

## **General Dental Practice Inspection (Announced)**

Aneurin Bevan Health  
Board.

Beaufort Park Dental  
Surgery.

2 March 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 to Beaufort Park Dental Surgery at Unit 1, Beaufort Way, Thornwell, Chepstow, on 02/03/2016.

HIW explored how Beaufort Park Dental Surgery 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

Beaufort Park Dental Surgery provides services to patients in the Chepstow area of Monmouthshire. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Beaufort Park Dental Surgery is a mixed practice providing both private and NHS dental services.

The practice staff team includes six dentists, one of whom is the practice owner, two hygienists, four dental therapists, eight dental nurses, four receptionists and a practice manager.

A range of NHS and private dental services are provided including occasional domiciliary care services if requested.

### 3. Summary

We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. The feedback we gained through the HIW patient questionnaire was positive. We found staff being polite and helpful to patients. The practice had a system for seeking and reviewing patient feedback.

Overall, we found evidence to support the conclusion that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We have requested to see the decontamination improvement plan.

We were satisfied that radiographic equipment was used appropriately and safely.

The storage and logging of emergency drugs and equipment was very good. We recommended that a First Aider is appointed and staff update their First Aid training. All staff will have completed training in the protection of vulnerable adults (POVA) by the end of March 2016.

We looked at patient records and found that they were sufficiently detailed.

We found that the practice had very clear lines of accountability and management. The practice owner and the practice manager shared the management leadership role. There were good lines of communication between staff members with appropriate delegation of tasks. 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 is committed to providing a positive experience for their patients. All patients we spoke to on the day of the inspection indicated that the practice team had made them feel welcome and they were happy with the care they received.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Twenty six questionnaires were completed prior to the inspection and four on the day of the inspection. The feedback we gained through the HIW patient questionnaire was positive.

Patient comments included:

*“Very happy with the professional and friendly service”*

*“Everything I would want from a modern dental practice”.*

*“Always found staff to be extremely helpful”*

*“Very nervous about my visits to the dentist but I feel very relaxed at this practice”*

#### *Dignified care*

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

A leaflet describing the practice was available for patients and the practice had a website. This meant that patients had access, in a variety of formats, to relevant information. Price lists for treatment were in the waiting areas.

#### *Timely care*

The practice tries to ensure that care is 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 did not experience delay in being seen by the dentists. Those that had experienced delay said this had not been for long. Staff described the process for

informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

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 so that patients could access emergency dental care when the practice is closed. The answer-phone message contained suitable information.

### *Staying Healthy*

We found evidence to indicate that the practice recognises the need for health promotion to support the well-being of their patients. There was a variety of leaflets and posters promoting oral health and general well being. There was plenty of literature on caring for children's teeth. Questionnaires and conversations with patients indicated that they felt they were getting sufficient information.

### *Individual Care*

The practice had an up to date Equality and Diversity policy, which showed that the practice has recognised the diversity of its patient population and has considered its' responsibilities under Equality and Human Right's legislation.

Access to the practice for wheelchair users and patients with mobility difficulties was good. All surgeries were accessible and there was a lift to the upper floor. There were four toilets for patient's use one of which was suitable for wheelchair users.

We saw evidence that the practice had a system for seeking patient feedback. A complaints book and log were seen and there was evidence that verbal comments were being noted appropriately.

The practice had visible written procedures in place for all patients both NHS and private, to raise complaints and leaflets were readily available in the waiting areas.



## *Delivery of Safe and Effective Care*

**Overall, we found evidence to support the conclusion that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were satisfied that radiographic equipment was used safely, checked and maintained appropriately. We looked at patient records and found that overall they were sufficiently detailed.**

### *Clinical facilities*

We found evidence to indicate the practice has taken steps to ensure the health, safety and welfare of staff and patients. The practice is housed in a new building and was visibly 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.

We saw that the testing of portable appliances (PAT) had last been undertaken in 2010 but was booked in for testing on 18/03/2016. We asked the practice to notify HIW when this had been completed.

### ***Improvement needed***

***PAT testing must be carried out regularly. The practice must notify HIW when PAT testing has been completed.***

Dental equipment was clean and in good condition, however we noted there was only one ultrasonic scaler hand-piece per surgery. As the hand pieces must be sterilised after each patient treatment we suggested the practice may wish to consider obtaining additional hand pieces so that they could treat more patients.

### *Infection control*

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. We saw the lead member of staff working in the decontamination room carrying out her role in an exemplary manner. We saw evidence of effective infection prevention and control measures in place that are based on the Welsh Health Technical Memorandum 01-05 (WHTM01-05) guidelines:

- A dedicated room for the cleaning and sterilisation of dental instruments
- A large selection of instruments was available and all were stored appropriately and dated so that staff knew that instruments were safe to use for patient treatments.

- Logbooks for checking equipment had been maintained and routine audits of infection control requirements had been carried out in line with current guidelines.
- Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were available. There was a sink dedicated for hand washing.
- There were two autoclaves and we saw certificates which showed they had been tested to ensure they were working correctly.

The owner of the practice told us that there were plans to improve the decontamination/sterilisation equipment by January 2017. At present the practice uses manual pre sterilisation cleaning methods. We suggested they investigate the benefits of adding ultrasonic decontamination to their pre-sterilisation process and if necessary to include this in their proposed improvement plan.

We saw appropriate records relating to Hepatitis B immunisation status for all clinical staff working at the practice demonstrating that the practice was taking steps to protect patients and staff from infection.

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*

Resuscitation equipment and emergency drugs were available at the practice and were kept appropriately in accordance with the guidelines of the Resuscitation Council (UK), Logbooks for emergency drugs and equipment contained appropriate detail.

We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff interviewed were aware of their roles during a medical emergency. The practice was also in the process of updating First Aid Training for all the staff. They are planning this for May/June this year.

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

***The practice must ensure sufficient staff have a First Aid qualification***

#### *Safeguarding*

We found the practice had taken some steps to promote and protect the welfare and safety of children and vulnerable adults. We saw a child protection policy and a policy for the protection of vulnerable adults. All staff had received training in the protection of children but only four had received training in the protection of vulnerable adults (POVA). The practice manager informed us that POVA training

for all staff would be completed by the end of the month. We asked her to notify HIW when the training was completed.

***Improvement needed***

***The practice must ensure all staff receive training in the safeguarding of vulnerable adults.***

Pre employment checks were in place for all employees and the dentists had DBS checks in line 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 were new. Working instructions and identification of controlled areas were displayed for staff and patient safety. In addition to this, evidence was seen to confirm that all staff involved in taking radiographs had completed training to meet standards for personnel who carry out these procedures. This is in accordance with the requirements of the General Dental Council (GDC) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R).

***Effective Care***

Patients benefit from a practice that seeks to continuously improve the service provided and monitors its progress. Quality assurance audit logs for X-rays were seen. We were told that infection control audits were undertaken routinely. Ionising radiation training had been taken by relevant staff. Clinical staff undertook formal peer reviews, which ensures the current good standards are maintained.

We looked in detail at a small sample of patient records for all of the dentists at the practice and we found that record keeping was of a very good standard overall. Most of the dentists maintained very good patient notes, with treatment plans and consents in place. We would recommend that in every case medical histories are updated in the notes.

***Improvement needed***

***Dentists at the practice must ensure the medical history for each patient is updated.***

## *Quality of Management and Leadership*

**We found that the practice had very clear lines of accountability and management. The practice owner and the practice manager shared the management leadership role. There were good lines of communication between staff members with appropriate delegation of tasks. 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 the practice owner and the practice manager. The practice had a large staff team incorporating both full and part time employees. The staff worked well together, had good internal communication and showed commitment to caring for patients. We saw a staff team who were happy, confident and competent in carrying out their roles.

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

Communication between staff at the practice was good. We were told during staff interviews that formal staff meetings took place every month and that all staff were invited to attend training sessions. All staff we spoke to said they felt able to discuss concerns and training needs with the owner and practice manager. Formal appraisals were conducted with all of the staff annually and a probationary review was in place for new staff.

We were told that every three years local dentists organise peer reviews. Clinical meetings were held regularly where protocols were agreed.

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

We found systems in place at the practice to ensure all new staff received an appropriate induction, ensuring they were aware of practice policies and procedures. We looked at the policies and procedures at the practice and saw evidence that they had been reviewed regularly and were clearly organised.

## 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 Beaufort Park Dental Surgery 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, measurable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HW with sufficient assurance concerning the matters therein.

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

The improvement plan, once agreed, will be published on HW'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>1</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>2</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.

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<sup>1</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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:** Beaufort Park Dental Practice

**Date of Inspection:** 02/03/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
	<i>No improvements identified</i>				
<b>Delivery of Safe and Effective Care</b>					
	PAT testing must be carried out regularly	Electricity at Work Regulations 1989. Health and Safety Executive (HSE)	PAT testing carried out 18/3/16 – no problems identified at inspection. Regular re-testing schedule now in place. Test certificate to be sent to HIW when received by practice	Rachel Gidney – Practice Manager	Complete



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	The practice must ensure all staff receive training in the safeguarding of vulnerable adults	GDC 4.3.3, 8.5	POVA training has been completed by staff.	Rachel Gidney – Practice Manager	End of March 2016
	The practice must ensure sufficient staff have a First Aid qualification	Health & Care 7.1	First Aid Training in place for 7 <sup>th</sup> June 2016 for 12 members of staff to be qualified as First Aiders.	Rachel Gidney – Practice Manager	Training will be completed 7 <sup>th</sup> June 2016
	Dentists at the practice must ensure that the medical history for each patient is updated.	GDC 4.1.1, 4.1.2	As discussed at inspection medical histories are checked for every patient at every appointment and documented in computerised clinical notes. HIW inspectors asked practice to review update of full paper medical history to incorporate the timescales recommended that medical histories be completed at every new course of treatment. Changes now implemented	Russell Gidney – Practice Principal	Complete
<b>Quality of Management and Leadership</b>					
	<i>No improvements identified</i>				

**Practice Representative:**

**Name (print):** Rachel Gidney

**Title:** Practice Manager

**Date:** 28<sup>th</sup> March 2016