

**General Dental Practice  
Inspection (Announced)**  
Aneurin Bevan University  
Health Board.  
Thomas and Stroud Dental  
Practice

09/03/2016

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Thomas and Stroud Dental Practice at 383 Chepstow Road, Newport, Gwent, NP19 8HL, on 9 March 2016.

HIW explored how Thomas and Stroud Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.

- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Thomas and Stroud Dental Practice is a long established dental service located in a converted semi-detached house in a commercial area of Newport, Gwent. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Thomas and Stroud Dental Practice provide a range of private and NHS dental services.

The practice staff team includes three dentists, a practice manager, nine dental nurses, two receptionists and one dental therapist.

### 3. Summary

We found evidence to demonstrate that the practice was committed to providing a positive experience for patients. All patients we spoke to on the day of the inspection indicated that the dental team had made them feel welcome and they were happy with the treatment received.

The practice had a system in place for seeking, and responding to, patients' views about services provided, which worked well.

Overall, we were able to confirm that patients were provided with safe and effective dental care. We were also satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We found that X-ray equipment was used appropriately and safely.

The storage and checking of emergency drugs adhered to General Dental Council guidelines and on the whole emergency equipment was in good condition. However, some airways, syringes and needles were out of date and needed to be replaced.

We looked at a sample of patients' dental records and found overall, that they were sufficiently detailed. We did though identify some areas for improvement.

We found that staff were clear about their roles and responsibilities; both of the dental partners sharing the management and leadership role. They were supported on a day to day basis by an efficient practice manager. Communication between staff members was found to be good. Staff we spoke to were committed to providing high quality care to patients. Policies and procedures were regularly reviewed and well organised.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence to demonstrate that the practice was committed to providing a positive experience for patients. All patients we spoke to on the day of the inspection indicated that the dental team had made them feel welcome and they were happy with the treatment received.**

**The practice had a system in place for seeking, and responding to, patients' views about services provided, which worked well.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. Thirty eight were completed prior to the inspection, and four on the day of the inspection. The feedback we received was positive. Patient comments included:

*“Very happy with the service. I am made to feel welcome and the staff are very friendly”.*

*“Staff are always kind and helpful”*

*“Fabulous practice, I wouldn't want to go anywhere else”.*

### Dignified care

We observed staff speaking to patients in a friendly, dignified and professional way. In addition, all patients told us that they were satisfied with the care and treatment they received and felt welcomed by staff.

Price lists for NHS treatment were displayed; however we recommended that the practice displayed the cost of private treatments as well, so that patients could be clear about all dental charges. Copies of a leaflet describing the practice's services were available at reception for patients to take away with them.

### ***Improvement needed***

***Treatment costs for private patients should be displayed in accordance with General Dental Council current standards.***

A quiet area was available to patients to speak with staff confidentially, if needed.

### Timely care

The practice made every effort to ensure that care was provided in a timely way. We were told that there was a flexible appointment system in place that allowed patients to book appointments both in advance, and on an emergency basis. The majority of patients told us they had not experienced any delay in being seen by the dentists. Those that had experienced a delay said this was not for very long. Staff described the process for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment. This was confirmed by a patient that who spoke with us during our inspection.

The majority of patients told us they knew how to access out of hours dental care. We saw a sign near the entrance of the practice with details of the emergency contact telephone number to help patients when the practice was closed. The practice manager also played the message recorded on the practice answer-phone, which contained suitable emergency contact information.

### Staying Healthy

We found evidence to indicate that the practice recognised the need for health promotion to support the well-being of their patients. For example, there was a variety of leaflets and posters promoting oral health and general well being in the waiting room.

Completed HIW questionnaires and conversations with patients, further indicated that people felt they were getting sufficient information about their care and treatment.

### Individual Care

The practice had an up to date equality and diversity policy. This showed that the practice had recognised the diversity of its patient population and had considered its responsibilities under Equality and Human Rights legislation.

Access to the practice (for wheelchair users and patients with mobility difficulties) was gained through the back entrance of the premises. The ground floor toilet contained a sign, indicating that it was suitable for wheelchair users. However, the facility was too small to accommodate a wheelchair so we recommended that the sign be removed.

### ***Improvement needed***

***Wheelchair accessible toilet sign to be removed.***

The practice's information leaflet did clearly state that it had limited facilities for patients with disabilities and encouraged them to ring the practice to discuss how their needs could be met.

We saw that the practice had a system for seeking patient feedback about services provided. Additionally, written and verbal complaints were logged; the log showing that timescales used to address complaints were appropriate. We also found that the outcome of complaints had been recorded. Very few complaints had been made and no common themes were identified.

The practice had visible written procedures in place for all patients, both NHS and private, to raise complaints, which complied with the Private Dentistry (Wales) Regulations 2008 and Putting Things Right (NHS).

## *Delivery of Safe and Effective Care*

**Overall, we were able to confirm that patients were provided with safe and effective dental care. We were also satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We found that X-ray equipment was used appropriately and safely.**

**The storage and checking of emergency drugs adhered to General Dental Council guidelines and on the whole emergency equipment was in good condition. However, some airways, syringes and needles were out of date and needed to be replaced.**

**We looked at a sample of patients' dental records and found overall, that they were sufficiently detailed. We did though identify some areas for improvement.**

### Safe Care

#### *Clinical facilities*

We found evidence to indicate the practice had taken steps to ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical equipment. The practice was fairly well maintained, clean and tidy with no obvious hazards. The building was well lit, appropriately heated and provided toilet and hand washing facilities. Fire extinguishers were placed strategically and had been serviced regularly.

#### *Infection control*

We were satisfied with the arrangements in place to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence of effective infection prevention and control practice that was based on the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) - Revision 1 guidelines as follows:

- Records of checking equipment had been maintained and routine audits of infection control requirements had been carried out in line with current guidelines.
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition. We saw certificates which showed the equipment had been tested to ensure it was working correctly. There was a large selection of

instruments available and all were stored appropriately and dated so that staff knew that instruments were safe to use for patient treatments.

- Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were available. There was a sink dedicated for hand washing.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. This demonstrated that the practice was taking steps to protect patients and staff from infection. One dentist had only recently had a Hepatitis B booster and was waiting for the results. We therefore asked the practice to forward the results to HIW upon receipt.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Clinical waste including extracted teeth with amalgam was stored and disposed of appropriately.

#### *Emergency drugs and resuscitation equipment*

The storage and checking of emergency drugs adhered to GDC guidelines and on the whole, emergency equipment was in good condition. However, some airways, syringes and needles were out of date. We recommended that these be replaced.

#### ***Improvement needed***

***Emergency resuscitation equipment should be checked to ensure it is in date and replaced when necessary.***

We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff we spoke with were aware of their roles during a medical emergency,

#### *Safeguarding*

We found the practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults. We saw a policy for the protection of children and one for the protection of vulnerable adults (POVA). All staff had received training for the protection of children and some had undertaken POVA training. POVA training for all staff had been organised for May 2016. We asked the practice manager to inform HIW when the training had been completed.

#### ***Improvement needed***

***The practice should ensure that all staff have up to date adult safeguarding/POVA training.***

Pre employment checks were in place for all employees and the three dentists had Disclosure and Barring Service (DBS)<sup>1</sup> checks in accordance with the regulations for private dentistry.

### *Radiographic equipment*

We were assured that the equipment and process for taking radiographs (X-rays) at this practice were safe. X-Rays were processed digitally. We saw documentation to indicate that X-ray machines had been regularly serviced and maintained to ensure they were safe for use. Working instructions and identification of controlled areas were displayed for staff and patient safety. In addition to this, we were able to confirm that all staff involved in taking X-rays had completed appropriate training. This was in accordance with the requirements of the General Dental Council (GDC) standards and Ionising Radiation (Medical Exposure) Regulations (IR (ME) R 2000.

### Effective Care

We found that the practice placed an emphasis on continuously improving the service provided, for the benefit of patients; progress being monitored on a regular basis. Clinical staff were provided with an annual review of their work performance and also took part in quality assurance schemes generated by the local health board. Annual quality assurance audit logs for X-Rays were viewed at this inspection. The records showed that the practice took care to ensure that the quality of X-rays was of a sufficient standard to assist with making decisions about patients' care and treatment.

### Patient Records

We looked in detail at a small sample of patient records associated with each of the dentists working at the practice. Overall, we found that record keeping was of an appropriate standard. However, the following issues were brought to the attention of the practice team:

- Individual notes might be expanded rather than using the computer generated tick boxes.
- Consent for treatment should be obtained at every visit and documented in patients' notes

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<sup>1</sup> 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). <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

***Improvement needed***

***Dentists at the practice must ensure adequate detail is recorded in individual patient's notes and consent obtained and documented at every visit.***

## *Quality of Management and Leadership*

**We found that staff were clear about their roles and responsibilities; both of the dental partners sharing the management and leadership role. They were supported on a day to day basis by an efficient practice manager.**

**Communication between staff members was found to be good. Staff we spoke to were committed to providing high quality care to patients. Policies and procedures were regularly reviewed and well organised.**

The day to day management of the practice was the responsibility of both of the practice partners. The practice also had an efficient practice manager and a competent, friendly staff team. The arrangements in place with regard to internal communication were good and the staff showed commitment to caring for their patients.

We saw training records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD). The practice had a training policy.

Communication between staff at the practice was good. Staff told us that formal practice meetings took place every three months and they felt able to discuss concerns or training needs with the practice manager at other times, if needed. Formal work appraisals were conducted annually for all members of staff.

We confirmed that all relevant staff were registered with the General Dental Council. All dentists providing private treatment at the practice were registered with HIW and their registration certificates were displayed at the practice in accordance with the Private Dentistry (Wales) Regulations. Appropriate public liability insurance was displayed.

We suggested that the practice may wish to consider providing patients with a photograph display board to help them to identify individual staff.

We found systems in place at the practice to ensure all new staff received an appropriate induction. This was to ensure that they were aware of, and became familiar with, practice policies and procedures. We looked at the policies and procedures in place at the practice and saw evidence that they had been reviewed regularly and were clearly organised. Most information was also stored electronically so that any updates to policies and procedures could be easily managed and shared.

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Thomas and Stroud dental practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



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<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising

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<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Thomas and Stroud Dental Practice**

**Date of Inspection: 09/03/2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	Treatment costs for private patients should be displayed in accordance with General Dental Council current standards.	GDC standards 2.4.1	Laminated Private Fees list to be displayed alongside NHS fees in waiting room	Jackie	Completed
7	Wheelchair accessible toilet sign to be removed.	Health & Care standards 2.1	Sign to be removed from door	Jackie	Completed
<b>Delivery of Safe and Effective Care</b>					
10	Emergency resuscitation equipment	Health &	Airways due to expire April 2016. A	Jackie	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	should be checked to ensure it is in date and replaced when necessary.	Care standards 2.9 Health and Safety (First aid) Regulations 1981	new set is now in place. Resuscitation equipment is now checked along with defib & oxygen checks		
10	The practice should ensure all staff have up to date safeguarding adults/POVA training.	Health & Care standards 2.7. GDC Standards 4.3.3, 8.5	A course has been booked since January 2016 for those staff members who have not yet done one. Course date 18.05.2016. Will forward copies of certificates on completion	Jackie	End May 2016
12	Dentists at the practice must ensure adequate detail is recorded in individual patient's notes and consent obtained at every visit.	Health & Care standards 3.5  GDC Standards 4.1.1 4.1.22	Discussion between GDP's  Consent and Medical History checks will be noted at each visit	G. Thomas R. Stroud CHemingway	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of Management and Leadership</b>					
	<i>No improvements identified</i>				

**Practice Representative:**

**Name (print):** .....Jackie Jackson.....

**Title:** .....Practice Manager.....

**Date:** .....4 April 2016.....