

General Dental Practice Inspection Report (Announced)

Isaac Dental Practice, Monmouth

Inspection date: 27 March 2023

Publication date: 10 July 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83504-349-3

© Crown copyright 2023

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	15
4. Next steps.....	16
Appendix A - Summary of concerns resolved during the inspection	17
Appendix B - Immediate improvement plan.....	18
Appendix C - Improvement plan	19

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Isaac Dental Practice, Monmouth on 27 March 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Isaac Dental Practice to be committed to providing a positive experience for their patients. We saw evidence of patient surveys being given out to patients after their treatment and all the responses we reviewed were positive.

This is what the service did well:

- We saw evidence of good arrangements in place for the maintenance of patients' privacy and dignity
- Patient information was available in the waiting area, such as, patient information leaflets and the practice complaints procedure.

Delivery of Safe and Effective Care

Overall summary:

We saw the building was in a state of good repair, both internally and externally, and was kept clean and tidy.

We saw evidence of an up-to-date fire safety risk assessment in place. A review of staff training records also indicated all staff were up to date with fire safety training. We also reviewed a sample of patient records. All were maintained to a high standard and the notes were clear and legible.

At the time of our inspection, both Isaac Dental Practice and another dental practice were operating within the same building. Therefore, some improvements needed were the responsibility of both practices.

This is what we recommend the service can improve:

- We require evidence of the washing machine being compliant with Welsh Health Technical Memorandum (WHTM) 01-04 and that the utility company is aware of its use
- Staff must arrange for maintenance to be carried out on the autoclave to ensure it is in full working order.

This is what the service did well:

- The dental surgery was clean, well equipped and fit for purpose with well-maintained equipment

- The practice maintained an extensive register of policies, all of which were reviewed annually. We saw evidence of all staff reviewing them annually and signing once read.

Quality of Management and Leadership

Overall summary:

The day-to-day management of Isaac Dental Practice was the responsibility of the practice manager who we found to be very committed and dedicated to their role. We saw evidence of clear lines of accountability in place.

Staff had access to appropriate training opportunities, and all were fully compliant with mandatory training.

This is what the service did well:

- All staff were clearly dedicated to their roles.
- We saw evidence of up-to-date Disclosure and Barring Service (DBS) checks and Hepatitis B vaccinations for all relevant staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Staying Healthy

Health Protection and Improvement

We saw measures still in place at the practice to protect against the spread of COVID-19. Both clinical and non-clinical staff continued to wear face coverings, as did the patients visiting the practice. Staff also informed us patients were contacted prior to their appointment to check for any COVID-19 symptoms or respiratory illnesses. Staff also enquired about patients' health on the day of their appointment and relevant information was recorded in medical history records.

The name of the practice was displayed clearly on the outside of the building, as well as the practice opening hours and the emergency and out of hours contact numbers.

Dignified care

Communicating effectively

It was evident that staff at Isaac Dental Practice were committed to maintaining the dignity and privacy of their patients. The only treatment room in the practice was situated on the first floor, and we saw the door being kept closed during all appointments. The reception desk was situated in the waiting area of the practice, meaning conversations between staff and patients would potentially be overheard. However, the practice manager told us they will often communicate with patients via email if they are able.

Staff informed us there were currently no patients attending the practice who wish to converse in Welsh. Due to the location of the practice, we were told there were very few patients whose first language is Welsh. Staff also told us they made use of a translation phone App when treating patients whose first language is not English.

The 9 Principles, as set out by the General Dental Council (GDC), was clearly displayed in the waiting area of the practice.

Patient information

General information about Isaac Dental Practice was available in the waiting area. The information displayed included a cost list and an information leaflet for

patients. A review of the patient information leaflet confirmed that it contained all the information required by the Private Dentistry (Wales) Regulations 2017.

Timely care

Timely access

Reception staff told us every effort was made to ensure dental care was provided in a timely way. We were told the practice very rarely experienced delays, however in the event there was a delay, staff would keep patients informed and also offer them the option to reschedule their appointment.

We were told there was no online booking system used at the practice. Appointments could be obtained via telephone, and we also saw patients booking appointments in person with reception staff.

Staff on reception informed us of the process for scheduling emergency appointments. Reception staff were responsible for scheduling both routine and emergency appointments for both dental practices in the building. Isaac Dental Practice had designated slots each day, which were kept for emergency appointments. Patients could phone up on the day to book an emergency appointment if needed.

Individual care

Planning care to promote independence.

We saw evidence of a comprehensive Equality and Diversity policy in place at the practice. We saw evidence this document was reviewed annually and read and signed by staff. It was clear the policy contained all the relevant information to ensure each patient's individual needs were met.

People's rights

From conversations with staff, it was clear that they were aware of the importance of using patients' preferred pronouns. Reception staff informed us there was a feature in place on their booking system to show each patient's preferred pronoun, which would flag up when accessing patient information.

Due to the practice being situated in an old, terraced building with limited space, it was not able to offer full access for people with disabilities. The treatment room was situated on the first floor of the practice and there was no lift available. The practice manager informed us any individuals looking for treatment and who require disabled access were signposted to a nearby practice, which could meet their needs.

Listening and learning from feedback

The complaints process was clearly displayed in the waiting area. The complaints information included the process to be followed, the timescales for responding, and the name of the staff member responsible for dealing with complaints.

Staff provided us with copies of completed patient surveys. These were given out to patients at the end of their treatment. All surveys we reviewed had positive feedback. We also saw a suggestion box located on the reception desk.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The layout at Isaac Dental Practice was suitable to provide dental services. The waiting area, reception desk, staff area and decontamination room were all shared with the other practice operating in the building. On the first floor of the building, each practice had its own, separate surgery.

We found all areas of the building to be clean and, for the most part, tidy. However, during our tour of the practice, we noted that the area outside the toilet was cluttered with plants and mop buckets. Even though the plants belonged to the other practice in the building, they were situated in an area shared by both practices. The mop buckets posed a trip hazard for staff and patients using this area. After our visit, we were provided with photographic evidence this area had been de cluttered and a designated space for mops had been allocated.

An inspection of the other practice in the building was carried out three days prior to the inspection of Isaac Dental Practice. During this inspection we highlighted risks in the cellar of the building. The patient records for both practices were stored in the cellar, however some of these were stored in close proximity to the two compressors. We raised this as a fire risk. During our inspection of Isaac Dental Practice, we saw evidence the records had been moved, reducing the risk of fire. We also saw evidence fireproof cabinets had been ordered to store paper records going forward.

Although the majority of the practice was in a good state of repair, we saw the back door, leading to the waste storage, would only open from the inside, resulting in staff being unable to open it from the outside. This made it difficult for staff to re-enter the building, should the door close behind them. We raised this with staff and, since the inspection, we have received evidence of repairs being carried out on the back door.

Fire safety equipment was available at various locations around the building, and we saw these had been serviced within the last 12 months. We reviewed staff fire safety training and confirmed all were up to date with this.

We saw a washing machine being used in the staff area; however, evidence of whether this was compliant with WHTM 01-04 and whether the utility company were aware of its use could not be provided. The area where the washing machine

was kept was shared by both practices in the building, with both also using the machine. We required the relevant evidence for this.

The practice manager informed us that conscious sedation was provided at Isaac Dental Practice. A roving sedationist provided this. Their equipment and staff records were not kept at the practice.

We contacted the professional providing the conscious sedation for the practice and were provided with evidence of suitable compliance and relevant training certificates.

We require evidence of the washing machine being compliant with WHTM 01-04 and that the utility company is aware of its use.

Infection prevention and control (IPC)

The practice had dedicated facilities for the decontamination of dental instruments, and we were provided with a complete and up to date WHTM 01-05 audit for the practice.

The decontamination facilities were shared by both practices in the building. We recommended the practices agree the arrangements for conducting the WHTM 01-05 audit, sharing the findings and completing any actions needed.

At the time of inspection, one of the autoclaves was not in working order, due to a faulty SD card. As a result, the autoclave was not able to record each cycle. Staff informed us it wasn't being used until it was fixed. We spoke to staff from both practices about the importance of getting this fixed imminently.

Arrangements must be made for maintenance to be carried out on the autoclave to ensure it is in full working order.

Medicines management

We reviewed the medicines management documentation and saw evidence of a comprehensive medicines management policy in place.

Staff confirmed no medicines were kept at the practice and only private prescriptions are given to patients, for them to take to their pharmacy.

The practice had a comprehensive policy in place for managing medical emergencies and resuscitation. We saw this was regularly reviewed and was based on current national guidelines for resuscitation.

All staff working at the practice had received cardiopulmonary resuscitation (CPR) training.

Safeguarding children and safeguarding adults at risk

We saw evidence of up-to-date safeguarding training for all staff. The appropriate safeguarding policies and procedures were in place, which included a flow chart with contact details for the local safeguarding team. The practice manager also had access to the Wales Safeguarding Procedures phone App.

We saw evidence all staff had a valid DBS check in place and had completed the appropriate level of safeguarding training. All relevant staff were registered with the General Dental Council (GDC).

Medical devices, equipment and diagnostic systems

The clinical facilities contained all relevant equipment. We also observed the surgery to be well organised, clean, and tidy.

We reviewed the training records of all clinical staff at the practice. We saw evidence they had all undergone training to ensure safe use of equipment.

Effective care

Safe and clinically effective care

It was evident the practice had safe arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. These arrangements were outlined in the statement of purpose and various practice policies. It was evident from conversations with staff, they were clear about their responsibilities regarding this.

Quality improvement, research and innovation

We reviewed the audits that had been carried out by the practice. Staff provided evidence of an up-to-date patient survey audit, practice cleaning efficiency audit, record card audit, radiograph audit, waiting time audit, hand hygiene audit and antibiotic prescribing audit.

The practice didn't have a smoking cessation audit in place at the time of inspection, however we have been provided with evidence of a completed one following the inspection.

The practice had an up-to-date quality assurance policy and clinical audit policy in place. We saw evidence of both being reviewed annually.

Information governance and communications technology

The practice had a data protection and staff confidentiality policy in place. We found that current patient records were being stored electronically and securely.

Record keeping

We reviewed a sample of five patient records. All were maintained to a high standard and the notes were clear and legible. All the records we reviewed contained the necessary information. This included appropriate patient identifiers, previous dental history and reason for attendance.

Quality of Management and Leadership

Governance, Leadership and Accountability

The day-to-day management of Isaac Dental Practice was the responsibility of the practice manager who we found to be very committed and dedicated to their role.

We reviewed the statement of purpose and the patient information leaflet. Both documents contained all the information required by the Private Dentistry (Wales) Regulations 2017.

It was evident the practice kept a comprehensive policy register. We reviewed the practice policies and procedures, all of which were up-to-date and had recently been reviewed. We also saw evidence staff reviewed the policies and procedures annually.

At the time of inspection, the practice had not produced a report as required under Regulation 16 of The Private Dentistry (Wales) Regulations 2017. However, since our visit, we have been provided with evidence of a completed Regulation 16 report for the practice.

Workforce

The staff team consisted of the practice manager, who was also the only dentist at the practice, two dental nurses and two part time receptionists (both of whom worked for both practices in the building). We were informed of the pre-employment checks that would be undertaken for any new members of staff. These included checking of references and undertaking DBS checks.

We saw evidence of a comprehensive recruitment policy in place that outlined the process used to recruit new staff. Staff also provided us with evidence of regular team meetings taking place and detailed minutes being recorded.

There was evidence of Hepatitis B vaccinations in all clinical staff files. Staff also confirmed they renew their GDC registration annually themselves. The practice manager then arranged for them to be reimbursed.

We saw evidence of a comprehensive whistleblowing policy in place.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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
<p>An inspection of the other practice in the building was carried out three days prior to the inspection of Isaac Dental Practice. During this inspection we highlighted risks in the cellar of the building. The patient records for both practices were stored in the cellar, however some of these were stored in close proximity to the two compressors.</p>	<p>We identified the close proximity of the paper records to the compressor as a fire risk.</p>	<p>We raised this as an immediate concern, which needed to be addressed by both practices in the building.</p>	<p>During our inspection of Isaac Dental Practice, we saw evidence the records had been moved an acceptable distance away from the compressors. We also saw evidence fireproof cabinets had been ordered to store paper records going forward</p>

Appendix B - Immediate improvement plan

Service: Isaac Dental Practice

Date of inspection: 27/03/2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan required.				

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: Isaac Dental Practice

Date of inspection: 27/03/2023

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
We require evidence of the washing machine being compliant with WHTM 01-04 and that the utility company is aware of its use.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	Welsh water notified we are using a washing machine- waiting for paper confirmation Letter attached confirming attachment of backflow valve	Andrew Isaac	Immediate and completed 07/06/2023
Arrangements must be made for maintenance to be carried out on the autoclave to ensure it is in full working order.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	Memory Card replaced in one autoclave	Andrew Isaac	Immediate and completed on 31/03/2023

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): Andrew Isaac

Job role: Principal and Registered Manager

Date: 14/06/2023