

General Dental Practice Inspection (Announced)

Blaina Dental Surgery. Aneurin
Bevan University Health Board

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2019

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	12
	Quality of management and leadership	18
4.	What next?	20
5.	How we inspect dental practices	21
	Appendix A – Summary of concerns resolved during the inspection	22
	Appendix B – Immediate improvement plan	23
	Appendix C – Improvement plan	24

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Blaina Dental Surgery, Blaina, Abertillery, NP12 3AT, within Aneurin Bevan Health Board on the 26 February 2019.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer. The inspection was shadowed by a second HIW inspector.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, 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 Blaina Dental provided safe and effective care in a clean and friendly environment.

We saw evidence of very strong leadership and a good team work ethic. Staff felt supported by the management.

The practice was maintained to high standard.

There were some areas of improvement around the need for additional clinical audits.

This is what we found the service did well:

- There was evidence of strong management and leadership from the registered providers and practice manager. The practice manager provided additional resilience to the practice as a registered dental nurse
- Feedback from patients was positive. Patients confirmed that they were happy with the services provided, many of whom had been with this practice for many years.
- The practice actively sought feedback from patients about how they could improve services

This is what we recommend the service could improve:

- The registered provider must ensure that regular infection control audits are carried out in accordance with WHTM 01-05
- The registered provider must ensure that there are appointed first aiders within the practice.
- The registered provider must ensure that a full range of clinical audits are carried out including smoking cessation, antibiotics and clinical records.

3. What we found

Background of the service

Blaina Dental Surgery provides services to patients in the Blaina, Abertillery area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes four dentists, one hygienist, four registered dental nurses, one of which is the practice manager. The team also includes a trainee dental nurse and a receptionist.

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.

We found Blaina Dental practice was committed to providing a positive experience for their patients. The majority of patients who completed the HIW questionnaire rated the service provided as excellent or very good. All patients told us that they were treated with dignity and respect by staff at the dental practice.

The practice had a range of information available for patients to support patients in making effective choices.

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 39 were completed. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; all of patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good'.

Patient comments included the following:

"The reception team are always extremely friendly and helpful. An asset to the practice"

"Very polite and pleasant staff - Always nice to see the team even though it's the dentist"

"I think the staff are always very friendly and accommodating"

Patients were asked in the questionnaires how the dental practice could improve the service it provides; comments provided by patients included:

"Can't be improved, very efficient"

"Longer opening hours maybe as I work long hours"

Staying healthy

Health promotion protection and improvement

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

We saw a wide range of information available to patients within the waiting area, covering private treatments, as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their own oral health and hygiene.

Dignified care

All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff told us that if there was a need to hold a private conversation with a patient, they would take them to either an empty surgery, or the office. We saw that the practice had a privacy, dignity and confidentiality policy in place.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the General Dental Council (GDC) was available to patients. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Patient information

Where applicable, all of the patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Patients told us they had received clear information about available treatment options.

Where applicable all but two of the patients also said that the cost of any treatment was always made clear to them before they received any treatment.

We found that the patient information leaflet was available to patients upon request, and gave comprehensive information about the practice. We saw posters displaying private treatment costs, as well as a number of leaflets about dental treatments and issues to help patients to make informed decisions about their oral health and treatment options. There was also a folder available in the waiting room containing comprehensive information around general and oral health, including healthy eating.

Communicating effectively

All patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

We saw that some information was available in both Welsh and English. The practice did not have arrangements in place to enable staff to make the '1Active Offer' to patients. This was rectified during the inspection

Timely care

A majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and were provided on the practice's answerphone message.

The majority of patients that completed a questionnaire told us that it was "very easy" to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and allow them to reschedule should they need.

Individual care

Planning care to promote independence

Where applicable, the majority of patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

During the inspection we noted that treatment options had been recorded on the records we reviewed. This provided reassurance that patients were supported to make choices about their treatment options.

People's rights

¹ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

The practice was not accessible for wheelchair users as the surgeries and waiting area were located on the first floor of a multi-use building. The practice told us that should a patient with additional mobility requirements contact them they would assist in finding an appointment at another local surgery with appropriate access.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy

Listening and learning from feedback

The practice was welcoming of patient feedback. There was a box on reception with a notice requesting patients to provide ideas on how the practice could improve. This was however rarely used at the practice

We found there was a complaints policy in place that was compliant with the Private Dentistry Regulations. The complaints log was comprehensive and showed a contemporaneous account of proceedings. However the practice had received very few complaints.

Delivery of safe and effective care

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

Overall we found that patients at Blaina Dental practice were provided with safe and effective care

We found that the environment including clinical areas were maintained to a very good standard

We found that the clinical facilities were well equipped, and there were arrangements in place for safe and effective treatment of patients

The registered provider must ensure that patient clinical records are maintained to the agreed professional standard

Safe care

Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a HIW questionnaire felt that, in their opinion, the dental practice was “very clean”.

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained, with a large patient car park. Inside, the building was light, tidy and spacious. The waiting area was comfortable and well maintained.

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy although there was no emergency contingency policy. Policies and risk assessments were readily available to all staff online. There was an environmental risk assessment in place to help protect both staff and patients.

We saw that new policies were discussed at team meetings and then signed and agreed to by staff. This meant that staff are kept up to date with policies and procedures in place to help support them in their roles.

We saw fire extinguishers were available at various locations around the building, and we noted that servicing had been carried out within the last twelve months to help ensure they remained safe to use. The practice had a fire safety risk assessment in place as well as a fire policy. There were also appropriately trained members of staff within the practice.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored appropriately.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy.

Improvement needed

The registered provider must create an Emergency Contingency Policy.

Infection prevention and control

The cleaning and sterilisation (decontamination) of dental instruments was undertaken in a specialist decontamination room. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy for staff, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection.

There were daily sterilisation checks in place and the autoclave² had comprehensive records of testing. The service and maintenance checks for the autoclave were up to date.

²Autoclaves are used in medical applications to perform sterilization of equipment.

The surgeries were visibly clean and tidy and the practice had a daily cleaning schedule for staff to follow to ensure all were kept in line with the Welsh Health Technical Memorandum (WHTM) 01-05³.

Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities, but there was no dedicated lead nurse for decontamination within the practice.

We saw evidence that all staff had up to date infection control training. However we found that the practice did not carry out regular infection control audits in accordance with WHTM 01-05.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all members of clinical staff.

Improvement needed

The registered provider must ensure that regular infection control audits are carried out in accordance with WHTM 01-05

The registered provider should identify a decontamination lead for the practice.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation and medical emergency procedure. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice did not have appointed first aiders. The building was shared with a GP surgery and medical centre. The practice relied on this for first aid cover. However the practice had no control over whether there was always a first aider available should the need arise. The practice needs to ensure staff and patients had appropriate access to first aid care in the event of an accident or injury.

³ www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴. These were held in an area off reception with very clear signage identifying the individual items of equipment. The practice's first aid kit was complete and in date. The practice had comprehensive policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines.

Improvement needed

The registered provider must ensure that there are appointed first aiders within the practice.

Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults which contained the contact details for the relevant safeguarding agencies.

All staff had received appropriate training in safeguarding of both children and vulnerable adults. The safeguarding leads for the practice had attended a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines within the surgeries were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We

⁴ 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 might want to ad

noted that the local rules⁵ were displayed in the surgeries, however the information on these was displayed incorrectly with the names of the Radiation Protection Supervisor and Radiation Protection Advisor⁶ mixed up. The practice were advised to rectify this.

In accordance with the requirements of the General Dental Council⁷ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁸ all clinical staff had completed the required training.

There was evidence of regular radiography audits to ensure appropriate and safe use of radiography equipment.

Improvement needed

The registered provider must ensure that the correct local rules are displayed in each surgery.

Effective care

Safe and clinically effective care

We saw evidence that the practice had undertaken a number of clinical audits to help support the provision of a safe and effective service. However we found that no audits were carried out covering smoking cessation, antibiotic prescribing or clinical records.

⁵ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁶ <http://forum.iosh.co.uk/posts/t128174-Radiation-Protectin-Advisor-or-Radiation-Protection-Supervisor>

⁷ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁸ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/ukxi_20001059_en.pdf

The practice had arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

Improvement needed

The registered provider must ensure that a full range of clinical audits are carried out including smoking cessation, antibiotics and clinical records.

Record keeping

We reviewed a sample of patient records. We found that generally the records were of a good standard, however we found in a number of cases there were omissions in recording, namely in the following areas:

- Evidence of recording verbal consent
- Evidence of cancer screening
- Evidence of fluoride application
- Recording of treatment plan options
- Oral health / Diet advice
- Medical History

Improvement needed

The registered provider must ensure that clinical notes are detailed and contain information relating to all aspects of patient care.

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.

Overall we found the practice had a strong management structure with an appointed practice manager supported by a close professional team

Governance, leadership and accountability

Blaina Dental practice is a stand-alone dental provider. The role of responsible individual is held by one of the principal dentists.

The practice manager has recently applied to HIW to become the registered manager. Their responsibility is to provide day to day management within the practice. We found the practice to have very good leadership and staff understood their roles and responsibilities. The practice has been established for some time and the staff on the whole were long standing employees.

We found there were a wide range of policies and procedures in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations.

The registered manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year. We also saw evidence that all staff had contracts of employment.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

Policies and procedures were in place to ensure safe recruitment of staff including undertaking checks appropriate to the work that staff are to undertake.

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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, measurable, 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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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: Blaina Dental Surgery

Date of inspection: 26 February 2019

The table below includes any immediate non-compliance 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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
There are no immediate non compliance issues				

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: Blaina Dental Practice

Date of inspection: 26 February 2019

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/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
	1.1 Health promotion, protection and improvement			
	4.1 Dignified Care			
	4.2 Patient Information			
	3.2 Communicating effectively			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	5.1 Timely access			
	6.1 Planning Care to promote independence			
	6.2 Peoples rights			
	6.3 Listening and Learning from feedback			
Delivery of safe and effective care				
The registered provider must create an Emergency Contingency Policy.	2.1 Managing risk and promoting health and safety;	An Emergency Contingency Policy has been completed, read and signed by all staff members. The policy contains information on how we must react to emergency situations should they arise.	Kirk Partridge/ Nighat Malik	completed
The registered provider must ensure that regular infection control audits are carried out in accordance with WHTM 01-05 The registered provider must identify a	2.4 Infection Prevention and Control (IPC) and Decontamination,	Regular Infection Control ~Audits have been carried out frequently over the years at the practice following the advice of the WHTM 01-05 toolkits and advice booklets.	Kirk Partridge / Nighat Malik	completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
decontamination lead for the practice.		Miss Claire Morgan and Mrs Leanne Pagett are the decontamination Lead nurses. They work closely with the other nurses in the practice and the practice manager		
The registered provider must ensure that there are appointed first aiders within the practice.	2.6 Medicines Management;	We are in the process of looking for first aid courses for our staff members to complete.	Kirk Partridge/ Nighat Malik	Present to September
	2.7 Safeguarding children and adults at risk			
The registered provider must ensure that the correct local rules are displayed in each surgery.	2.9 Medical devices, equipment and diagnostic systems;	Owing to the mix up of the names on the x-ray local rules highlighted by the inspection team the local rules have been updated and now carry the correct names and contact numbers of the Dental Buying Group Radiation Advisors. We will check periodically with DBG to assure that there are no changes to personnel and contact numbers	Kirk Partridge/ Nighat Malik	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must ensure that a full range of clinical audits are carried out including smoking cessation, antibiotics and clinical records	3.1 Safe and Clinically Effective care	The full range of the clinical audits are a priority of the staff in the practice and will be completed as quickly as possible	Kirk Partridge / Nighat Malik	6 months /1 year
	3.3 Quality Improvement, Research and Innovation			
	3.4 Information Governance and Communications Technology			
The registered provider must ensure that clinical notes are detailed and contain information relating to all aspects of patient care.	3.5 Record keeping;	We have discussed this in great detail and will endeavour to take the appropriate steps to ensure this will come up to the standard expected	Kirk Partridge/ Nighat Malik	completed
Quality of management and leadership				
	Governance,			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Leadership and Accountability			
	7.1 Workforce;			

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

Service representative

Name (print): Dr Kirk Partridge & Dr Nighat Malik

Job role: Practice Owners

Date: 21 May 2019