

**General Dental Practice  
Inspection (Announced)**  
Powys Teaching Health  
Board, East Radnor Family  
Dental Practice (IDH)

17 June 2015

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@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

# Contents

1.	Introduction .....	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings .....	6
	Patient Experience .....	6
	Delivery of Health and Care Standards .....	7
	Management and Leadership.....	10
	Quality of Environment .....	12
6.	Next Steps .....	13
	Appendix A .....	14

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to East Radnor Family Dental Practice (Integrated Dental Holdings – to be referred to as IDH elsewhere in the report) at 3 Wylcwm Place, Knighton, Powys, LD7 1AE within the area served by Powys Teaching Health Board on 17 June 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. 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 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

---

<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<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>

- 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.

### 3. Context

East Radnor Family Dental Practice (IDH) provides services to patients in the Knighton and surrounding areas of Powys. The practice forms part of dental services provided within the geographical area known as Powys Teaching Health Board. The practice was taken over by IDH in August of 2014. Currently, IDH has a network of over 600 dental practices across the UK.<sup>4</sup>

East Radnor Family Dental Practice (IDH) is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes two dentists, practice manager and three dental nurses (one qualified and two trainee dental nurses).

A range of services are provided. These include:

- Preventative dental treatments
- Restorative dental treatments
- Some cosmetic dental treatments
- Private and NHS dentistry.

---

<sup>4</sup> As per information accessed by HIW during May 2015, via <http://idhgroup.co.uk/patient-services>

## 4. Summary

HIW explored how East Radnor Family Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

The practice could demonstrate that they were interested in learning more about the views of their patients as we saw that they were using the feedback mechanisms available to them and reviewing the results of these on a monthly basis. We felt that this could be enhanced further by using a more comprehensive survey to gain a wider set of views.

The feedback we received from patients was very positive overall, apart from one negative comment which we discussed with the practice during our inspection.

We found that the practice had considered all aspects of decontamination and made thorough arrangements for suitable decontamination procedures, equipment and space to carry this out. We also considered that the arrangements for safe use of radiographic equipment were satisfactory, with the exception of the local rules which needed to be improved. The waste disposal arrangements were also satisfactory.

The sample of clinical notes we saw demonstrated a high standard of record keeping and there were good arrangements in place for the supply of emergency equipment and for ensuring staff had relevant first aid and resuscitation training.

The team working at East Radnor Family Dental Practice is small and we found that they were well organised. IDH management systems were well embedded in the day to day practice that we saw and staff spoke confidently about policies and procedures and in the areas we observed were also confidently applying them to their work. We have suggested that consideration is given to creating further learning opportunities for staff within the local network of other IDH practices and within the practice itself through team meetings.

The practice environment is small but appeared clean and tidy. Storage areas are limited and space outside of the two surgeries for the practice manager to work at a computer is also limited. The storage of files and cleaning equipment should be reconsidered to ensure that they can be safely accessed by staff when needed.

## 5. Findings

### *Patient Experience*

**The practice could demonstrate that they were interested in learning more about the views of their patients as we saw that they were using the feedback mechanisms available to them and reviewing the results of these on a monthly basis. We felt that this could be enhanced further by using a more comprehensive survey to gain a wider set of views.**

**The feedback we received from patients was very positive overall, apart from one negative comment which we discussed with the practice during our inspection.**

Our main method for gathering patient views as part of this inspection was by distributing pre-printed questionnaires to patients ahead of our inspection visit. Twenty five were completed and returned to us.

Overall, the feedback we received was very positive; we received one negative comment which was about the welcome given by staff and we discussed this with the practice during our inspection and asked that they reflect on whether there are any aspects that could be improved. We were given permission by our questionnaire respondents to use the information they gave us and below we have included a sample of the positive comments received:

*“(The) clinical team have excellent knowledge.”*

*“All the staff are great and make you feel at ease.”*

*“I get good treatment and the staff are helpful.”*

We also looked at the way the practice engaged with their patients so that they can learn from the feedback they received. We noted that there were blank feedback forms available in the reception area which patients could use to make comments. We were told that very few comments were received this way; however, it is still good practice to keep this facility available. As an IDH practice, we saw some of their corporate systems for seeking patient feedback were embedded and appeared to be well used. For example, the company send random post appointment text messages to patients, asking them to rate their experiences and the practice manager was accessing this information on a monthly basis and sharing the results with her staff. The practice may want to consider undertaking an annual survey of patient views which could provide more comprehensive feedback than the text messages and feedback forms that are presently in use.



## *Delivery of Health and Care Standards*

**We found that the practice had considered all aspects of decontamination and made thorough arrangements for suitable decontamination procedures, equipment and space to carry this out. We also considered that the arrangements for safe use of radiographic equipment were satisfactory, with the exception of the local rules which needed to be improved. The waste disposal arrangements were also satisfactory.**

**The sample of clinical notes we saw demonstrated a high standard of record keeping and there were good arrangements in place for the supply of emergency equipment and for ensuring staff had relevant first aid and resuscitation training.**

We looked at how closely the practice meets the expectations set down in the Health and Care Standards. In particular, we looked at the quality and appropriateness of the arrangements for:

- Decontamination of instruments
- Safe use of radiographic equipment
- Safe disposal of waste
- The standard of recording within patient notes and the evidence of clinical care that these provided
- Dealing with any emergencies that may require first aid or further medical treatment.

### **Decontamination**

We found that there were satisfactory arrangements in place for decontamination of instruments, which if followed correctly and consistently would reduce cross infection risks.

We noted that the decontamination room was laid out well and allowed for the appropriate dirty to clean workflow as detailed in the Welsh Health Technical Memorandum (WHTM) 01-05.<sup>5</sup>

---

<sup>5</sup> WHTM 01-05 is the Welsh Health Technical Memorandum, a guidance document setting out the standards to be followed by primary care dental practices with regard to decontamination and infection control.

We spoke to staff involved in the decontamination process and found that they were confident in the process and had enough knowledge to suggest they could competently apply the practice policy and procedure for decontamination and infection control.

We noted that the practice were regularly undertaking audits of their infection control practice and were acting on any findings identified.

We suggested that the practice ensure all hand washing sinks are clearly labelled and remove or replace one of the autoclaves in the decontamination room, which had not been working for some time, in order to further improve decontamination standards.

### **Use of Radiographic Equipment**

Based on the following findings, we were able to conclude that there were satisfactory arrangements in place for the safe use of radiographic equipment:

- We saw evidence that the practice had correctly notified the Health and Safety Executive of the use of radiographic equipment on the premises
- We saw that the location of the equipment and operating switch were appropriate and would enable safe use
- We saw that the x-ray equipment was being regularly maintained by appropriately trained engineers. We saw that one machine had been taken out of use just prior to our visit due to concerns about its' safety and that practice were awaiting an engineer to call urgently. They were able to use the x-ray machine in the other surgery until this one had been repaired.
- We noted in the sample of records we saw that where x-rays had been taken, the reason for taking them had been documented and the images had been evaluated

- We saw that there were local rules<sup>6</sup> in place; however these had not been adequately tailored to reflect the individual requirements needed for each surgery.

### ***Improvement needed***

#### ***Tailor local rules correctly to each surgery.***

We looked at a sample of three patient notes for each dentist working at the practice. This meant we looked at six sets of records. Across this sample, we found that a good standard of recording was demonstrated. Notes were comprehensive and thorough. We found that audits of records keeping standards were being regularly conducted and also found evidence to demonstrate that findings of these had been acted upon. We did note however that patient consent was not being recorded and we discussed this at the time of our inspection. We also suggested that to further improve notes; the dentists could consider documenting additional detail around cancer screening and recording baseline periodontal examinations (BPE recording) in patients from the age of seven years onwards. This is in accordance with best practice guidelines from the British Society of Periodontology.

### ***Improvement needed***

#### ***Ensure patient consent is documented in treatment notes.***

We saw evidence of contracts for safe waste disposal held by the practice and we were told about how they manage waste day to day; both arrangements seemed satisfactory.

We saw the training records which showed that two staff had been trained in 'first aid at work' and records showing that all staff had recently been trained in resuscitation and dealing with emergencies. This indicates that staff should be competent to manage unforeseen emergency situations that arise in the practice. Staff had access to a complete emergency kit for which IDH head office take responsibility for updating the contents as and when required.

---

<sup>6</sup> Local Rules are a written set of key working instructions which are mandatory and must be followed to ensure that exposure to staff from radiographic equipment is minimised.

## ***Management and Leadership***

**The team working at East Radnor Family Dental Practice is small and we found that they were well organised. IDH management systems were well embedded in the day to day practice that we saw and staff spoke confidently about policies and procedures and in the areas we observed were also confidently applying them to their work. We have suggested that consideration is given to creating further learning opportunities for staff within the local network of other IDH practices and within the practice itself through team meetings.**

East Radnor Dental Practice has been under corporate ownership since 2008, first under Denticare and more recently (August 2014) under IDH. Prior to this, it was a privately owned practice, and the principal dentist from this time still remains part of the team.

### **Overall staff management**

IDH have established systems for staff management, with regular team meetings and annual appraisals a core part of this. We saw that the team at East Radnor Dental Practice were adhering to the systems set out by IDH and we were able to see minutes of team meetings and evidence of appraisals having been completed and scheduled to take place. The minutes of team meetings were recorded on what we were told were standard templates for team meetings. The minutes we saw were detailed and we could see evidence of staff being issued with reminders of policies and changes coming into effect. However, the focus of the minutes we saw was around meeting targets and financial aspects of the business. Whilst these are important, the development of the team and the provision of quality care should also remain a high priority. We suggested that the practice manager and area management team could consider developing a learning network for IDH dental nurses working in the area and that they also give consideration to ensuring this remains a strong priority within team meetings.

### **Policies and procedures**

All policies and procedures needed to effectively run the practice were found to be in place, we reminded the staff that it is good practice to ensure all policies are dated and given a version number so that staff can be sure they are accessing the most up to date information.

## **Staff training**

We looked at staff training files and found evidence that core training subjects were being appropriately accessed and completed. We saw evidence that there was an induction process which was followed for new staff.

We noted that staff had completed some learning on the subject of safeguarding adults and children but there had been no physical attendance at courses for some time. We have been made aware that there has been a shortage of courses which can be attended in person in Powys, but that the health board are working to address this urgently. In the interim, we also noted that the practice did not have the local procedure to follow in the event that they need to raise adult or child safeguarding concerns and they agreed to get a copy without delay.

### ***Improvement needed***

***Ensure there is a copy of the local procedure for raising an adult or child safeguarding concern available to staff and ensure that staff are supported to understand the process.***

## **Concerns / Complaints**

The practice actively monitor their patient satisfaction score, which is taken from analysis of random post appointment messages over the course of a month. We were told that they have never received any formal complaints. We advised the practice that all feedback both positive and negative should be recorded so that even where issues are raised and dealt with immediately they can be reviewed at a later date so that any emerging trends and inconsistencies can be addressed.

### ***Improvement needed***

***Log all concerns and compliments received into the practice.***

We reviewed the complaints policy available and found that it contained details of procedures to be followed in England that are not applicable for patients in Wales. We discussed this with the area manager who amended the local copy whilst we were on site and also advised us that she is currently working with senior management staff to review all policies to ensure they reflect Welsh guidelines and regulations.

## *Quality of Environment*

**The practice environment is small but appeared clean and tidy. Storage areas are limited and space outside of the two surgeries to work at a computer is also limited. The storage of files and cleaning equipment should be reconsidered to ensure that they can be safely accessed by staff when needed.**

We found that the practice appeared clean and tidy. We noted that the reception area was small and was also the only area in the practice with space for a desk shared by both the receptionist and practice manager. There was one storage cupboard where both filing cabinets containing policies and procedures, plus various cleaning equipment was stored. We advised the practice to reconsider this area to ensure that this is the most appropriate use of the limited space available.

On the day of our inspection, the waiting room was very warm and could have felt uncomfortable for some people. There was a wide alley way next to the practice entrance with a small open courtyard to the rear and we have suggested that the practice consider providing seating (which is appropriate considering the location and out of opening hours access to the area) which could be used by staff and patients when needed.

The practice is accessible to wheelchair users via a ramp and is all on ground floor level inside. There was also a large toilet for patient use.

We noted that there was an uncovered drain just outside the main entrance which could pose a trip hazard and the practice agreed to address this without delay.

### ***Improvement needed***

#### ***Ensure that the drain outside the entrance door is made safe***

We noted that there was no information displayed on the walls of the reception area and were advised that the walls had recently been re-painted. The practice manager advised us that maintenance staff were due to return to finish by putting hooks on the wall to enable information to be displayed. We noted that the waiting room had little to interest children and we suggested that this is used as an opportunity to display some child appropriate pictures and information, amongst other things.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the improvements needed. 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 East Radnor Family Dental Practice 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: East Radnor Family Dental Practice (IDH)**

**Date of Inspection: 17 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Delivery of Health and Care Standards</b>				
9	Tailor local rules correctly to each surgery.	<p>The Practice Manager will complete an up to date Equipment Risk Assessment Questionnaire for each of the surgery's x-ray machines with the guidance of the Radiation Protection Supervisors and or Radiation Protection Advisor where necessary.</p> <p>These risk assessments will then be used to update the local rules with the correct equipment, Radiation Protection Supervisor's details, the contact details for the Radiation Protection Advisor and any relevant details regarding the use and the individual set up of the equipment will</p>	Practice Manager	24/08/15



Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		<p>be clearly detailed in the local rules. These local rules will then be displayed next to the x-ray machines in each of the surgeries.</p>		
9	<p>Ensure patient consent is documented in treatment notes.</p>	<p>The Practice Manager will highlight the issues raised regarding clinical note taking with the Clinical Director and arrange for them to spend some time with the dentists to help and support the improvements that are needed.</p> <p>The Practice Manager will hold a meeting with all the staff to discuss the importance of recording written consent and discussing verbal consent with patients. Staff will ensure going forward that verbal consent is asked at every appointment prior to treatment and recorded in the patient clinical notes on the dental system.</p> <p>The Practice Manager will go through the results of the Record Card Audit and ensure that the company's audit template is in use at the practice. The company's audit template includes checks such as cancer screening, recording the Basic periodontal examination scores and</p>	Practice Manager	24/08/15 & ongoing

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		<p>recording patients' written and verbal consent. The results from the audits will be shared with the Clinical Director and follow up meetings will be held with the dentists. Dentists will be issued with an individual action plan to help improve on these areas. These action plans will then be reassessed with another audit in 3 months time.</p>		
<b>Management and Leadership</b>				
	<p>Ensure there is a copy of the local procedure for raising an adult or child safeguarding concern available to staff and ensure that staff are supported to understand the process.</p>	<p>The Practice Manager will hold a team meeting to go through the local safeguarding and company's processes so that all staff are clear on their roles and responsibilities should a safeguarding event arise.</p> <p>The company's Child and Vulnerable Adult safeguarding policies will include a copy of the local safeguarding protocol as well as the company's significant event protocol that the Practice Manager will follow in the event of a safeguarding incident.</p> <p>In addition the Safeguarding Lead for the practice will also be named by the Practice Manager in the local safeguarding details for the practice so that the staff know who to report any issues to.</p> <p>The local safeguarding protocol will be displayed</p>	Practice Manager	07/08/15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		<p>in the staff room.</p> <p>All staff will complete the Child and Adult Safeguarding training on the company's online learning management system on an annual basis.</p> <p>The Practice Manager will keep a training log of all staff to ensure that the company's training is completed annually.</p>		
11	Log all concerns and compliments received into the practice.	<p>The Practice Manager will log all types of complaints whether they are formal, informal, verbal or feedback onto the company's online system. This means that the information received from complaints/feedback is logged in one central place in order for the Practice Manager and Patient Support team to analyse/check for any themes and will be stored in one central place.</p> <p>The Practice Manager will then share this information with the team during monthly team meetings. Any themes and learnings from complaints and feedback will be shared and implemented to help improve the service to patients. This will also be displayed in the waiting room so patients are aware of any improvements due to their feedback.</p>	Practice Manager	Immediate & ongoing

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Ensure that the drain outside the entrance door is made safe	The Practice Manager contacted the company's Facilities department and urgently got the drain covered with a fixed cover to ensure the entrance to the practice is safe.	Practice Manager	Completed immediately

**Practice Representative:**

**Name (print):** .....Corryne Harris.....

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

**Date:** .....23/07/15.....