

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

Aneurin Bevan University  
Health Board,  
Bridge Dental Care,  
Newbridge.

22 March 2016

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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)

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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 Bridge Dental Care at Llanover Buildings, Victoria Terrace, Newbridge, NP11 4EX on 22 of March 2016.

HIW explored how Bridge Dental Care 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

Bridge Dental Care provides services to patients in the Newbridge area of Caerphilly, with some patients attending from Newport and Pontypridd. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Bridge Dental Care is a mixed practice providing both private and NHS dental services. An orthodontist provides services at the practice one day a week.

The practice staff team includes four dentists, two hygienists, seven dental nurses, one receptionist and a treatment co-ordinator. Three members of staff make up the management team. At the time of our inspection, a foundation dentist and two trainee dental nurses were also working at the practice.

### 3. Summary

We found that Bridge Dental Care provides patients with high quality, safe and effective dental care and is well regarded by its patients. It had a BDA (British Dental Association) good practice award and a small employer of the year apprenticeship award in 2015.

This is what we found the practice did well:

- Patients we spoke to were happy with the service provided.
- Staff we spoke to were happy in their roles and understood their responsibilities.
- Clinical facilities were well-equipped, visibly clean and tidy.
- There were arrangements in place for the safe use of X-rays.
- Dental instruments were cleaned and sterilised appropriately.
- Audits and team meetings were conducted regularly and used to improve practice.

This is what we recommend the practice could improve:

- The storage of some dental equipment and emergency drugs.
- The availability of COSHH data sheets and risk assessments for chemicals used at the practice.
- The amount of detail recorded in patient records relating to cancer screening and treatment planning.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained from the patient questionnaires was extremely positive. The practice had a system in place for regularly seeking patient feedback, via patient surveys, as a way of assessing the quality of the service. There was a pleasant waiting area with some dental health promotional material available.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, 30 questionnaires were completed. Patient comments included:

*"Lovely place and lovely team of professionals"*

*"I am very happy with this practice. They are always happy to help with any of my or my children's dental needs"*

*"I have always been treated very well by all members of staff when visiting the surgery and found the treatment I have received to be first class"*

*"Very friendly, professional staff. Incredibly clean"*

*"I was very anxious when I first came to the dentist and had a lot of work done but all the staff made me feel comfortable and calm".*

### Dignified care

All patients stated they were satisfied with the care and treatment they had received at the practice and had been made to feel very welcome by the staff. We also observed the warm and friendly atmosphere and professional approach adopted by staff towards patients. The practice had arrangements to protect patients' privacy, including a room for patients to have private conversations with staff and discretion when dealing with patient telephone messages.

### Timely care

The practice tried to ensure that dental care was provided in a timely way. Out of the 30 questionnaires filled in, only a few of the patients had experienced minor delays in being seen by the dentist on the day of their appointment. More

than three quarters of patients told us they knew how to access out of hours care. The emergency contact number was displayed on a sign at the bottom of the drive and was in the information leaflet in reception. The telephone number was also included on the practice's comprehensive website and in the practice's telephone message.

### Staying healthy

All the patients who completed questionnaires said they had been given appropriate information about their treatment. One of the team could speak Welsh. This enabled the practice to offer patients the opportunity to communicate in Welsh if they expressed a wish to do so.

The reception and two waiting areas provided a spacious and attractive first impression. The walls were brightly coloured and a small amount of dental health promotional material was available.

### Individual care

The practice had a hearing loop system in place should this be needed for patients with hearing difficulties. The surgeries were all on the ground floor and the doorways and corridors were wide enough for wheelchair access. There was on site and local parking.

Staff told us that patients were encouraged to give verbal feedback regarding their views of the service when they attended the practice. These were recorded on the patients' notes. These comments were then fed back at team meetings. We were told that patient surveys were conducted and we saw that the data had been reviewed. This showed that there were systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment, over three quarters of patients who completed the questionnaires said that they knew how to make a complaint and had seen the notice in the waiting room. There was a 'Putting Things Right' poster (which described the concerns (complaints) procedures about NHS services in Wales) on the waiting room wall. Accompanying leaflets were on display which provided all the necessary information. Relevant timescales and addresses for organisations which could be contacted in the event of a concern (complaint) were displayed for both NHS and private patients.



## ***Delivery of Safe and Effective Care***

**We found that patients were provided with safe and effective dental care. We were satisfied that there were arrangements in place to protect patients and staff from preventable healthcare associated infections. We saw evidence to show that the X-ray equipment and the decontamination process were used appropriately and safely.**

### Safe care

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a fresh, clean and pleasant environment.

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients and the dental team. We noted that the surgeries were visibly clean and tidy and well maintained.

The surgeries were well organised to help nurses to work efficiently. We found that cotton wool rolls and pellets were stored in a dispenser on the work surface and that sterilised burs (instruments for cutting hard tissues, tooth or bone) were stored in a stand on the work surfaces. This arrangement may increase the likelihood of cross contamination.

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

***Sterilised burs should be wrapped and clean cotton wool rolls should be stored in their original packaging to reduce cross contamination.***

When purchasing new dental instruments, including burs, the practice should consider whether appropriate single use devices would meet requirements.

We inspected equipment providing compressed air to the surgeries. Safety check certificates were seen. We saw that portable appliance testing (PAT) had been completed on all the electrical equipment in January 2016, to help ensure that small appliances were safe to use.

Fire safety equipment was in place and had been checked in October 2015. Staff complete informal fire safety drills monthly, when they employ role play as an aid to learning. There was clear signage to the emergency exits.

There was a public liability insurance certificate on display behind reception and a current gas safety certificate was available. There was a health and safety poster in place but the practice was advised to display it in a more prominent area.

There was a file available containing data sheets relating to Control of Substances Hazardous to Health (COSHH). This contained generic risk assessments, indicating the current control measures in place to prevent harm, for some but not all chemicals kept on the premises. All chemicals were kept securely behind locked doors.

***Improvement needed:***

***Data sheets and risk assessments should be completed for all chemicals held on the premises.***

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. We also saw evidence of up-to-date ionising radiation training for all the dentists and radiography training for the dental nurses.

The arrangements for protecting patients and staff when the X-ray and OPG<sup>1</sup> machines were being used, was acceptable. The notification letter to the Health and Safety Executive (HSE) regarding radiological protection was also seen. We found evidence of safety checks, equipment maintenance and testing. Local rules for the use of X-ray equipment were also seen in the radiation protection file and on the walls in the surgeries. A diagram identifying the controlled area was also in the file.

Staff confirmed that the quality of the X-rays taken were considered and recorded on a daily basis. We saw that the practice had completed monthly dental X-ray audits. The results and any improvements needed were also recorded.

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated that the team had received training on how to perform cardiopulmonary resuscitation (CPR) and there were two designated first aiders with up to date first aid training. There was a resuscitation policy that was specific to the practice and it listed the roles of staff in the event of a patient emergency (collapse).

The resuscitation equipment and emergency drugs were securely stored and were easily available to staff in the event of an emergency at the practice. We saw evidence that an effective system was in place to check the equipment and

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<sup>1</sup> An OPG machine takes a panoramic x-ray of the upper and lower jaw, giving a two dimensional view from ear to ear.

emergency drugs weekly. Some emergency drugs were stored in the staff fridge along with items of food and we have asked the practice to review this arrangement.

***Improvement needed:***

***Emergency drugs should be stored in accordance with the manufacturer's instructions and if refrigeration is indicated, be appropriately segregated from items of food to reduce cross contamination.***

We were satisfied that there were appropriate and well established decontamination procedures in place to minimise the risk of cross infection to protect both patients and staff.

The practice had a dedicated area for the cleaning and sterilisation of dental instruments. The area was visibly clean and uncluttered. We saw that there was a dedicated hand washing sink. There was an effective system in place for removing used dental instruments from the surgery to the decontamination room in sealed containers. Once the instruments had been through the cleaning and sterilisation (decontamination) process, they were packaged, clearly labelled and dated before being returned to the surgeries to be stored. The lead dental nurse was very knowledgeable and was responsible for ensuring correct procedures were followed by all the dental nurses. All dental nurses had infection control training. New staff were also given in-house training on the decontamination process.

The practice showed us evidence of the completion of an Infection Prevention Society (IPS) infection control audit in February 2016. This complies with the guidelines applicable in England. There was an action plan attached to show what actions had been identified and when they would be put in place. The practice had previously completed the Welsh Deanery audit tool, which complies with the Welsh Health Technical Memorandum (WHTM) 01-05<sup>2</sup> guidelines, in September 2014. Given the practice operates in Wales, the practice was advised to use the Welsh Deanery audit tool for future audits.

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<sup>2</sup> [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We saw that all cleaning and sterilising equipment had been serviced regularly. At the time of our inspection we were told that one of the autoclaves<sup>3</sup> was not in use and was due to be replaced in a month's time at the end of its lease. The start of day checks were being completed correctly on the other autoclave.

We could see that the practice had an effective system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We also saw that the waste had been segregated into the designated coloured bags/containers in accordance with the correct method of disposal. These were stored and locked in a separate area outside the building, whilst awaiting collection.

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults. All staff had completed training in the protection of children and vulnerable adults and we saw their certificates.

### Effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that a number of audits had been completed by the practice, including infection control, radiographic audits, waste audits, and patient waiting times. We saw that these audits had been discussed in team meetings.

There was evidence that patient records were generally of a high standard, which demonstrated that care had been planned and delivered to ensure patients' safety and wellbeing.

A sample of patient records was reviewed for all the dentists. Overall, we found that patient care entries contained sufficient information regarding discussions held about treatment options. Responses in patient questionnaires confirmed this. There was also evidence of information being given to patients on treatment planning but this was not recorded in detail on the notes. We also saw evidence that dentists had countersigned the medical histories which showed that they had been checked by the dentists. The practice had made the decision to send the medical questionnaires out in the post to patients before they were due to attend the surgery. They had found that this was

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<sup>3</sup> An autoclave is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

viewed very favourably by patients and took away any anxiety when attending for treatment.

It was clear that generally there was excellent clinical note writing. However, some records showed no evidence of cancer screening or recording of the areas of the mouth that had been checked. Basic Periodontal Examination (BPE) scores of 3 or 4 were not being followed up with 6 point pocket charting, as is recommended by the British Society of Periodontology.

***Improvement needed:***

**Clinical notes must contain evidence of**

- **Cancer screening**
- **More detailed information on treatment planning**
- **Recording of the areas of the mouth that have been checked. (BPE scores of 3 or 4 should be followed up with 6 point pocket charting)**

There was evidence that patients were offered X-rays at appropriate time intervals. The quality of the X-rays was monitored and all X-rays were stored electronically. Recall (the time period between which a patient is called back for treatment) was recorded and in line with National Institute for Health and Care Excellence (NICE) guidelines.

The dentists tended to use a panoramic X-ray (showing all teeth) when a bite wing X-ray (showing teeth in one area of the mouth) may have been more appropriate. The dentists should therefore review this practise, taking into account relevant guidelines.

We found the practice had suitable arrangements in place to back up patient records to ensure continuity of care. The paper records were securely kept in a locked area.

## *Quality of Management and Leadership*

**We found evidence of very effective management and leadership at the practice. A range of relevant policies and procedures were in place. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.**

The day to day management of the practice was the responsibility of a team of three members of staff. Each was confident in their role and it was obvious that they were making a positive difference to the effective running of the practice.

We saw completed staff induction folders. These were very thorough. All staff were given access to the policies and procedures and we saw that these had been signed by staff to confirm they had read them.

Yearly appraisals/performance reviews had been carried out and objectives set. We saw staff files had evidence of appraisals going back a number of years. We also saw minutes of monthly team meetings. The minutes showed evidence of team training at the meetings with learning outcomes. Audits had also been used with a view to improve practice. Considerable time had been given to tutoring and mentoring the foundation dentist.

We confirmed that all relevant staff were registered with the General Dental Council and had indemnity insurance in place. Whilst copies of dentists' HIW registration certificates were on display in the surgeries, we advised that the originals be displayed to comply with the regulations for private dentistry.

Disclosure and Barring Service (DBS) checks had been completed for the dentists. The practice confirmed that these were also available for all other staff. Pre-employment references had not been taken up. Staff told us that most staff had worked at the practice for a number of years or were known to staff before they were employed and so were deemed suitable to work at the practice. The practice should record this decision on individual staff files for audit purposes. In addition, the practice should obtain appropriate recruitment checks when employing staff in the future as a means of promoting patient safety.

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

***The practice should make arrangements to obtain appropriate recruitment checks when employing staff in the future.***

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. The practice was advised to complete individual risk

assessments for staff identified as not having sufficient immunity. This is so they are aware of the action to take should they have an injury from blood-contaminated sharp instruments.

We looked at the policies and procedures in place. We found that they were very thorough and saw evidence that they reflected actual practice.

## 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 Bridge Dental Care 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>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</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>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</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:** Bridge Dental Care, Newbridge

**Date of Inspection:** 22 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
	No improvement plan required.				
<b>Delivery of Safe and Effective Care</b>					
7	Sterilised burs should be wrapped and clean cotton wool rolls should be stored in their original packaging to reduce cross contamination. [WHTM 01-05 paragraphs 4.27-4.28]	Health and Care Standards Standard 2.4	Cotton wool rolls are now kept in original packaging. Burs stored sterilised and pouched.	Leonard Smart	22.03.16
8	Data sheets and risk assessments should be completed for all chemicals	Health and Care	COSHH file update for individual chemicals	Leonard Smart	22.06.16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	held on the premises.	Standards Standard 2.1			
9	Emergency drugs should be stored in accordance with the manufacturer's instructions and if refrigeration is indicated, be appropriately segregated from items of food to reduce cross contamination	Health and Care Standards Standard 2.6	Emergency drugs removed from staff refrigerator	Leonard Smart	22.06.16
11	Clinical notes must contain evidence of <ul style="list-style-type: none"> <li>• Cancer screening</li> <li>• More detailed information on treatment planning</li> <li>• Recording of the areas of the mouth that have been checked. (BPE scores of 3 or 4 should be followed up with 6 point pocket charting)</li> </ul>	Health and Care Standards Standards 3.5, 4.2	Meeting held: Cancer screening discussed, practice policy developed to ensure consistent approach/note taking. Use of leaflets and note recording of giving/understanding enforced. Audit of records to ensure practice policy regarding 6 point pocket chart is followed.	Leonard Smart	08.04.16
<b>Quality of Management and Leadership</b>					
13	The practice should make arrangements to obtain appropriate	Health and Care	Recruitment policy updated to include references whether the	Leonard Smart	23.03.16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	recruitment checks when employing staff in the future.	Standards Standard 7.1	prospective staff member is known to us or not		

**Practice Representative:**

**Name (print): Leonard Smart**

**Title: Principal Dentist/Practice Owner**

**Date: 23.05.16**