us that they were treated with respect when they visited the practice.

This is what we recommend the service could improve:

- Complaint information needs to be updated to clearly identify the process for patients to follow for NHS and private treatments
- The recording of full base dental chartings and oral cancer screening to be evidenced in patient notes
- A peer review² system needs to be implemented for clinical staff.

² A peer review system is an evaluation of professional work by others in the same field.

3. What we found

Background of the service

Hawthorn Dental provides services to patients in the Hawthorn and surrounding area.

The practice has a staff team which includes one dentist, one dental nurse and two receptionists.

The practice provides a range of NHS and private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall, we found that this practice was working hard to provide a high quality experience to their patient population. We found relevant information displayed in the reception and waiting areas. Feedback we received via HIW questionnaires, confirmed that patients were very happy with the service they received.

The practice was supported by systems that ensured any complaints and comments were captured consistently. However, we recommended that the complaints information is updated to clearly define the processes to follow regarding NHS and private treatments. Details for HIW and alternative organisations that may be contacted by patients if raising a complaint should be clearly displayed.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. A total of 13 questionnaires were completed. Patient comments included the following:

"I have always been treated with respect. The staff are always polite and friendly. I am always pleased with the service I receive"

"Treatment at the practice has greatly improved in recent times, much more modern with up to date procedures"

"Service very prompt, very pleased with the service from all staff"

Staying healthy

Health promotion information was available in the reception and waiting areas, including information leaflets and posters regarding different forms of

treatments and preventative information. We noted that there were some posters which contained information in both English and Welsh.

Price lists were displayed in the reception area for both NHS charges and private treatment costs.

A sign displaying no smoking was displayed in the reception which confirmed the emphasis being placed on compliance with smoke free premises legislation³.

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. For example, staff used the dental surgery to have conversations with patients in private, away from other patients if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was also very positive. All patients told us that they were treated with respect when they visited the practice.

Patient information

All of the patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions about their treatment, and had received clear information about available treatment options.

Whilst all of the patients who completed a HIW questionnaire said that the cost of any treatment was always made clear to them before they received any treatment, three respondents told us they did not understand how the cost of their treatment was calculated. However, 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.

We also found evidence of treatment planning within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

³ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

The practice had its own patient information leaflet for patients to take away which included the services provided, contact details and emergency dental services.

Communicating effectively

All patients who completed HIW questionnaires told us that they were always able to speak to staff in their preferred language. None of the patients that completed a questionnaire considered themselves to be a Welsh speaker. However there were staff working at the practice able to speak with patients in English and Welsh.

Timely care

The practice tried to ensure that dental care was 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 said that they knew how to access the out of hours dental service if they had an urgent dental problem.

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed in a window of the practice. It was also available on the answer phone message and within the patient information booklet.

Individual care

Planning care to promote independence

Feedback from the patients who completed our questionnaires confirmed that the dental team had discussed with them about how to keep their mouths and teeth healthy, and that they were involved as much as they wanted to be in any decisions made about their treatment.

People's rights

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensure that everyone had access to the same opportunities and to the same fair treatment.

Entry into the premises was via one step. A ramp was available to assist anyone with mobility issues. All patient areas were located on one floor, this meant that patients could access the building safely.

The practice had a public toilet which was signposted. The amenities were clean and provided hand washing and drying facilities. The toilet facility was not suitable for anyone with mobility difficulties.

Listening and learning from feedback

Nine out of thirteen patients who completed a HIW questionnaire said they knew how to raise a concern or complaint about the services they received at the dental practice. The practice had a complaints procedure in place which was displayed in reception. The procedure included information relating to NHS (aligned to the NHS Putting Things Right⁴ process) and private complaints. However, we recommended that the procedure was updated to clearly define the process patients would need to follow depending if their complaint was regarding NHS or private treatment because this was not clearly outlined.

We noted that HIW's website was included within the complaint procedure. However, in line with regulations, HIW's full contact details should also be listed. In addition, a list of alternative organisations that patients may contact if they had a complaint would provide extra information and support.

Systems were in place to record, monitor and respond to any complaints the practice received. The practice had not received any complaints or concerns since the current owner took over the practice in 2017.

The practice had a system in place to obtain patient feedback and views of the services received. Feedback forms, pens and a box to post replies anonymously were situated in the waiting area.

⁴ Putting Things Right is the process for managing concerns in NHS Wales.

Improvement needed

The complaints procedure needs to be updated to clearly define the process for patients to follow regarding NHS and private treatment.

Full contact details for HIW need to be included within the complaints procedure for private treatment.

A list of alternative organisations that can assist patients with their complaints should be listed within the complaints procedure.

Delivery of safe and effective care

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

We found that the practice was being run with the intention of meeting the relevant standards associated with the health, safety and welfare of staff and patients. We saw evidence of various contracts in place to ensure the environment and facilities were safe and well maintained.

We recommended improvements for recording full base dental charting and oral cancer screening in patient notes.

Safe care

There were no immediate assurance issues identified during this inspection visit.

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

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

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

All the practice facilities were located on one floor. The practice had been purchased by the current dentist in 2017 and generally, the building was well maintained both internally and externally. Some areas had been renovated and redecorated and we were told of further plans to improve the practice. All areas were observed to be clean, tidy and free from trip hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice; all of the patients who completed a questionnaire stated that, in their opinion, the dental practice was very clean.

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

Emergency exits were visible and the Health and Safety poster was displayed within the practice. We recommended at the time of the visit for the contact details to be completed on the poster.

Infection prevention and control

The practice was using an unused dental surgery (surgery 2) as their decontamination room. At the time of our visit it was undecided whether this surgery would be used by additional staff in the future. If so, a dedicated decontamination room would be advisable in line with Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)⁵ policy and guidance document.

The room used at the time of our visit was in satisfactory condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of one autoclave⁶ and two bowls for manual cleaning. We saw inspection certification to show the autoclave was safe to use, and we saw that daily checks and tests were being carried out and logbooks maintained, as recommended by WHTM 01-05, on sterilisation equipment. This was to show they remained safe to use.

The room (being used as the decontamination area) had a dedicated hand washing sink and staff demonstrated the decontamination process they use. We saw that sealed boxes were used to transport dirty and clean items between the surgeries. The box used for dirty items had a faded label and we

⁵ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

⁶ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam

asked for this to be fixed, to ensure there would be no mix up with the boxes. Clean instruments were being stored in sealed bags to prevent cross contamination.

Following the inspection, we have received photographic evidence showing that coloured boxes are now being used to transport dirty instruments.

We found that the practice had conducted an infection control audit to identify areas for improvement and development as part of its overall quality assurance monitoring activity. However, there was no visible date on the audit and we recommend dates are added to clearly identify the most up to date information.

Medicines management

The practice had procedures in place to deal with patient emergencies; resuscitation equipment being available for use. We saw confirmation to show that training had been booked for staff for November 2018 on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). An emergency procedures policy was in place. This included information about the roles and responsibilities of staff in an emergency.

We were unable to confirm that the practice had a trained person to deal with first aid arrangements within the practice. We therefore recommended that the practice consider the guidelines of the Health and Safety Executive⁷ in respect of appointed and trained first aiders at work. The practice agreed to consider doing this. Following the visit, confirmation from the practice has been received to confirm that first aid training has been booked.

Emergency drugs kept at the practice were seen to be stored in a room that was not locked or closed and therefore accessible to anyone visiting the practice. We recommended that the arrangements for storing emergency drugs be reviewed to ensure they remain safe, but accessible by staff only. Following the visit, photographic evidence has been submitted to evidence a change in the storage arrangements of emergency drugs.

⁷ <http://www.hse.gov.uk/pubns/indg214.pdf>

The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)⁸.

An accident book was in place to record any accident information as part of the management of health and safety matters.

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults in place. We recommended however, that the policies were updated to include details of the local safeguarding team and consider including a flowchart that would assist staff of the actions required should a safeguarding issue arise.

We saw that all staff were scheduled to complete training in adult and child protection in June and September 2018.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have and were confident these would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. All staff had, or were waiting, to receive their new Disclosure and Barring Service⁹ (DBS) certificates.

Medical devices, equipment and diagnostic systems

We looked at the dental surgery within the practice, and noted that it was clean and tidy. Floors and surfaces within the surgery were easily cleanable to reduce cross infection. We found that the dental instruments within the surgery were in good condition and sufficient in number. There was however, no needle re-

⁸ [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

⁹ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

sheathing device available and consideration should be given to having such a device to reduce needle stick¹⁰ injuries. Following the inspection, photographic evidence was submitted showing that a needle re-sheathing device had been obtained for use with the surgery.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date.

We saw training certificates demonstrating that the dentist had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made, if required.

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 that some audits had been completed and/or arranged by the practice.

Quality improvement, research and innovation

From discussions with staff, we were informed that there was no formal peer review system in place. A peer review system is an evaluation of professional work by others in the same field. This method is to help maintain standards of quality and improve performance where applicable. We recommended that a

¹⁰ Needlestick injury - occurs when the skin is accidentally punctured by a used needle. Blood-borne diseases that could be transmitted by such an injury include human immunodeficiency virus (HIV), hepatitis B (HBV) and hepatitis C (HCV).

peer review system is implemented to contribute to the quality and safety of the care provided to patients.

Improvement needed

An evaluation system of professional, clinical work (peer review) needs to be implemented to help maintain and improve standards of quality care to patients.

Information governance and communications technology

The storage of patients' files was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. Paper records were kept in filing cabinets at reception. A data protection policy was in place.

Record keeping

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

- Of the records reviewed, none had evidence of full base dental charting. This needs to be documented in patient notes
- Oral cancer screening needs to be clearly documented in patient notes

Improvement needed

Patient records need to be improved, specifically to evidence that full base charting and oral cancer screening has taken place and is documented.

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 evidence of systems and processes in place which ensured the practice and the staff were supported and committed to providing a high quality service.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures had issue and review dates and evidence that staff had read and understood their responsibilities.

Staff said they felt supported and we saw that training was planned throughout 2018 which would ensure staff had up to date skills and knowledge to assist them with their work.

Governance, leadership and accountability

The current owner of Hawthorn Dental has been providing services in the current accommodation since 2017.

We found the practice had good leadership and clear lines of accountability. All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients directly with the dentist or appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw evidence showing staff had signed the policies and procedures to confirm they had read them and understood their responsibilities. All policies and procedures

contained an issue and review date. This ensured that policies were reviewed regularly to confirm practices were up to date.

Staff and resources

Workforce

There was evidence of an induction programme for new members of staff. We saw that all staff had accessed a variety of training, with certificates kept on staff files. We saw evidence of training booked for June and September 2018 for some areas that had yet been completed. This will ensure that staff have up to date skills and knowledge and confirm they fulfil their continuous professional development (CPD) requirements.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

As the practice team had not been working together for a complete year, no appraisals had taken place at the time of our visit. However, we were told that an appraisal process would be undertaken for all staff in the near future.

There was evidence of formal and minuted monthly staff meetings, which were signed by staff to show they were an accurate record of the discussions undertaken at the meeting. In addition, due to the small staff team daily discussions take place and staff were satisfied that they were kept up to date with practice matters.

All staff, where applicable, were registered with the General Dental Council. The dentist's HIW certificate was on display as required by the Private Dentistry (Wales) Regulations 2008 and we saw confirmation of indemnity cover.

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: Hawthorn Dental

Date of inspection: 19 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
No immediate assurances issues 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: Hawthorn Dental

Date of inspection: 19 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				
The complaints procedure needs to be updated to clearly define the process for patients to follow regarding NHS and private treatment.	Health & Care Standards 4.2 Private Dentistry Wales Regulations 2017 Regulation 21 (1); (4) (b)	The procedure has been updated to clearly show both NHS and private complaint pathways.	GP	Done
Full contact details for HIW need to be included within the complaints procedure for private	Private Dentistry	HIW full contact details now displayed.	GP	Done

Improvement needed	Standard	Service action	Responsible officer	Timescale
treatment.	Wales Regulations 2017 Regulation 21 (4) (a)			
A list of alternative organisations that can assist patients with their complaints should be listed within the complaints procedure.	Health & Care Standards 4.2 GDC Standards 5	All known organizations that can assist a patient with both an NHS and / or private complaint are now listed.	GP	Done
Delivery of safe and effective care				
An evaluation system of professional, clinical work (peer review) needs to be implemented to help maintain and improve standards of quality care to patients.	Health & Care Standards 3.3	In process of arranging w/ local practitioners.	GP	Aug '18
Patient records need to be improved, specifically to evidence that full base dental charting and oral cancer screening has taken place and is documented.	Health & Care Standards 3.5 Private Dentistry Wales	Full base charting now being undertaken routinely; Social history and subsequent oral cancer risk now being documented (whereas previously discussed verbally with patient and only	GP	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Regulations 2017 Regulation 20 (1) (a) (i) (ii) GDC Standards 4.1	soft tissue findings recorded).		
Quality of management and leadership				
No recommendations identified.				

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): Gafyn Rhys Poulton

Job role: Principal Dentist / Practice Owner

Date: 26/04/2018