

General Dental Practice Inspection (Announced)

**Aneurin Bevan University
Health Board, Blackwood
Dental Centre**

3 March 2015

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Contents

1.	Introduction	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings	6
	Patient Experience	6
	Delivery of Standards for Health Services in Wales	9
	Management and Leadership.....	15
	Quality of Environment	19
6.	Next Steps	21
	Appendix A.....	22

1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Blackwood Dental Centre at 171A High Street, Blackwood within the area served by Aneurin Bevan University Health Board on 3 March 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales¹.

HIW understands that Blackwood Dental Centre is a mixed practice providing both private and NHS dental services, with approximately 90% NHS patients and 10% private patients. In this respect, any dentist working at the practice who is also 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.

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

¹ Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1st April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. www.weds.wales.nhs.uk/opendoc/214438

- 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
- 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.

3. Context

Blackwood Dental Centre provides services to NHS and private patients in the Blackwood area of Caerphilly County. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board. The practice employs a staff team which includes four dentists (including two principal dentists who are the practice owners), one dental surgeon, three nurses (including one trainee), one hygienist, and a practice manager.

The practice provides general dental, hygienist, and oral surgery services.

4. Summary

HIW explored how Blackwood Dental Centre meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us they were satisfied with the service they received from the dental practice and received enough information about their treatment. One of the dentists was a Welsh speaker and patients were able to have their appointments in Welsh. We recommended the practice develop a robust system for gaining patient feedback.

Overall, we found care and treatment was planned and delivered safely to patients. A new decontamination room had been installed to improve the effective cleaning of dental instruments.

The practice needed to develop a robust system to ensure that all required resuscitation equipment and emergency medication is available and safe to use. We found that improvements were needed to patient record keeping.

At the time of the inspection, the practice had recently changed ownership and was owned by two principal dentists. Existing staff told us that the transition had been a challenging time, but said they were happy in their roles and with the new owners. A range of relevant policies and procedures had been introduced with the intention of providing safe care to patients.

The practice was in the process of refurbishment at the time of inspection and one of the surgeries had recently been completed. Despite the ongoing refurbishment, we found the practice provided a safe environment for patients to receive treatment. Access to the practice was not suitable for wheelchair users.

5. Findings

Patient Experience

Patients told us they were satisfied with the service they received from the dental practice and received enough information about their treatment. One of the dentists was a Welsh speaker and patients were able to have their appointments in Welsh. We recommended the practice develop a robust system for gaining patient feedback.

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. Ten patient questionnaires were completed. We also spoke to two patients on the day of inspection and observed general conversation between staff and a small group of patients. All patients said they were satisfied with the care they received at the practice and felt welcomed by staff. We saw staff speaking with patients in a friendly and professional way.

A sample of patient comments included the following:

“Very satisfied.”

“Have always received a good service from this dentists practice and all staff are very helpful and friendly.”

“Very friendly always helpful.”

“Friendly professional service.”

“Dentist and staff friendly and very helpful.”

“The staff are always very polite, welcoming and accommodating.”

“Good, friendly people, always welcoming.”

One patient we spoke to said she was very nervous about having dental treatment, but explained that she liked the practice as staff helped put her at ease. The majority of patients said they had not experienced delay in being seen by the dentist. All patients said they received enough information about their treatment, one patient said, *“yes information is always on hand”*. We were told that the dentist explained treatment to patients verbally and we confirmed that the treatment options discussed were recorded in patient notes.

Most patients knew how to access emergency dental services. We saw a sign outside the practice window with the emergency contact number and we confirmed there was a contact number provided on the practice's answer phone message.

The practice conducted patient surveys as part of the contract for oral surgery with the health board. However, they confirmed they did not analyse the results of these surveys as a way of assessing the quality of the service provided. We discussed the need for the practice to develop a system of regularly gaining patient feedback, such as using a suggestions box or patient questionnaires.

Improvement needed

The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.

Three patients told us they were unsure of how to make a complaint, but also said they did not feel the need to complain. We saw there was information about complaints to the Dental Complaints Service² on the notice board in the patient waiting area and there was reference to a complaints policy in the patient information book on the reception counter. However, the practice's complaints policy was not on display for patients to see.

Improvement needed

The practice should ensure that a complaints poster is displayed where it is visible to patients.

We have made a recommendation about updates needed to the complaints policy in Management and Leadership section of this report (page 18).

The principal dentist confirmed that there was no practice website, but they planned to develop a website in future. We discussed the need for the practice to comply with the General Dental Council's guidelines for advertising when developing the website.

There were practice information leaflets and a folder with patient information available at the reception counter. We saw that some information in the reception/waiting area referred to Caerphilly Local Health Board and not

² The Dental Complaints Service is an organisation which offers advice and support for patients and professionals and deals with complaints about private dental care.

Aneurin Bevan Health Board. This was highlighted to the practice who addressed this on the day of inspection.

We found there was a selection of health promotion information leaflets in the reception/waiting area. This included information on gum disease, root canal treatment and teeth brushing along with other related information. However, we did not see information about mouth cancer awareness and smoking cessation. We discussed the need to provide patients with further health promotion with the practice. The principal dentist agreed to consider this and also showed us a picture of their idea for an eye catching display including information on the sugar content in popular drinks.

Improvement needed

The practice should consider providing patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.

We suggested the practice should consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages, including Welsh. The need for this could be assessed through gaining patient feedback.

The practice told us that one of the dentists was a Welsh speaker and could conduct appointments in Welsh for those patients who wished to do so. One of the principal dentists said they were currently learning Welsh. This means that patients could communicate with staff in their preferred language. The practice may wish to consider a method of promoting the availability of Welsh speaking staff so that patients are aware of this language option.

Delivery of Standards for Health Services in Wales

Overall, we found care and treatment was planned and delivered safely to patients. A new decontamination room had been installed to improve the effective cleaning of dental instruments.

The practice needed to develop a robust system to ensure that all required resuscitation equipment and emergency medication is available and safe to use.

Clinical facilities

We looked at the clinical facilities in each surgery and found these contained relevant equipment for the safety of patients and staff. Surgery 2 is used for hygiene treatment and for oral surgery and therefore did not contain instruments and materials for general dentistry. We noticed that Surgery 2 had recently been refurbished and was clean and tidy, whilst Surgery 1 was in the process of being refurbished. The principal dentist confirmed Surgery 1 would be completed to the same standard as Surgery 2. We noticed that Surgery 1 had loose doors on the cupboards, which made opening and closing difficult. The doors on one of the cupboards were very loose, meaning that there was a risk that they could fall off and cause injury to staff. We advised the practice to ensure that this particular cupboard was either not used or made safe. The principal dentist agreed to address this.

We found that portable appliance testing (PAT) had not been conducted to check that small electrical appliances used at the practice were fit for purpose and safe to use.

Improvement needed

The practice should ensure that all small electrical appliances are safe to use by conducting regular PAT testing.

We found that the equipment (compressor) used to provide compressed air to the dental surgeries needed to be serviced.

Improvement needed

The practice should ensure the compressor is regularly inspected and serviced.

Decontamination of instruments

The practice had recently installed a dedicated room for the cleaning and sterilisation of dental instruments and had suitable processes in place to prevent patients from cross infection. Whilst this room was small, it was a suitable size to allow instruments to be cleaned effectively and was of a good standard. Dedicated hand washing sinks were available to help with infection control. We noticed the door of the decontamination room had been taken off due to the on-going redecoration work at the practice. We advised the practice to re-install the door as soon as possible to prevent any contaminated aerosols (produced when cleaning dirty instruments) from reaching the corridor and patient areas. The practice agreed to address this.

Logbooks had been maintained for cleaning equipment and there was evidence that the standard checks performed by nursing staff at the start and end of each day were recorded. There was also a suitable system to ensure that instruments were used within the recommended storage period.

We saw evidence that nursing staff had completed individual training in decontamination and the decontamination policy/procedure was displayed in the cleaning area. However, evidence of decontamination training was not present for any of the dentists.

Improvement needed

All staff involved in decontamination, should have individual training records.

The decontamination nurse told us they had conducted an infection control audit on as part of their own continued professional development, but a completed audit and improvement plan had not been conducted at the practice as recommended by the Welsh Health Technical Memorandum 01-05³ (WHTM 01-05) guidelines.

Improvement needed

The practice should conduct infection control audits at least annually and develop an improvement plan to address the issues highlighted.

³ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Waste disposal

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place. However, we were told that dental models were disposed of in the clinical waste rather than in a separate container.

Improvement needed

The practice should ensure that dental models are disposed of in the appropriate gypsum (plaster) container.

Whilst clinical waste was stored securely at the practice, the storage area being used was on the top floor, in the staff kitchen area. We advised the practice to re-locate the storage of clinical waste so that it did not need to be carried through the staff kitchen down through the practice. This would reduce the risk of waste being spilled. The principal dentist agreed to use a different cupboard for storing clinical waste.

The practice did not have a contract with the local council for the collection of domestic waste and we advised the practice to contact the council to arrange this.

Radiographic (x-ray) equipment

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing was available. However, we noticed that the radiation protection file, which includes details about the x-ray procedures for staff to follow, did not include the names of the radiation protection supervisor and advisor and needed to be updated with the new owner's details.

Improvement needed

The radiation protection file should be updated with the names of the radiation protection supervisor and advisor and the new owner's details.

We were told that clinical staff had conducted appropriate training on ionising radiation. Certificates for all staff members were not available on the day, but were sent to HIW following the inspection to confirm training had been conducted. We also found that quality assurance audits to ensure image quality of x-rays had not been conducted.

Improvement needed

The practice should conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations.

Medical emergency equipment and medication

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. However, the resuscitation equipment and emergency drugs were kept in different locations at the practice. We advised that, where possible, all emergency equipment drugs should be stored together, in a place known by all staff members, to avoid any delay in treating patients in an emergency. We also found the practice did not have a resuscitation policy to advise staff of the procedure to follow in the event of a medical emergency.

Improvement needed

The practice should ensure that all resuscitation equipment and emergency drugs are kept together, to avoid any delay in treating patients in an emergency.

The practice should develop a resuscitation policy, so that all staff are aware of the procedure to follow in the event of a medical emergency.

We found the practice did not have a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. We noticed that one of the emergency drugs used for epileptic seizures (midazolam) was out of date. The practice confirmed they had already ordered a replacement for this drug. We also found that portable suction equipment was not available and there was no evidence that the oxygen levels in the portable oxygen cylinders had been inspected/checked to ensure there was a sufficient supply in case of an emergency.

Improvement needed

The practice must ensure there is a robust system to ensure that all resuscitation equipment and emergency medication are present and safe to use.

We saw some evidence that staff had received up-to-date training on how to deal with medical emergencies and there was an appointed first aider. The principal dentist confirmed that all staff had completed this training. Certificates to confirm this were not available for all staff on the day, but were sent to HIW following the inspection.

Patient records

We looked in detail at a sample of seven patient records. At the time of inspection, all patient records held at the practice were paper only. The principal dentists told us they planned to transfer all patient records to an electronic system in the near future.

Oral surgery patient records

The two principal dentists were solely involved in oral surgery assessment and treatment and only dealt with referred patients. Because of this, the notes for the principal dentists differed from the notes completed for routine general dental treatments by the two other associate dentists. Overall we found the notes for the principal dentists were satisfactory and we saw there was a suitable method of gaining patient consent. We did not look at the notes for the dental surgeon on this occasion.

General dental patient records

We have identified improvements needed to general dental patient record keeping, but also noted that some of these areas could be improved or resolved when the practice transfers to an electronic system. In general, we found the details of treatment in patient notes were limited and more detail was needed for examination notes. This was partly due to the limited space on the paper record card.

We found that the entries on patient record cards were not consistently initialled by the dentist, meaning that it was difficult to tell which dentist had conducted the treatment. We also found it was difficult to tell the chronological order of patient notes, as the record cards were not numbered.

Medical histories forms were not routinely countersigned by the dentists and updated at each treatment. It is important for patient safety that medical histories are checked at each appointment and that the dentist has countersigned to demonstrate their awareness of any medical conditions. There was no information recorded in patient notes about social history, such as smoking and alcohol consumption. We also did not find evidence that mouth cancer screening was completed, as this was not recorded.

We saw that patient consent was not always recorded in patient notes, when verbal consent was given. We were told that all patients were provided with treatment plans, but we found patients were not always given them. We saw the practice had detailed written consent forms giving patients helpful information on different types of treatment, but they were not in use. We

discussed this with the principal dentist who confirmed they could start giving these written consent forms to patients.

We found that the recall frequency (how often patients were recommended to have appointments) was not always recorded. This means it was not possible to assess whether the relevant guidelines⁴ on recall frequency had been followed.

We found that clinical findings (what the x-rays showed) were not always recorded in patient notes. We could not see that x-rays taken had been graded for image quality or that justification for why x-rays needed to be taken were recorded in patient notes. However, the principal dentist told us that this was recorded in a separate book in the surgery.

Improvement needed

Improvements should be made to patient record keeping and the following should be recorded in patient notes:

- ***More detail on examination notes***
- ***The name or initials of the treating clinician (dentist)***
- ***Medical histories forms should be countersigned by the dentists and updated at each treatment***
- ***Information on social history and mouth cancer screening***
- ***Patient consent***
- ***All patients should be provided with treatment plans***
- ***Recall frequency***
- ***Clinical findings from x-rays.***

⁴ The National Institute for Health and Care Excellence (NICE) dental recall clinical guidelines help clinicians assign recall intervals between oral health appointments that are appropriate to the needs of individual patients.

Management and Leadership

At the time of the inspection, the practice had recently changed ownership and was owned by two principal dentists. Existing staff told us that the transition had been a challenging time, but said they were happy in their roles and with the new owners. A range of relevant policies and procedures had been introduced with the intention of providing safe care to patients.

The practice changed ownership in October 2014. Since this time, the practice has undergone significant refurbishment and work was still ongoing at the time of inspection. New policies and processes had been introduced by the new owners and there had been some change in roles and responsibilities for existing staff members. Staff told us that the transition had been a challenging time, but said they were happy in their roles and with the new owners. One staff member told us the new owners had made them feel valued by thanking them for all their hard work during the transition. All staff members we spoke to told us about the improvements that had been made to the practice environment in recent months.

The practice was reliant on paper based systems at the time of inspection, including all referrals and discharges for oral surgery. This presented a significant amount of work for the practice manager and other involved staff. However, staff told us they knew that their work would become easier once an electronic system was introduced. An experienced practice manager was responsible for day-to-day running of the practice.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place. The policies were well organised and easy for staff members to locate. Whilst it was clear that all policies had recently been introduced, we noticed they did not all include version dates and did not have a date when the policy would be reviewed. We advised the practice to add review dates to all policies to show they were the latest version. The policies had not been signed by staff to indicate they were aware of them.

Improvement needed

The practice should have a robust system for ensuring all policies and procedures are current and that staff are aware of them.

The practice was in the process of drawing up new contracts for staff members. At the time of inspection, contracts had been developed for associate dentists, but these had not been signed. Most existing staff members had employment

contracts from the previous owner, but two staff members did not have contracts at all.

Improvement needed

All staff should have contracts of employment with the details of the new owners and working arrangements.

We were told that the practice was in the process of conducting staff appraisals and staff had been given forms to complete prior to their appraisal meeting. We discussed the need for the principal dentists to also have appraisals and they agreed to make these arrangements.

We looked at a sample of staff files at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We did not see the indemnity insurance for the nurses, but the principal dentist confirmed that the nurses were covered through their insurance.

Personal continued professional development (training) files were mostly kept by individual staff members and so these were not available for inspection on this occasion. However, staff told us they had access to training opportunities relevant to their role and training certificates we saw provided some evidence of continued professional development completed by clinical staff. We saw that some staff had completed child protection training, but not all. The principal dentist confirmed that adult protection training had not been completed by staff.

Improvement needed

The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected.

In accordance with the relevant regulations⁵ for private dentistry, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. Some details required updating and arrangements were made for this following the inspection.

⁵ The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

At the time of our inspection, two of the dentists did not have Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We discussed this with the principal dentist who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We discussed the provisions for staff checks with the principal dentists who confirmed this would be completed for any new staff.

The practice had arrangements for occupational health support through the health board. We saw some records to show that staff had received appropriate vaccinations to protect them against blood-borne viruses. However, immunity records were not available for some staff members and the record for one of the nurses was unclear regarding immunity status.

Improvement needed

The practice should ensure that all staff receive the appropriate vaccinations to protect against blood born viruses.

The practice had suitable arrangements for the recording of accidents and incidents. There were no accidents recorded since the new owners arrived. We discussed the need for the practice to ensure they maintain the confidentiality of staff and patient information by storing completed accident records separately from the accident book.

The new owners had introduced staff meetings and had conducted two meetings since their arrival. They planned to conduct these regularly, but had not yet had a staff meeting in 2015. Meeting minutes were not available at the time of inspection, but we saw an agenda which confirmed that a range of topics were discussed. Staff told us they were encouraged to raise any concerns during these meetings. One of the lessons learnt from these meetings was that staff would benefit from more specific job roles. The principal dentists had agreed to address this.

The practice had not received any complaints since the change in ownership and we were told there were no complaints received by the previous owner. We discussed with the practice the need to record all complaints, including verbal and informal complaints, so that they could assess if there were any emerging themes and use complaints as a way of improving their service.

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right' and gave a list of relevant organisations for patients to contact in the event they had a

complaint. However, the policy needed to include the contact details of HIW for private patients. This is required by the Private Dentistry Regulations. The policy should also refer to the Community Health Council who could provide advocacy support for both private and NHS patients.

Improvement Needed

The policy should be updated with the contact details of HIW for private patients.

The policy should include the details of the Community Health Council for private and NHS patients.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Quality of Environment

The practice was in the process of refurbishment at the time of inspection and one of the surgeries had recently been completed. Despite the ongoing refurbishment, we found the practice provided a safe environment for patients to receive treatment. Access to the practice was not suitable for wheelchair users.

The practice is located on the shopping high street of Blackwood. The practice has two surgeries and a waiting room/reception area on the first floor of the building. Car parking is available in public car parks close to the practice.

Access to the practice was via a flight of stairs from street level. There was no alternative access for wheelchair users and patients with mobility difficulties. The practice told us they were considering improving the access to the practice by installing a stair lift, but had no immediate plans to do this.

There was a sign on the door of the practice with the names and qualifications of all dentists, opening hours and emergency contact number for out of hours services. However, we found that the names and registration numbers for all clinical staff were not displayed at the practice in accordance with the General Dental Council guidelines. This should be easily visible to patients.

Improvement needed

The practice should display information about staff (including their registration number where appropriate), in an area where it can be easily seen by patients.

Price lists for both NHS and private patients were displayed in the reception area. The waiting area was a suitable size for the number of surgeries and was clean and tidy.

A tour of the building confirmed the practice was satisfactorily maintained and in the process of extensive refurbishment. Parts of the practice, such as Surgery 1 and the decontamination room, had recently been refurbished, whilst work in other areas was still ongoing. Despite this, the practice was generally clean and tidy throughout. Staff told us of they appreciated the significant improvements that had been made to the working environment.

The practice had a unisex staff/patient toilet on the first floor, which had been recently refurbished and was waiting for the plasterwork to be decorated. This was visibly clean and contained suitable hand washing facilities to prevent cross infection. However, the toilet sign outside of the door was missing. The

principal dentist explained this was because the door was new and this would be addressed.

There was a staff area on the second floor under refurbishment, with a kitchen/eating area, changing area, and office. A new laboratory was also being set-up, but we did not look at this as part of our inspection. We noticed that the corridors and staff area were noisy at times due to the use of the equipment to provide compressed air to the surgeries (compressor). We discussed this with the principal dentist who explained they planned to create sound proofing around the equipment. In the meantime, they suggested this equipment could be turned off at lunchtime so that staff could use the staff area free from noise.

The fire exit was signposted and fire extinguishers recently inspected. However, due to the building work, one of the fire exit signs above the stairs had been removed.

Improvement Needed

The practice must ensure that all fire exit signs are displayed at the practice.

We advised the practice to conduct a fire risk assessment of the building, once all refurbishment work had been completed. The practice agreed to do this.

Appropriate security measures were in place to prevent unauthorised access to the building. We found there were suitable arrangements to ensure patient records were stored securely in locked filing cabinets. However, the cabinets used were not fire proof, meaning all paper records could be destroyed in the event of a fire. The practice planned to transfer all records to an electronic system which would be backed-up off site. We discussed the need to protect patient records within the practice and address fire proof storage of records if there was to be any delay in transferring records to an electronic system.

Improvement needed

The practice should consider the protection of the paper patient records in the interim period before the records are computerised.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified in this report. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Blackwood Dental Centre will be addressed, including timescales.

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

Appendix A

General Dental Practice: Improvement Plan

Practice: Blackwood Dental Centre

Date of Inspection: 3 March 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
7	<p>The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.</p> <p>[Doing Well, Doing Better: Standards for Health Services in Wales standard 5a-c; GDC Standards 2.1]</p>	<p>Patient questionnaires (both for general dentistry and oral surgery) will be handed out to patients regularly, with regular reviews and audits of these findings.</p> <p>A patient comments and suggestions box will be placed on reception where patients can make recommendations named or anonymously.</p>	Zoe Clarke	Immediately
7	<p>The practice should ensure that a complaints poster is displayed where it is visible to patients.</p> <p>[General Dental Council Standards 5.1.5]</p>	<p>Temporarily this will be placed on the noticeboard in reception but once the reception area has been refurbished all notices will be framed on the walls. It will also be visible in the patient information folder on the reception</p>	Zoe Clarke	Immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
8	<p>The practice should consider providing patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.</p> <p>[Doing Well, Doing Better: Standards for Health Services in Wales standard 3b-c]</p>	<p>Provide information leaflets regarding mouth cancer and smoking cessation. Promote these dental issues with displays and further information on their designated dental awareness national dates during the year</p>	Zoe Clarke	<p>Immediately Re: leaflets.</p> <p>Designated dental awareness dates for displays and further information</p>
Delivery of Standards for Health Services in Wales				
9	<p>The practice should ensure that all small electrical appliances are safe to use by conducting regular PAT testing.</p> <p>[Electricity at Work Regulations 1989 section 4(2); Health and Safety Executive]</p>	<p>We have arranged for PAT testing to be carried out in with next two weeks (as per earliest we could arrange a qualified PAT tester)</p>	Zoe Clarke	Immediately
9	<p>The practice should ensure the compressor is regularly inspected and serviced.</p> <p>[Doing Well, Doing Better: Standards for Health Services in Wales standard 16a; Pressure Systems and Transportable Gas Container Regulations 1989 and Pressure Systems Safety Regulations 2000]</p>	<p>Review the compressor inspection and arrange for a service.</p>	Zoe Clarke	Immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
10	All staff involved in decontamination, should have individual training records. [WHTM 01-05 guidelines section 24o]	All staff involved in decontamination of dental equipment and surgeries do have individual training records. Dentists need to be updated.	Colin Rees	3 months
10	The practice should conduct infection control audits at least annually and develop an improvement plan to address the issues highlighted. [WHTM 01-05 guidelines section 1.8.]	The practice will conduct infection control audits six monthly and develop an improvement plan to address any issues highlighted. The first infection control audit will be completed within the next 3 months	Zoe Clarke and Colin Rees	Currently collating data – within 3 months
11	The practice should ensure that dental models are disposed of in the appropriate gypsum (plaster) container. [WHTM 07-01 guidelines: dental practices - section 21]	To contact Cannon Hygiene and arrange for separate gypsum removal.	Zoe Clarke	Immediately
11	The radiation protection file should be updated with the names of the radiation protection supervisor and advisor and the new owner's details. [Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000]	The names of the radiation protection supervisor and advisor are framed in both surgeries for all patients and staff to see. We will also put the names in the radiation protection file.	Colin Rees	Immediately
12	The practice should conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical	The practice will conduct quality assurance audits for radiographic equipment six monthly and develop an improvement plan to address any	Zoe Clarke	6 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Exposure) Regulations. [Doing Better: Standards for Health Services in Wales standard 6a; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000]	issues highlighted.		
12	The practice should ensure that all resuscitation equipment and emergency drugs are kept together, to avoid any delay in treating patients in an emergency. The practice should develop a resuscitation policy, so that all staff are aware of the procedure to follow in the event of a medical emergency. [General Dental Council Standards 1.5.3; Resuscitation Council UK guidelines]	All resuscitation and emergency drugs (unless required to be re-refrigerated) are now kept in the decontamination room which is central to both surgeries and easily accessible from the reception area. The practice has a resuscitation procedure, which is located with the emergency drugs. A policy will now be placed in the policy folder	Zoe Clarke	1 month
12	The practice must ensure there is a robust system to ensure that all resuscitation equipment and emergency medication are present and safe to use. [General Dental Council Standards 1.5.3; Resuscitation Council UK guidelines]	A designated member of staff is now in charge of the emergency drugs and equipment. All equipment will be checked monthly.	Zoe Clarke	Immediately
14	Improvements should be made to patient record keeping and the following should be recorded in patient notes:	The practice will be computerised within the next year making clinical note keeping easier and more efficient. Until then handwritten clinical	All dentists	Immediately for handwritten

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> - More detail on examination notes - The name or initials of the treating clinician (dentist) - Medical histories forms should be countersigned by the dentists and updated at each treatment - Information on social history and mouth cancer screening - Patient consent - All patients should be provided with treatment plans - Recall frequency - Clinical findings from x-rays <p>[General Dental Council Standards 4; Doing Well, Doing Better: Standards for Health Services in Wales standards 20c; 7a]</p>	<p>notes will be improved by following the HIW recommendations.</p>		<p>notes. Within a year for computerised notes</p>
Management and Leadership				
15	<p>The practice should have a robust system for ensuring all policies and procedures are current and that staff are aware of them.</p> <p>[Doing Well, Doing Better: Standards for</p>	<p>The policies all newly devised as minimal was in place prior to Colin Rees and Zoe Clarke purchasing the practice. All staff are now required to read all the policies and sign once read and understood. Dates will be recorded on</p>	Zoe Clarke	Immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Health Services in Wales standard 25e]	each policy stating when renewal is required.		
16	All staff should have contracts of employment with the details of the new owners and working arrangements. [UK Government Employment Guidelines https://www.gov.uk/employment ; The Transfer of Undertakings (Protection of Employment) Regulations 2006]	All staff will have contracts of employment with the details of the new owners and working arrangements.	Zoe Clarke and Colin Rees	Immediately
16	The practice should ensure all staff are aware of the signs of abuse of both children and vulnerable adults and of the local procedures that should be followed if abuse is suspected. [General Dental Council Standards 8.5; Doing Well, Doing Better: Standards for Health Services in Wales standards 11c]	Child protection courses will be updated and all staff will undergo abuse of vulnerable adults training and local procedures will be set in place with these procedures followed if abuse is suspected.	Zoe Clarke and Colin Rees	Within 3 months
17	The practice should ensure that all staff receive the appropriate vaccinations to protect against blood born viruses. [General Dental Council Standards 1.5.2]	The practice will ensure that all staff receive the appropriate vaccinations to protect against blood born viruses	Zoe Clarke and Colin Rees	Immediately
18	The policy should be updated with the contact details of HIW for private patients. The policy should include the details of the Community Health Council for private and	The policy will be updated with the contact details of the HIW for private patients, including details of the community Healthy Council for private and NHS patients	Zoe Clarke	Immediately

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	NHS patients. [Private Dentistry (Amendment) Regulations 2011 section 15(4a); General Dental Council Standards 5.1.3]			
Quality of Environment				
19	The practice should display information about staff (including their registration number where appropriate), in an area where it can be easily seen by patients. [General Dental Council Standards section 6.6.10]	GDC registration information is visible for patients in the patient information folder and the patient leaflet, both situated in reception. This information will now also be placed on the practice front door.	Zoe Clarke	Immediately
20	The practice must ensure that all fire exit signs are displayed at the practice. [The Regulatory Reform (Fire Safety) Order 2005 section 12(2)(g)]	Fire exit signs were taken down because of refurbishment. These signs already back in place.	Zoe Clarke	Immediately

Practice Representative: Zoe Clarke and Colin Rees

Name (print): Zoe Clarke and Colin Rees

Title: Dr Zoe Clarke and Dr Colin Rees

Date: 20th May 2015