

General Dental Practice Inspection (Announced)

{my}dentist Clifton Terrace,
Newtown - 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 {my}dentist at Clifton Terrace, Newtown, within Powys Teaching Health Board on the 20 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 clear evidence that {my}dentist at Clifton Terrace Newton, was providing patients with safe and effective care, in a pleasant environment with dedicated, 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:

- Provided patients' with safe and effective care
- Patients' were treated with respect and dignity
- Clean and hygienic surgeries
- Dental instruments were cleaned and sterilised appropriately
- Provided a range of health education / promotion material
- Support for staff

This is what we recommend the service could improve:

- Welsh language resources
- Document smoking cessation advice in patients records
- Reporting of radiographs in patients records
- Act upon information identified within audits
- Ensure role specific risk assessments are completed on appropriate staff

3. What we found

Background of the service

{my}dentist Clifton Terrace, Newtown provides services to patients in the Newtown and outlying towns and villages. 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, one hygienist, three dental nurses, three reception staff and a practice manager.

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.

The practice was striving to provide patients with a high standard of oral health care treatment. Without exception, all patients who completed a questionnaire provided positive feedback in relation to the services provided at the practice.

The internal environment was of a good pleasant standard. The waiting area was light and airy and provided a range of written resources to promote oral health and hygiene.

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

"No problems, everything is fine"

"The dentist my son currently sees is amazing, my son is only 5 and he always reassures him"

"No complaints, 100% good dentists"

"Very helpful, always considerate and accommodating when you need an appointment"

Staying healthy

We identified during our inspection that there was a good range of dental health education / promotion material available within the waiting area. However, five of the patients who completed a questionnaire identified that they were not given information / advice by the dental team in regards to how to keep their mouths and teeth clean. Providing oral health promotion / education are fundamental components of promoting patients oral health.

Improvement needed

The practice must ensure that all patients receive oral health information / advice

Dignified care

During our visit to the practice we observed all patients being dealt with in a kind, courteous and polite manner.

Patients' records were stored electronically and computer screens were located in such a way that would ensure confidentiality. The reception desk was located within the waiting area. We were informed by staff that, if patients wanted to have a confidential discussion, they would be either taken to one of the empty surgeries or to the office.

We observed doors to the dental surgeries, where patients were receiving care and treatment, remaining closed during their consultations in order to promote and ensure good levels of privacy and dignity.

Patient information

Posters were located around the practice, which contained information on prices of treatment. This information was also freely available on the practice's website. The website provided information on the range of services that were provided at the practice. Details of the surgery opening hours were being displayed appropriately. The practice had its own patient information leaflet / booklet which patients were able to take away.

Communicating effectively

All patients who completed questionnaires identified that they were always treated with respect when visiting the dental practice and all but one were able to speak to staff in their preferred language. As previously identified, there was a good range of health education / promotion material available within the waiting area. However, Welsh language material was limited. We recommend that the practice promotes its use of the Welsh language as patients from many predominantly Welsh villages and towns utilise the services provided at the practice.

Improvement needed

The practice is to improve the use of Welsh language resources / material

Timely care

We were informed by staff that they made every effort to ensure care and treatment was provided in a timely way. Patients were informed of any actual or potential delays at their earliest convenience.

Individual care

Planning care to promote independence

We saw evidence in records that patients' medical histories were reviewed and updated at each appointment. Additionally, all but one of the patients who completed the questionnaires confirmed that the dentist asked them about their general health.

People's rights

The organisation had equality and diversity policies in operation. This demonstrated that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment. When required, a ramp was available for people with mobility aids, allowing access to the premises on the ground floor. The practice has active surgeries located over two floors and we were advised that patients with any mobility issues would be seen in one of the surgeries on the ground floor.

Toilet facilities within the practice were limited and the only patient toilet was located on the 1st floor. Staff we spoke with confirmed that, due to the small size of the practice premises, it had not been possible to include a toilet facility with wheelchair access on the ground floor. We were informed that the practice had developed an access statement / plan. Patients with mobility issues were informed of this issue and referred to alternative practices if necessary.

No designated parking was available; however, on-street car parking was available and a public car park was located nearby.

Listening and learning from feedback

We saw that the practice had written policies and procedures in relation to complaints, concerns and feedback from patients. It was the practice's ethos to address concerns / complaints in a timely manner. In addition, the practice had a suggestions' box located in the waiting area and the practice's website also had the facility for patients to provide comments online. During our visit we viewed the current complaints that were active. We were informed that the practice received relatively small numbers of complaints and that they were viewed by the organisation as a learning resource / opportunity. Complaints were investigated in a timely manner and discussed, where appropriate, at relevant team meetings and with staff.

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 identified a high standard of dentistry provided on a personal approach, based on patients' needs.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

Resuscitation equipment and emergency drugs were available at the practice and systems were in operation to ensure that they were fit for use in an emergency situation.

Safe care

Managing risk and promoting health and safety

Overall, we found that comprehensive arrangements were in operation to protect the safety and wellbeing of staff working at, and people visiting, the practice. During our visit we found that the accident book was not being maintained to a high standard and in a safe and effective manner. We identified that there were details of incidents left within the accident book which contained sensitive information. We advised the practice manager to ensure that such information was kept safe and secure, this was actioned immediately.

Risk assessments on Control of Substances Hazardous to Health (COSHH) and safety data sheets were being maintained in a comprehensive manner and contained appropriate risk assessments. Additionally fire risk assessments were available for the premises which were up to date.

Fire extinguishers were located around the interior of the property and these were regularly maintained under contract with an external company. We also saw no smoking signs were consistently located around the practice which complied with associated regulations.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy. Floors and surfaces within surgeries were easily cleanable to reduce the potential for cross infection.

We noted that the testing of portable devices (PAT) had been undertaken within the last 12 months, helping to ensure the safe use of small electrical appliances used in the practice.

Infection prevention and control

The patients' toilet had recently been renovated. During our visit we identified that there was a water leak from behind the toilet. We were informed that a plumbing company were on scene looking at the leak issue. We recommend that the practice informs HIW that the leak has been fixed appropriately. In addition, we identified that there was an open top bin in place. We advise that the practice to consider providing foot operated bins as this can potentially reduce the risk of cross infection.

We also identified that paint around the wash hand sink was chipped and posed a potential infection prevention and control issue.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05)¹ guidelines.

Improvement needed

The practice must ensure that the leak behind the toilet has been remedied.

The practice must ensure that appropriate waste disposal bins are utilised within the patients' toilet.

The practice must ensure that all paintwork and sealants around sinks are maintained to a high standard in order to reduce the risk of cross infection and to promote infection prevention.

¹ <https://www.walesdeanery.org/quality-improvement/national-audit-projects/whtm-01-05>

Medicines management

The practice had procedures in place to deal with (patient) emergencies. We found that resuscitation equipment and emergency drugs were stored securely.

The drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use and in accordance with standards set out by the Resuscitation Council (UK)².

Records viewed confirmed that all staff employed at the practice had received up to date cardio pulmonary resuscitation (CPR) training. We found that the practice had a named, appointed first aider in place at the practice.

Safeguarding children and adults at risk

We found that the practice had safeguarding policies in place to protect children and vulnerable adults. Records also identified that staff had received appropriate adult and child safeguarding training. During our visit, discussions were held with three members of staff in relation to the procedures to follow if there were any concerns in relation to the safeguarding of children and vulnerable adults. The three members of staff demonstrated an in-depth understanding of safeguarding issues and their responsibilities in reporting any concerns. The practice is commended for this area of staff knowledge and practice.

We identified that safe and effective processes were in operation to ensure all staff had received a Disclosure and Barring Service (DBS) check. We also confirmed that all relevant staff were registered with the General Dental Council (GDC).

Medical devices, equipment and diagnostic systems

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 were informed that relevant clinical staff

² 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.

were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

Effective care

Safe and clinically effective care

During our visit it was evident that the practice was continuously looking to improve the services provided. This was promoted through the utilisation of numerous audits.

Quality improvement, research and innovation

Through the examination of clinical records we identified that clinical peer reviewing was regularly undertaken. However, during our discussions, it was unclear as to the actions implemented in order to ensure that anomalies identified were addressed in a comprehensive manner. We recommend that the practice develops an action plan if issues are identified, in order to further contribute to the quality and safety of the care provided to patients.

Improvement needed

The provider must ensure that an action plan is developed and implemented following any clinical peer reviews, addressing any issues identified.

Information governance and communications technology

The practice had up to date data protection policies and procedures in operation. Patient information was stored safely and securely. Access to computer screens was secure and discreet. This meant that the practice had suitable systems in place to maintain patient confidentiality.

Record keeping

Overall, record keeping by clinicians was of a good standard. However, we did identify that some improvements were required. Firstly, there was inconsistent documentation of smoking cessation advice recorded in patients' records. Secondly, there was evidence of inconsistent regular recording of Basic Periodical Examination (BPE) documented. We recommend that the practice review these areas of practice and ensure comprehensive documentation in patients' records is undertaken. Thirdly, the practice must ensure that the findings of x-rays are documented accordingly in patients' records.

Improvement needed

The practice must ensure consistent recording of smoking cessation advice is provided to patients

The practice must ensure consistent and comprehensive recording of BPEs

The practice must ensure that the findings of radiographs are consistently recorded in patient's records

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 clear lines of accountability for staff. The practice was well run with a strong commitment from all staff to provide safe and effective oral health care to patients.

There were a wide range of relevant policies and procedures available to assist with the safe and smooth running of the practice. The staff were happy in their roles and were competent in carrying out their duties and responsibilities.

Staff felt enabled to raise any concerns with management and that these concerns would be acted upon in a timely and inclusive manner.

Governance, leadership and accountability

Overall, the practice was well managed. The practice manager was proactive in ensuring that staff could approach with any concerns / issues and that these would be acted upon in a positive manner. Staff spoke positively of the management within the organisation and the support and training available to them. Staff noted that they were provided with sufficient training to undertake their duties in a comprehensive and competent manner.

Staff and resources

Workforce

The practice had a settled and stable staff team, with good team working being reported and observed on the day of the inspection. We found that dentists and nursing staff were registered with the General Dental Council (GDC) to practice and had indemnity insurance cover in place. 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.

We reviewed the whistleblowing policy and overall it was of a good clear informative standard. It included good information in relation to allied organisations that could be contacted if further advice / assistance was needed. However, it did not contain contact details / information for Healthcare Inspectorate Wales. This issue was discussed with the regional manager who agreed to address the matter accordingly.

Overall, staff appraisals were undertaken in a timely manner and documented accordingly. However, we did identify that one member of staff had not received an appraisal for some time. We informed the practice manager of this issue and he was aware of the requirement and would address this area of practice accordingly.

We identified the need for the practice to ensure that all staff receive an appropriate risk assessment such as ergonomic and display screen equipment. We were informed that some of the receptionists had received these types of assessments but we could only find the assessment for one. We advise the practice to ensure all staff receive risk assessments pertinent to their roles and responsibilities.

Improvement needed

The practice must ensure that all staff receive timely annual appraisals

The practice must ensure that staff receive appropriate risk assessments bespoke to their roles and responsibilities

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
The accident book contained personal information relating to incidents and was not stored securely.	Private information could potentially have been compromised.	Immediately reported to practice manager.	Personal details were removed and stored securely.

Appendix B – Immediate improvement plan

Service: {my}dentist Clifton Terrace, Newtown

Date of inspection: 20 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 improvement issues were identified during the 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: {my}dentist Clifton Terrace, Newtown

Date of inspection: 20 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 practice must ensure that all patients receive oral health information and advice.	1.1 Health promotion, protection and improvement	Nation Centre for smoking cessation and training have been contacted. POS has been ordered and video training completed. All staff to be trained by 01st June 2018	Stephen Jones	01/06/2018
The practice must improve the utilisation of Welsh language resources / material.	3.2 Communicating effectively	Posters to be ordered from internal marketing system. Also a separate folder will be created in practice with a Welsh language version of all written communication, which is relevant to patients. This will be stored on	Stephen Jones	01/06/2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		reception.		
Delivery of safe and effective care				
<p>The practice must ensure that the leak behind the toilet has been remedied.</p> <p>The practice must ensure that appropriate waste disposal bins are utilised within the patients' toilet.</p> <p>The practice must ensure that all paintwork and sealants around sinks are maintained to a high standard in order to reduce the risk of cross infection and to promote infection prevention.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>Toilet leak has been fixed</p> <p>New pedal bins and placed in toilet. These are operated by a foot pedal</p> <p>MY Dentist contractors have replaced the highlighted silicone sealant areas and also repainted the affected areas.</p>	<p>Stephen Jones</p> <p>Stephen Jones</p> <p>Stephen Jones</p>	<p>COMPLETE D 21/3/18</p> <p>COMPLETE D 23/3/18</p> <p>COMPLETE D 21/3/18</p>
The provider must ensure that an action plan is developed and implemented following any clinical peer reviews, addressing any appropriate issues identified.	3.3 Quality Improvement, Research and Innovation	Myles Povey, the Mid Wales MY Dentist clinical support manager has been contacted to arrange peer reviews within Mid Wales and arrange a support process for a clinical peer review	Stephen Jones / Myles Povey	01/07/2018
The practice must ensure consistent recording of smoking cessation advice is provided to	3.5 Record keeping	All clinicians have been spoken to regarding smoking cessation advice	Stephen Jones	01/07/2018 Date of the

Improvement needed	Standard	Service action	Responsible officer	Timescale
patients.		during their 1-2-1`s. All clinicians have agreed to record this in their notes, this will be reviewed during there next clinical audit	Joe Dowie Anand Parikh Tiago Falerio	next 6 monthly record audit, but will be check adhoc
The practice must ensure consistent and comprehensive recording of BPEs.		BPE refresher material has been issued to all clinicians and all nurses. It is planned that the clinicians will measure the BPE`s, but the nurses will record these whilst writing the notes. This will be reviewed in clinicians 1-2-1 and 6 monthly audit reviews	Stephen Jones Joe Dowie Anand Parikh Tiago Falerio	01/07/2018 Date of the next 6 monthly record audit, but will be check adhoc
The practice must ensure that the findings of radiographs are consistently recorded in patient's records.		All clinicians have reviewed the radiography policy and will ensure every xray is recorded within the patient record. This is to include the justification of taking the xray and the conclusion of what the x-ray has shown.	Stephen Jones Joe Dowie Anand Parikh Tiago Falerio	01/07/2018 Date of the next 6 monthly record audit, but will be check adhoc

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of management and leadership				
The practice must ensure that all staff receive timely annual appraisals.	7.1 Workforce	Staff yearly appraisals are due in May 2018, so all staff will theirs completed by the 31st May 2018	Stephen Jones	31/05/2018
The practice must ensure that staff receive appropriate risk assessments bespoke to their roles and responsibilities.		Risk assessments and policies have been reviewed. All staff have been made aware of the RA`s specific to their job and where to find the RA`s. The staff will need to complete these RA`s and provide the sign off to Stephen Jones. Due to the number of RA`s , this will be reviewed every three months	Stephen Jones	01/07/2018, date of first RA review, with each member of staff. Follow on reviews to be booked

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): **Stephen Jones**

Job role: Practice Manager

Date: 11th May 2018