

**General Dental Practice
Inspection (Announced)**
Aneurin Bevan University
Health Board, New Inn
Surgery

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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 New Inn Surgery at 111, The Highway, New Inn, Pontypool NP4 0PJ on 22 March 2016.

HIW explored how New Inn 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

New Inn Surgery provides services to patients in the Pontypool area of Gwent. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

New Inn Surgery is a mixed practice providing both private and NHS dental services

The practice staff team includes; one dentist, a practice manager, one nurse and one receptionist.

A range of NHS and private dental services are provided.

3. Summary

Overall, we found evidence that New Inn Dental Surgery provides safe and effective care and we were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.

This is what we found the practice did well:

- Patients we spoke to said the practice team had made them feel welcome and they were happy with the care they received.
- Staff we spoke to understood their responsibilities
- The general conditions at the practice were good, visibly clean and tidy.
- The clinical facility used by the dentist was well equipped and in good condition.

This is what we recommend the practice could improve:

- Policies and procedures should be regularly updated
- The radiation file should be updated to ensure it contains all documents relating to the use of X-rays at the practice.
- Patient notes should be more detailed.
- Quality control audits must be carried out to ensure the quality of patient care.
- The practice could provide more health promotion information for patients.

4. Findings

Quality of the Patient Experience

Patient feedback we gained through HIW patient questionnaires was positive and patients told us they were satisfied with the care they received at the practice. The practice had set up a patients' comment box to assess patient feedback. We recommended the practice website be updated to include the practice's opening hours and the out of hours contact number. We also recommended that the complaints procedure be updated to include the contact details for HIW and make clear who patients can contact.

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

"The practice makes me feel very welcome".

"I feel I am given enough information about my treatment".

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 took place in the surgery room if needed. We observed staff speaking to patients in a friendly and professional way. Feedback from the patients who completed the questionnaires was positive. All patients told us that they were satisfied with the care and treatment they received and felt welcomed by staff. Price lists for NHS and private treatments were not displayed in the practice. This meant that patients would have to ask for this information. Arrangements should therefore be made to display suitable price lists.

Improvement needed

The practice should display price lists for NHS and private treatments.

Timely care

The practice tried to ensure that care was provided in a timely way. We were told that there was a flexible appointment system in place whereby patients could book appointments both in advance and on an emergency basis. The majority of patients told us they did not experience a delay in being seen by the

dentist on the day of their appointment. Those that had experienced a delay said this had not been often or had not been for long.

Details of the practice's opening times and the out of hours contact number were seen inside the practice. The majority of patients told us they knew how to access out of hours dental care.

We recommended that the opening times and the out of hours contact number also be made visible from outside the practice so that patients can see how to access urgent dental care when the practice is closed. We also recommended that these details be added to the practice's website as another means of making this information available to patients.

Improvement needed

The practice should display its opening times and the out of hours contact number so that these are visible to patients from outside the practice.

The practice should update its website to include the practice's opening hours and the out of hours contact number.

Staying healthy

Most patients who completed a questionnaire told us they had received sufficient information about their treatment.

We noticed there were some patient leaflets for treatments, such as dental implants and root canal procedures, in the waiting room. We advised the practice to consider providing a selection of health promotion information such as mouth cancer awareness, smoking cessation 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

Through discussions with staff on the day of inspection we were able to conclude that the practice had recognised the diversity of its patient population and had considered its responsibilities under equality and human rights legislation.

The practice does not have suitable access for wheelchair users or patients with mobility difficulties. Staff informed us that patients with these difficulties were referred to their sister practice in Abergavenny.

We were told that patients were encouraged to speak to staff about any issues or concerns. We found that the practice had recently put in place a system for regularly seeking patient feedback through a patient comment card box, as a way of monitoring the quality of the care provided. Staff told us they intended to analyse this feedback every month and collate the data. The results would then be used to improve the service. We suggested that in addition, any verbal complaints are logged and monitored to see if there are common themes arising.

The practice had a policy/procedure in place for patients to raise concerns (complaints). This document was displayed in the waiting room. HIW contact details needed to be added to the complaints procedure for private patients. The staff told us they had not received any written complaints.

Improvement needed

The practice must update the complaints policy/procedure to ensure:

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

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 were satisfied that radiographic equipment was used appropriately and safely. The surgery used by the dentist was in good condition and appropriately equipped.

We looked at a small sample of patient records and we identified a number of areas of improvement.

Safe care

We found evidence to indicate the practice had taken steps to ensure the health, safety and welfare of staff and patients. Fire extinguishers were available and had been serviced regularly. The compressor had been checked and serviced regularly. Contract documentation was in place for the disposal of hazardous (clinical) waste and we were told that non hazardous (household) waste was collected by the council. Waste was managed appropriately at the practice. The practice was clean and tidy and well maintained.

We saw that the portable appliance testing (PAT) had been undertaken in the past. We have recommended that the practice seek advice on PAT from the Health and Safety Executive and take appropriate action to ensure the small electrical appliances at the practice continue to be safe to use.

Improvement needed.

The practice must seek advice from the Health and Safety Executive on PAT and take appropriate action to ensure electrical appliances continue to be safe to use.

We were generally satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. We saw inspection certificates for the autoclaves¹ showing they had been tested to ensure they were working correctly and a daily maintenance programme had been carried out according to guidelines.

¹ An autoclave is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

There was a dedicated decontamination room at the practice, however, there was no dedicated hand washing sink in the room and the room was carpeted. A softly furnished chair and a coat had been left in the room but these were removed on the day of the inspection.

We were advised by the practice owner that an upgrade for the decontamination room was being considered in their improvement plan. We recommended that when they carry out improvements these include; replacing the carpet with flooring that can be easily cleaned, put two separate sinks and a hand washing sink in the room and consider ultrasonic pre-sterilisation cleaning methods. In addition the practice must ensure the present decontamination system meets the guidance set out within Welsh Health Technical Memorandum (WHTM) 01-05².

Improvement needed.

The practice must ensure that the present and future decontamination arrangements meet WHTM 01-05 guidelines.

Sufficient instruments were available and all were stored appropriately and dated so that staff knew that instruments were safe to use for patient treatments. Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were available.

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 practice owner advised us that emergency medicines and equipment were checked monthly to ensure they were in date and suitable for use. We suggested the practice check the emergency equipment at least weekly, in accordance with guidelines set out by the Resuscitation Council (UK) and updated their logbooks to reflect this.

Improvement needed.

Ensure checks are carried out on emergency equipment at least weekly according to Resuscitation Council (UK) guidelines.

² [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.

The practice had a resuscitation policy and we saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff we interviewed were aware of their roles during a medical emergency. The dentist was the nominated first aider but an up to date first aid certificate was not available on the day of the inspection. The practice operates on a part time basis and some members of staff may be in the practice while the dentist is working at the sister practice in Abergavenny. We recommended that one of these members of staff undergoes first aid training and becomes the nominated first aider. The practice should seek advice from the Health and Safety Executive to confirm that the arrangements for first aid are appropriate.

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. Both should be signed and dated to show they are updated routinely. Some staff had received training in the protection of children and in the protection of vulnerable adults (POVA). However, we suggested all staff be included when the next training sessions are held. The training records of the practice manager were not available on the day of the inspection.

Improvement needed

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

Copies of all staff training records should be available for inspection by HIW.

We saw documentation to indicate that X-ray machines had been regularly serviced and maintained to ensure they were safe for use. In addition to this, we were also able to confirm that all staff involved in taking radiographs had completed training in this regard. This is in accordance with the requirements of the General Dental Council and the Ionising Radiation (Medical Exposure) Regulations 2000.

A notification letter to the Health and Safety Executive (HSE) informing them that radiation is used on the premises was not available on the day of the inspection. The dentist assured us that this was done many years ago; however, we recommended the practice inform the HSE again in writing and keep a copy at the practice, to be sure of compliance with the provisions of the Ionising Radiation Regulations 1999.

The practice had a radiation protection file but this needed to contain more detail and also include the name of the radiation protection advisor.

Improvement needed

The practice must notify the HSE regarding the use of radiographic equipment at the practice and keep a copy of notification at the practice.

The practice must update the radiation protection file to ensure it contains all the necessary information and documentation.

Effective care

Regular audits were not being done to ensure the practice provided consistent quality care to their patients. We recommended an infection control audit (a copy was present in the policy file but had not been completed), a decontamination audit and a quality assurance audit for image quality of radiographs be carried out regularly at the practice.

We were told that the dentist completed the NHS quality assurance survey each year and attended continuing professional development (CPD) training. However, there were no formal arrangements for peer review or for staff to conduct audits together. We advised the practice that learning from peer review and audits helps to ensure the quality of care provided.

Improvement needed

The practice should implement quality assurance procedures, including peer review and collaborative audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.

There were three surgeries at the practice but only one in use on the day of the inspection. This surgery used by the dentist was in good condition and contained all the required instruments and equipment needed. We were told that the second surgery was to be used by the part time hygienist when she takes up her post in May 2016. We found in the second surgery that, some of the unit draws were broken. We were told by the practice manager that they intended to replace the units to ensure the surgery was ready for use before the hygienist joined the staff. We recommended the practice inform HIW when these changes had been made. The third surgery was used as a store room and it housed another working autoclave which, staff told us, could be used in an emergency.

Improvement needed.

The practice must ensure the second surgery is of the standard required by WHTM 01-05 before it is used for patient treatments.

Patient records

We looked in detail at a small sample of patient records at the practice. Overall, we found that the records needed to be improved in certain areas:

- Social history must be recorded.
- Smoking cessation information to be offered if the patient is a smoker and to be recorded in the notes.
- Written medical history is to be updated at each visit.
- Oral cancer screening to be recorded.
- Written treatment plans to be given to the patient for each course of treatment.
- Patient's ongoing consent to be recorded at each visit.

Improvement needed

Patient records must be maintained in accordance with professional standards for record keeping. The following improvements should be made to patient notes, including the consistent recording of:

- ***Ongoing patient consent***
- ***Written updated medical history***
- ***Written treatment plans***
- ***Social history***
- ***Oral cancer screening***

Quality of Management and Leadership

The management of the practice was provided by the dentist and the practice manager. Staff we spoke to were committed to providing high quality care for patients. We found that some improvements were needed to the policies and procedures seen at the practice. The practice was very small and formal meetings and staff appraisals were not conducted. We recommended that the practice ensure there are sufficient and effective management arrangements in place to address these issues.

The practice operates on a part time basis with the dentist spending some time at the sister practice in Abergavenny. The practice had a small staff team, so communication between staff and the dentist occurred regularly, on an informal basis. The staff told us they felt able to raise any concerns with the dentist. We suggested that it would be advisable to have formal staff meetings twice a year and to take minutes and note outcomes.

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 we were informed will be used should there be any agency or new staff at the practice. However, staff at the practice had been in place for many years.

We were told that no staff appraisals were conducted. Annual appraisals of staff are important to help ensure the quality of care provided and to identify any training needs. We recommended the practice make arrangements for carrying out annual staff appraisals.

Improvement needed

All staff, including the dentist, should have regular appraisals as a way of ensuring the continued quality of the care provided.

We confirmed that all relevant staff were registered with the General Dental Council and that indemnity insurance was in place.

In accordance with the private dentistry regulations, the dentist providing private treatment was registered with HIW and his registration certificate was available within the practice.

We saw records relating to Hepatitis B immunisation status for the clinical staff working at the practice.

We looked at the policies and procedures at the practice and found that some were in need of review, many needed to be signed and dated and some needed to be personalised for the practice. We identified the following improvements were needed:

- Data protection policy, data security policy, patients' privacy, dignity and confidentiality policy, child and adult protection policies needed to be signed and dated to show they were regularly reviewed and updated.
- Data protection policy needed to be personalised for the practice.
- Infection control policy needed to be signed.
- Radiation protection policy was not complete.

Given the number of improvements needed to the policies and procedures we recommended the practice ensure there were sufficient management arrangements so that these documents could be regularly reviewed and updated in a timely way. This is an important aspect to underpinning the safety of care provided and to protect the health, safety and welfare of patients and staff.

Improvement needed

The practice must ensure there are sufficient and effective management arrangements in place for the regular review and update of all policies and procedures.

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 New Inn 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, 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 2008³ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁴. 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

³ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁴ <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: New Inn Surgery

Date of Inspection: 22 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
5	The practice should display price lists for NHS and private treatments [General Dental Council (GDC) Standards for the Dental Team, Standard 2.4.]	Health and Care Standards Standard 4.2	Revised price lists for NHS & private treatments will be displayed in the Practice.	S.Lodge	Immediately
	The practice should display its opening times and the out of hours contact number so that these are visible to patients from outside the practice. The practice should update its website to include the practice's opening hours and the out of hours contact number. [General Dental Council (GDC)	Health and Care Standards Standard 4.2	This has been completed.	S.Lodge	

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Standards for the Dental Team, Standard 2.3.9]				
7	<p>The practice must update the complaints policy/procedure to ensure:</p> <ul style="list-style-type: none"> The contact details of HIW are included. The complaints procedure is clear regarding the process and relevant organisations patients can contact depending on whether they are receiving private or NHS treatment. <p>[General Dental Council (GDC) Standards for the Dental Team, Standard 5.1]</p>	<p>Private Dentistry (Wales) Regulations</p> <p>Regulation 15(4)(a);</p> <p>Health and Care Standards Standard 6.3</p>	The Practice will ensure that complaints policy/procedure for Private & NHS patients are updated.	S.Lodge	Immediately
Delivery of Safe and Effective Care					
8	<p>The practice must seek advice from the Health and Safety Executive on PAT and take appropriate action to ensure electrical appliances continue to be safe to use.</p> <p>[The Electricity at Work Regulations 1989]</p>	<p>Health and Care Standards Standard 2.9</p>	PAT testing of electrical devices will be updated by AC Electrical services.	S.Lodge	Immediately
9	The practice must ensure that the present and future decontamination	Health and Care	An additional sink will be installed	S.Lodge	6 – 8 weeks

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	arrangements meet WHTM 01-05 guidelines. [General Dental Council (GDC) Standards for the Dental Team, Standard 1.5.]	Standards Standard 2.4	and the Practice will ensure that the present and future decontamination arrangements meet WHTM 01-05 guidelines.		
9	Ensure checks are carried out on emergency equipment at least weekly according to Resuscitation Council (UK) guidelines. [General Dental Council (GDC) Standards for the Dental Team Standard, 6.6 UK Resuscitation Council (UK)- Quality Standards for Cardiopulmonary Resuscitation Practice and Training: Primary Dental Care Equipment List]	Health and Care Standards Standards 2.6, 2.9	Checks to be carried out on emergency equipment at least weekly according to Resuscitation Council (UK) guidelines.	Jan Porter	Immediately
10	The practice must ensure all staff receive training in the safeguarding of children and vulnerable adults. Copies of all staff training records should be available for inspection by HIW. [General Dental Council (GDC) Standards for the Dental Team Standard 6.1., 6.6., 8.5]	Health and Care Standards Standard 2.7	All Practice staff to receive training in the safeguarding of children and vulnerable adults. Staff training records to be available for inspection by HIW at reception.	S. Lodge	01/09/16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	<p>The practice must notify the HSE regarding the use of radiographic equipment at the practice and keep a copy of notification at the practice.</p> <p>The practice must update the radiation protection file to ensure it contains all the necessary information and documentation.</p> <p>[Ionising Radiation Regulations 1999 Ionising Radiation (Medical Exposure) Regulations 2000]</p>	Health and Care Standards Standards 2.1 and 2.9	<p>The practice will notify the HSE regarding the use of radiographic equipment and keep a copy of notification at the practice.</p> <p>Additionally, the radiation protection file will be updated with the relevant documentation.</p>	S. Lodge	Immediately
11	The practice should implement quality assurance procedures, including peer review and collaborative audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.	Health and Care Standards Standards 3.1, 3.3	The practice will implement quality assurance procedures, including peer review and collaborative audits to increase learning and ensure the quality of the care provided.	S. Lodge	Immediately
12	The practice must ensure the second surgery is of the standard required by WHTM 01-05 before it is used for patient treatments.	Health and Care Standards Standard 2.4	The Practice has contacted surgery cabinet supplier to request new cabinet drawers where required.	S. Lodge	Immediately
12	Patient records must be maintained in accordance with professional	Health and Care	<ul style="list-style-type: none"> The Practice will ensure that patient records will be professionally 	S. Lodge	Immediately

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>standards for record keeping. The following improvements should be made to patient notes, including the consistent recording of:</p> <ul style="list-style-type: none"> • Ongoing patient consent • Written updated medical history • Written treatment plans • Social history • Oral cancer screening <p>[General Dental Council (GDC) Standards for the Dental Team Standards 2.3., 4.1]</p>	Standards Standard 3.5	maintained and include ongoing patient consent, written updated medical history, written treatment plans, social history, oral cancer screening.		
Quality of Management and Leadership					
13	All staff, including the dentist, should have regular appraisals as a way of ensuring the continued quality of the care provided.	Health and Care Standards Standard 7.1	The Practice will conduct regular (6 Months) appraisals to ensure continued quality of care.	S. Lodge	3 Months
14	The practice must ensure there are sufficient and effective management arrangements in place for the regular review and update of all policies and procedures. [General Dental Council (GDC) Standards for the Dental Team	Health and Care Standards Standards 2.1, 7.1	The Practice will review & update all policies & procedures every 3 months	S.Lodge	1 Sept 16

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Standard 6.6]				

Practice Representative:

Name (print): Stephen Lodge

Title: Principal Dentist

Date: 25th July 2016