

**General Dental Practice  
Inspection (Announced)**  
Aneurin Bevan University  
Health Board, Chepstow  
Orthodontics Practice

8 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 Chepstow Orthodontic Practice at 6A St Mary's Arcade, Chepstow, Monmouthshire on 08 March 2016.

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

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

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

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

## 2. Context

Chepstow Orthodontic Practice provides services to patients in the Chepstow area of Monmouthshire. It is a part time practice and forms part of orthodontic services provided within the area served by Aneurin Bevan University Health Board.

Chepstow Orthodontic Practice is a mixed practice providing both private and NHS dental services. NHS patients are referred to this practice by their dentist.

The practice staff team includes two dentists, one nurse (who also has responsibilities as a practice manager) and one receptionist.

A range of NHS and Private orthodontic services are provided.

### 3. Summary

Overall, we found evidence that Chepstow Orthodontics Practice provided safe and effective care.

This is what we found the practice did well:

- Patients we spoke to were happy and confident with the service provided
- Staff we spoke to were happy in their roles
- Staff had attended relevant training and appraisal systems
- Clinical facilities are well-equipped, visibly clean and tidy.

This is what we recommend the practice could improve (See Appendix A for further details).

- Information provided within the complaints procedure
- Systems for checking emergency equipment is safe to use
- Documentation and arrangements for the safe use of x-ray equipment
- Improvements to patient records, including the recording of social history and system for checking medical histories
- Management arrangements to ensure staff have sufficient time to carry out their duties and policies and procedures are reviewed regularly.

## 4. Findings

### *Quality of the Patient Experience*

**Patient feedback we gained through the HIW patient questionnaires was positive and patients told us they were satisfied with the care they received at the practice. We recommended updates were made to the complaints procedure and for this to be displayed for patients to see.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Twenty patient questionnaires were completed. Patient comments included:

*“I always feel confident when attending the practice”.*

*“I am very happy with the treatment that my child has had”.*

*“Staff are always polite and welcoming”.*

### **Dignified care**

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. The practice is small and so confidential conversations with patients take place in the surgery itself. We observed staff speaking to patients in a friendly and professional way. Feedback from the patients who completed the questionnaires was positive. The patients we spoke to told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

### **Timely care**

The practice tries to ensure that care is provided in a timely way, however, this is a part-time orthodontic practice and there is limited availability of appointments. Out of hours and emergency treatment is provided by the local health board. 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 often or for very long.

Feedback from the questionnaires showed us that most patients knew how to access out of hours dental care. We confirmed there was an out of hours emergency contact number provided on the practice’s answer phone message, so that patients could access emergency dental care when the practice is closed. However, this information was not displayed outside the practice and we advised the practice to address this. The practice has since informed us that

it has displayed the emergency telephone number together with the practice number on a notice by the front door.

### **Staying healthy**

Most patients who completed the questionnaires told us they received sufficient information about their treatment. One patient said he would have liked more written information about the treatment he received. We advised the practice to consider this.

We noticed there were some smoking cessation leaflets in the waiting room. We advised the practice to consider providing further health promotion information such as mouth cancer awareness and information on how patients, including children, could improve their oral health. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

### **Individual care**

The practice is located on the first floor and due to constraints of the building; access is via an external, metal flight of stairs and is not suitable for wheelchair users or patients with mobility difficulties.

We were told that patients are encouraged to speak to staff about any issues or concerns. We found that the practice had recently placed a suggestion box in the reception area to seek patient feedback, as a way of monitoring the quality of the care provided.

The practice had a procedure in place for patients to raise concerns (complaints). The procedure was not clear about the process and organisations for patients to contact depending on whether they were receiving private or NHS treatment. We also saw that HIW contact details were missing.

The practice leaflet briefly referred to what patients should do if they were unhappy with their care, but the complaints procedure was not displayed in the practice.

### ***Improvement needed***

#### ***The practice must update the complaints procedure to ensure:***

- **The complaints procedure is clear regarding the process and relevant organisations for patients to contact depending on whether they are receiving private or NHS treatment.**
- **The contact details of HIW are included.**



- **The complaints procedure should be displayed where this can be easily seen by patients. Patients should not have to ask for this information.**

We were told that the practice had not received any written complaints. A template for analysing complaints was seen in the policy file. We were told that verbal and informal complaints were recorded within patient files. However, we advised the practice that it would be more appropriate to include this in a separate logbook, so complaints could be monitored and common themes identified more easily.

## *Delivery of Safe and Effective Care*

**In general, we found the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice were adequate. We identified that improvements were needed regarding the use of radiographic equipment. We also found that patient records needed further details about patient social history and improvements were needed to the system for updating and signing medical histories.**

### **Safe care**

#### *Clinical facilities*

We saw the surgery was clean with suitable work surfaces and flooring. We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances within the practice. The machine providing compressed air to the surgeries (compressor) was serviced regularly and regular checks were made by staff. The practice was visibly well maintained. Fire extinguishers were placed strategically and had been serviced within the last year. Contract documentation was in place for the disposal of non hazardous and hazardous waste.

#### *Decontamination*

We found the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice were adequate. 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. Examples of this included the following

- Logbooks for checking equipment had been maintained and routine audits of infection control requirements had been carried out
- We saw certificates which showed that the equipment for cleaning and sterilising dental instruments had been tested to ensure it was working correctly and was visibly in good condition.
- Instruments were stored appropriately
- Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were available. There was a sink dedicated for hand washing

- 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 staff from infection.

We observed a member of staff undertaking a decontamination procedure for the sterilisation of dental instruments. Personal protective equipment (apron and eye protection) was not worn on this occasion. We noticed that this was because the nurse was rushed as they were conducting decontamination in between their nursing duties. We advised the practice to ensure that staff had sufficient time to follow all decontamination procedures each time this was undertaken and to display the procedures as a reminder for staff.

#### *Drug storage and emergency 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). The logbook for emergency drugs and equipment only recorded the date of expiry of the drugs with no indication of when the drugs and equipment were checked to ensure they were suitable for use. Checks on emergency equipment should be performed at least weekly to ensure they are safe for use.

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

***The practice must have a robust system for ensuring that all emergency equipment and drugs are regularly (weekly) checked to ensure they are suitable for use.***

We saw records to show staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff told us they were aware of their roles during a medical emergency. The practice does not have a nominated First Aider at present. We also saw some of the materials in the first aid kit were out of date, but these were replenished on the day of the inspection.

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

***The practice must ensure there are appropriate arrangements for first aid, including ensuring first aid materials are suitable for use and there is a member of staff trained in first aid.***

#### *Safeguarding*

We found the practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults. We saw a safeguarding policy for

children and vulnerable adults. All staff had received training in the protection of children and in the protection of vulnerable adults (POVA).

We were told the practice undertakes pre employment checks of any new members of staff before they join the practice. However, we found that one of the dentists registered with the HIW did not have a DBS certificate dated within the last three years in line with the Private Dentistry Regulations. The dentist agreed to apply for this without delay.

#### *Radiographic equipment*

We were assured that the equipment used to take radiographs (x-rays) at this practice was safe. X-rays were processed digitally. We saw documentation to indicate that x-ray machines were serviced regularly. We saw 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.

We noticed that part of the reception was open to the area where radiographs were taken. To help ensure that staff working the reception area are not exposed to radiation, we advised that the local rules should be updated to clearly indicate the controlled areas. We also advised the practice to ensure there were sufficient processes in place to prevent staff or patients from entering this area while an x-ray is in progress.

#### ***Improvements needed.***

***The local rules must be updated to clearly indicate the controlled area in the room where radiographs are taken and ensure there are suitable systems to prevent staff and patients from entering the controlled area while an x-ray is in progress.***

#### **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. Clinical staff undertake annual formal peer reviews. These are carried out together with staff at the sister practice.

#### **Patient records**

We looked in detail at a small sample of patient records for both of the dentists at the practice and we found that record keeping was of a good standard

overall. Treatment plans were regularly discussed with the patient or the patient's parents and treatment options recorded. All radiographs taken were justified for treatment planning. We identified some areas which could be improved:

- Medical histories did not contain adequate details about patient social history
- Medical histories were not consistently signed by the patient or countersigned by the dentist. Countersigning is not mandatory however the practice must have a consistent system of ensuring each medical history is checked by the dentist.

***Improvement needed***

***The following improvements should be made to patient notes, including the consistent and correct recording of:***

- **Social history**
- **Medical histories.**

## *Quality of Management and Leadership*

**We found that staff were committed to providing high quality care to patients. We found that a number of improvements were needed to policies and procedures. Considering our findings from this inspection, we recommended the practice should review the staffing and management arrangements to ensure that staff have sufficient time to complete their duties effectively and for the regular review and update of policies and procedures.**

This is a part-time practice and is owned by three dentists who also own another practice in England. One of these dentists works at the Chepstow practice one day a week. The practice also has a new associate dentist who works two days a week. The day to day management of the practice is the responsibility of the nurse who also has a variety of other duties including, dental nursing, carrying out decontamination procedures, cleaning and some reception work. Staff we spoke to were committed to providing high quality care to patients.

As the staff team was small, communication between staff and the principal dentist occurred on a regular informal basis when the dentist was working in the surgery. Formal staff meetings were held every month and we saw evidence they were recorded. Staff told us they felt able to bring up any concerns at these meetings.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice.

We saw an example of records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD). The practice had a formal induction programme which is used for any agency or new staff. We were told that appraisals were conducted annually which are important to help ensure the quality of care provided and to identify any training needs.

We were told that the nurse was responsible for the creation and update of all policies and procedures within the practice alongside their other duties. Overall, we found that policies and procedures were in need of organisation and review. Some policies also needed to be tailored for use at the practice. We also advised that all policies should include dates and staff signatures to show they

were the latest versions and when they had last been reviewed. We identified the following improvements were needed to the policies:

- Data protection policy and data security policy did not include details of the arrangements at the practice
- Health and safety policy required updating to include the arrangements for manual handling operations and provision and use of work equipment pertaining to the practice.

Considering our findings from this inspection, we could not be assured there were sufficient staffing and management arrangements in place to ensure staff had adequate time to complete their duties and to ensure policies and procedures were regularly reviewed and updated to promote patient safety.

***Improvement needed***

***The practice should review the staffing and management arrangements to ensure that staff have sufficient time to complete their duties effectively and for the regular review and update of policies and procedures.***

Given the number of improvements 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.

## 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 Chepstow Orthodontics Practice will be addressed, including timescales.

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

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

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



## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in 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

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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>

professional standards and guidance such as the GDC Standards for the Dental Team.

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

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

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

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

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

**Appendix A**

**General Dental Practice: Improvement Plan**

**Practice: Chepstow Orthodontics Practice / Smile Solution Ltd**

**Date of Inspection: 8th March 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6-7	<p>The practice must update the complaints procedure to ensure:</p> <ul style="list-style-type: none"> <li>• The complaints procedure is clear regarding the process and relevant organisations for patients to contact depending on whether they are receiving private or NHS treatment.</li> <li>• The contact details of HIW are included.</li> <li>• The complaints procedure should be displayed where this</li> </ul>	<p>Private Dentistry (Wales) Regulations section 15(4a); Health and Care Standards 6.3; General Dental Council (GDC) Standards 5</p>	<p>Complaints procedure is updated and displayed in the waiting room with the relevant information displayed on it. The complaints Policy is now kept in a separate folder.</p>	Practice Manager	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	can be easily seen by patients. Patients should not have to ask for this information.				
<b>Delivery of Safe and Effective Care</b>					
9	The practice must have a robust system for ensuring that all emergency equipment and drugs are regularly (weekly) checked to ensure they are suitable for use.	Health and Care Standards 2.9 UK Resuscitation Council - Primary dental care guidelines	New system in place to record weekly checks on drugs and first aid / emergency equipment.	Practice Manager	Done
9	The practice must ensure there are appropriate arrangements for first aid, including ensuring first aid materials are suitable for use and there is a member of staff trained in first aid.	Health and Care Standards 2.1	All first aid materials are up to date and suitable for use. All staff undertake annual resuscitation and automated external defibrillation training together with Medical emergency training.  First aid training – course now done.	Practice Manager	Done
10	The local rules must be updated to clearly indicate the controlled area in the room where radiographs are	The Private Dentistry (Wales)	Local rules are up to date with controlled area now indicated and that the door to the waiting room is	Practice Manager	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	taken and ensure there are suitable systems to prevent staff and patients from entering the controlled area while an x-ray is in progress.	Regulations (2008), regulation 14(1); Health and Care Standards, 2.1 and 2.9:	always locked to prevent patients from entering the controlled area. Staff must be at least 1 metre away from the x-ray head.		
11	The following improvements should be made to patient notes, including the consistent and correct recording of: <ul style="list-style-type: none"> <li>• Social history</li> <li>• Medical histories.</li> </ul>	Health and Care Standards 3.5; GDC Standards 4.1	Orthodontists now sign the medical history forms at each course of treatment and the patient's social history is filled in. ie smoking/ alcohol consumption.	Orthodontists	Done
<b>Quality of Management and Leadership</b>					
13	The practice should review the staffing and management arrangements to ensure that staff have sufficient time to complete their duties effectively and for the regular review and update of policies and procedures.	Health and Care Standards 2.1 and 7.1; GDC Standards 6.6	Extra staff have been employed to help with some duties and certain duties have been delegated to other members of staff.	Practice Manager	Done

**Practice Representative:**

**Name (print): Mrs Linda Roberts**

**Title: Practice Manageress**

**Date: 25/5/16**