

# Inspection Summary Report

Northview Dental Practice / Aneurin Bevan  
University Health Board

Inspection date: 4 May 2022

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This summary document provides an overview of the outcome of the inspection

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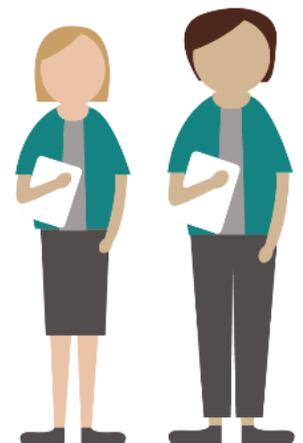


Overall, we found that the practice is committed to providing a positive experience for patients and actively supported patients in making choices about their oral health.

Staff at the practice were patient focused and treatments and services were provided in a friendly and caring manner. It was positive to note that the practice provided an out of hours emergency service.

We found a number of areas that required improvement and areas of non-compliance with the regulations were identified.

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



# 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 at Northview Dental Practice, Caerphilly on 4 May 2022. (

Our team, for the inspection comprised of two HIW inspectors and a dental peer reviewer.

This summary version of the report is designed for members of the public.

A full report, which 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 can be found on our [website](#).





# Quality of Patient Experience

## Overall Summary

- We found that Northview Dental Practice are committed to providing a friendly and professional service for patients.
- We were told by the registered manager that the practice was about to undergo some structural changes following purchase of the adjacent building.
- We saw that changes had been made to the environment in line with government guidance to enable patients to be treated safely due to the recent COVID-19 pandemic.
- We witnessed staff greeting patients in a friendly manner in person and on the telephone and we noted that patient confidentiality and dignity was always maintained.

## What we found this service did well

- We saw patients being treated in a caring and professional manner
- We observed a complaints policy that met the requirements of the Private Dentistry (Wales) Regulations and that complaints were logged and dealt with appropriately in a prompt and timely manner
- We noted that the practice encouraged feedback and provided three different methods for this, including a suggestion box mounted on the wall of the reception area, a survey accessed via QR code and active engagements on social media channels. ]
- Patients with mobility difficulties that were unable to enter the practice through the front door were able to access via an alternative step-free doorway at the back of the practice.

## Where the service could improve

- Making an “active offer” in order to encourage those patients who may wish to communicate through the medium of Welsh to do so
- Displaying information to encourage communication through Welsh and ensure written information is available bilingually

- Offering information in a variety of accessible formats
- Consider improving accessibility requirements for entry to the practice for patients with mobility difficulties. ]



#### Patients told us:

Patients provided us with the following comments:

*“The practice manager and receptionists have always been so lovely with any queries I have.”*

*“All staff are friendly and communicate well with patients.”*

*“Exceptional service and I would not go anywhere else!”*

## Delivery of Safe and Effective Care

### Overall Summary

- [We found that the practice requires significant improvement in a number of areas relating to infection prevention and control (IPC) standards and regulations to ensure that the health, safety and welfare of staff and patients is protected.
- We identified cleanliness and IPC issues within clinical areas and processes at the practice which required immediate attention. We found the decontamination room was not fit for purpose and posed a significant risk of cross contamination. In addition, drawers that stored dental instruments and materials were dusty and heavily stained. We also found flooring within clinical areas that was not adequately sealed and further posed an infection risk to staff and patients.

- We found that, of the ten patient records we reviewed, all were being kept to an excellent standard. Notes were concise, clear and good quality and contained sufficient patient information. Medical histories, oral cancer screening and treatment plans were up to date and accurate.
- In addition, we found that the practice had in place effective risk assessments as well as a dedicated health and safety folder with relevant and up-to-date policies to ensure the health and safety of staff, patients and visitors to the practice ]

## What we found this service did well

- [The patient records reviewed were excellent with regularly updated histories and treatment plans
- Patients were provided with information leaflets on the treatments discussed during their appointments
- Gaining informed consent for each of the patient records that we reviewed. ] ]

## Where the service could improve

Immediate assurances:

- [We found that the condition, storage and reprocessing of dental instruments and materials within the dental surgeries and clinical areas was not currently in line with infection prevention and control guidelines and did not protect staff and patients from the risks of acquiring a healthcare associated infection
- We found damaged and broken dental instruments including a luxator with a badly broken and cracked handle and damaged blade. These were available for use in oral surgery procedures (extractions)
- Clean items intended for use were stored loosely in drawers that were dusty, stained and containing debris and not within sterile packaging as required by WHTM 01-05
- Instruments in use that had not been sufficiently decontaminated, including an instrument used in minor oral surgery procedures that contained evidence of a white material from a previous dental treatment
- The use of instrument identification tape on surgical instruments that does not allow for appropriate cleaning and decontamination between each patient use
- Inadequate sealant around flooring in clinical areas

- Lack of adequate zoning of designated “clean” and “dirty” areas within clinical areas with evidence of repeated crossover between each. This included one surgery found to be storing contaminated dental instruments within a transportation box above clean items on the clinician’s dental cart intended for patient use and adjacent to the handwashing sink
- Inadequate number of sinks within treatment rooms to allow for effective hand hygiene to be maintained. These were also located in areas that would be adjacent to or used as “dirty” zones in surgeries
- Non-clinical items placed in treatment areas including an artificial plant within an area directly affected by aerosol generating procedures (AGP’s) and next to an air filtration system
- We found that the environment of the decontamination room was cluttered and had not been maintained in a manner that allowed appropriate standards of cleanliness and hygiene. Shelving within the decontamination room was badly damaged and degraded, exposing the porous material underneath. Furthermore, items marked as clean were stored below items requiring decontamination increasing the risk of cross contamination of clean items. We found that the decontamination room did not have any clear “dirty” to “clean” workflow.

The practice has provided us with details of the action taken/due to be taken to urgently address our findings and we are assured that suitable arrangements have been implemented in relation to the issues detailed above. ]

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This is what we recommend the service can improve:

- [Removing the sharps bins and gypsum waste from within the kitchen area, where they were stacked in front of a fire escape
- Having a second qualified first aider to ensure that a qualified first aider is present at the practice at all times during operational hours
- Securing fire extinguishers to the walls ]

**Patients told us:**

Patients provided us with the following comments:

*“I ... feel that I am informed of all treatment options and all treatment is explained to me.”*

*“... [name] showed me the ... treatment procedure on a tooth diagram so I could understand what was being carried out.”*

*“My dentist [name] is always excellent at explaining procedures, caring and considerate.”*

# Quality of Management and Leadership



## Overall Summary

- [We witnessed staff working well together under the guidance and management of a professional and efficient practice manager. All staff appeared to be committed to providing high standards of care to their patients.
- We found that the practice was well organised with policies and procedures in place that met the standards and regulations for private dental practices in Wales.
- Documentation relating to staff information was held safely and contained all of the information necessary to ensure staff were fit to work.
- We saw evidence of recently completed staff appraisals and training records were complete for all staff.
- We found that staff meetings took place regularly, were minuted and made available to staff to view. We found that staff were encouraged to participate in meetings and contribute to items on the meeting agenda. ]

## What we found this service did well

- [Effective management and leadership from the practice manager and registered manager ensure that staff are aware of their professional responsibilities to ensure high quality care for patients
- Staff working well as a team enable the practice to run efficiently
- Practice policies and documentation was up to date and satisfactory. ]

## Where the service could improve

- [Ensuring that all staff have appropriate skills, knowledge and training in basic life support
- Obtaining enhanced DBS checks for all staff that have direct contact with patients and/or their files that are reviewed on a regular basis

- Ensure a smoking cessation audit is repeated on a regular basis as part of the ongoing audit cycle.

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## 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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.

