

General Dental Practice Inspection (Announced)

**Aneurin Bevan University
Health Board, Oasis Dental
Practice, Newport**

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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 at Oasis Dental Practice at 6a Caerphilly Road, Bassaleg, Newport, NP10 8LE on 27 July 2016.

HIW explored how Oasis Dental 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

Oasis Dental Practice has been established in the Newport area since the 1980's and provides services to patients in Newport and the surrounding valleys. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

Oasis Dental Practice is a mixed practice providing both private and NHS and private dental services.

The practice staff team includes three dentists (one of which is an orthodontist), two hygienists, three nurses, one practice manager, one receptionist/trainee nurse and one cleaner.

A range of NHS and private dental services are provided.

Oasis Dental Practice is part of a group of eleven Welsh Dental Practices managed by Oasis Dental care Ltd.

3. Summary

Overall, we were satisfied that the practice was meeting the standards necessary to provide safe and effective care. We found evidence that there was a friendly and professional approach adopted toward patients by members of the dental team. Patients who completed HIW questionnaires indicated that they were satisfied with the service received at Oasis Dental Practice. Patients were provided with the opportunity to offer their views on the care and treatment provided.

We examined equipment maintenance records and considered the presentation of the dental premises. Consequently, we were able to confirm that the dental team placed considerable emphasis on the health and safety of patients and staff.

This is what we found the practice did well:

- Staff we spoke to, understood their responsibilities
- Clinical facilities are well-equipped and tidy
- Clinical waste is handled, stored and disposed of safely
- Health and Safety arrangements met with all required standards
- All staff had received annual training and updates as required.

This is what we recommend the practice could improve:

- The use of the audit tool for infection control as suggested by (WHTM) 01-05 (Revision 1)¹
- Record keeping processes
- Patient leaflet and health promotion information
- Policy and procedure review processes.

¹ 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.

4. Findings

Quality of the Patient Experience

We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained through our patient questionnaire was positive. The practice had a system for seeking patient feedback as a way of assessing the quality of the service provided. We recommended the practice display further health promotion information to help support patients to take responsibility for their own health and well-being.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, 14 questionnaires were completed and returned. The majority of patients indicated that they were made to feel welcome and were satisfied with the services received at the practice. Patient comments included:

“Very happy at practice, went years without seeing a dentist as I’m nervous, coming here has changed my opinion – thank you team”

“Perfectly happy with the workings of this practice – well done, keep it up”

“I have always received the utmost care and attention from all staff”

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. We observed staff speaking with patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was positive.

There was limited space available for staff to have conversations with patients in private, away from other patients if required. However staff indicated that there is usually a surgery free which can be used for the purpose of maintaining confidentiality.

We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed at times when patients were in the room. All records were being maintained securely.

Timely care

The practice tries to ensure that dental care is provided in a timely way. The majority of patients who completed the HIW questionnaires told us they did not experience delay in being seen by the dentists. Where delays had occurred patients had been advised of the reason for this and/or received an apology for any delay.

We saw that the emergency contact telephone number was displayed at the entrance of the surgery, was provided on the practice's answer phone message and website, so that patients could access emergency dental care when the practice was closed.

Staying healthy

All patients who completed the questionnaires told us they received enough information about their treatment.

We noticed a lack of health promotion leaflets/posters in the waiting area. We advised the practice to consider providing further health promotion information relevant to their patient population, such as mouth cancer awareness, smoking cessation and general information on how patients could improve their oral health. Health promotion information assists in supporting patients to take responsibility for their own health and well-being.

Improvement needed

Further health promotion information should be provided to patients.

The practice should also consider how they could make information more accessible to a wider range of patients, such as by providing information in other formats and languages, including Welsh.

Individual care

We saw evidence that the practice had a way of seeking patient feedback. Patient questionnaires were given out at reception and the results were passed to the practice manager and reviewed at practice meetings with actions taken on feedback received. We saw that posters were displayed about the price of NHS treatment, so that patients were informed about costs.

We found that the practice had clear written procedures for dealing with concerns (complaints) about both NHS and private dental treatment. The practice's complaints procedures were displayed in the waiting area and there were also complaints information available on the practice website, but these were not consistent with each other

We saw that there was good patient information available on the practice website. However the website should include a link to the General Dental Council² (GDC) website or the GDC's contact and give a date when the website was last updated. There were no patient information leaflets available in the waiting area.

Improvement needed

- ***The complaints procedures available need to be consistent.***
- ***The NHS complaints procedure needs to include the ³Community Health Council contact. The private dental complaints procedure needs to be more clearly identifiable***
- ***Provide a link to the GDC on the practice website and a date for when the website was last updated***
- ***Patient information leaflets to be made available in the waiting area***

There was a suggestions box on the wall in the waiting room. Following discussion the practice manager was arranging for pens and suggestions slips to be available to make this feedback option more accessible and effective.

² The General Dental Council (GDC) is the independent regulator of dental professionals in the UK. <http://www.gdc-uk.org/Pages/default.aspx>

³ The Community Health Council (CHC) works to enhance and improve the quality of your local health service. We are your statutory and independent voice in health services provided throughout Wales. <http://www.wales.nhs.uk/sitesplus/899/home>

Delivery of Safe and Effective Care

Overall, we found evidence 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. Checks and audits were undertaken to ensure the service was safe and effective. We identified some areas for improvement in decontamination, record keeping and policy and audit development.

Safe care

Clinical facilities

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients. Portable appliances testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. The practice was visibly well maintained and fire extinguishers were in place and had been serviced.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH) and we saw that safety data sheets had been kept for each substance in addition to appropriate risk assessments. Contract documentation was in place for the disposal of non hazardous (domestic) and hazardous (clinical) waste.

We looked at the clinical facilities available at the practice and confirmed that the practice environment was generally visibly clean and hygienic, well equipped and the facilities were of a very good standard. There was one area in the top right hand corner of the room in the surgery downstairs that required attention due to some water damage causing a small area of mould. Some skirting board areas and drawer insets would also benefit from a deep clean.

Improvement needed

Cleaning schedules to be implemented to address the areas identified, which require a deep clean

Infection control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this Dental Practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- A designated room for the cleaning and sterilisation of dental instruments

- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing
- Instruments were stored and transported appropriately and dated.

The decontamination process requires a two basin sink or a basin and bowl process to be implemented.

Improvement needed

The practice must improve the arrangements for decontamination and infection control in line with the guidelines of WHTM 01-05, by implementing a two basin sink or a basin and bowl process for decontamination.

Emergency drugs and resuscitation equipment

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were stored safely and available for use in the event of a patient emergency (collapse). Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had appointed two first aiders in the team who had completed relevant training.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults. All staff had received training in these areas. However the Protection of Vulnerable Adults (PoVA) policy needs to be reviewed and updated to ensure it is compliant with Welsh legislation and a local PoVA contacts list needs to be in place.

Improvement needed

The practice must review and update the PoVA policy and contacts list

We were told there were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. Staff told us that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance. DBS clearance was up to date for all but one staff member and this was being pursued at the time of the inspection.

Radiographic equipment

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that all staff involved in taking radiographs had completed the required training. We found that the practice completed radiograph audits for quality assurance purposes. Radiographic control area plans needed to be drawn up for each surgery. The Health and Safety Executive (HSE) radiology notification letter kept at the practice was generic.

Improvement needed

Radiographic control area plans need to be drawn up for each surgery.

A practice specific Health and Safety Executive (HSE) radiology notification letter must be kept at the practice.

Patient Records

We viewed a sample of ten dental records and spoke with the two dental practitioners working on the day of our inspection. Overall, we found there was a good quality of record keeping and patient care. This included detailed recording of patients' social histories, updating of medical histories and detailing of appropriate checks for clinical examinations of gums (basic periodontal examinations).

The following areas were identified for the practice to consider as improvements:

Improvement needed

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

- ***More detailed valid patient consent records to be kept on each visit***
- ***Oral health promotion advice needs to be recorded in accordance with delivery of best oral health guidance⁴***
- ***Ensure the recording of reasons for prescribing of anti-biotic medication.***

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice undertakes its own internal inspection processes and also undertakes relevant audits, including hand hygiene and radiographs.

The practice had not conducted a peer review audit for sometime. We advised the practice that learning from peer review audits contributes to the quality of care provided.

Improvement needed

The practice should formalise regular peer review audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.

⁴ <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

Quality of Management and Leadership

The Dental Practice was efficiently operated by the acting practice manager, and a team of experienced, motivated staff. The practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety. Staff told us they were very well supported in their roles.

Oasis Dental Practice Newport is an established practice opened in 1980's and is part of the Oasis Dental Care Ltd group which has eleven Dental Practices across Wales. The acting practice manager had overall responsibility for the day to day operation of the practice; each member of the dental team had clear individual responsibility for particular aspects of the service. Staff turnover was low; no agency staff were being used at the time of the inspection and we saw evidence that staff training was being maintained and kept up to date.

We found that the dental surgery was well run. The daily operation of the service was underpinned by a range of clinical procedures and quality assurance processes to ensure that patients' care and treatment were delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team. Some policies make reference to the Care Quality Commission (CQC) and Health Technical Memorandum (HTM) these should refer to Welsh specific organisations and guidance. Some policy areas were noted to require updating, further detail and localising to the practice.

Improvement needed

The practice must ensure that the policy areas identified in the report are adequately detailed, updated and localised to the practice.

- **The practice should date and sign all policies when they are reviewed**
- **All policies should be referenced and/or are compliant with Welsh legislation and guidance.**

HIW certificates were prominently displayed in respect of the private dentistry provided at the practice as required by the regulations. We confirmed that all relevant staff were registered with the General Dental Council and saw that the practice had current evidence of Hepatitis B vaccination for all members of clinical staff.

Examination of a variety of maintenance certificates held at the service revealed that there were processes in place to ensure that dental/other equipment was inspected in a timely way and in accordance with mandatory requirements.

Dental nursing staff we spoke with told us they felt supported in their work. We saw evidence of team meeting minutes. These meetings gave opportunities to raise any issues of concern about services being provided to patients and to convey new/relevant information to the dental team.

We saw evidence of an infection control audit, however this was not the suggested audit associated with the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1).

We saw that all relevant staff had completed decontamination training, as recommended by the WHTM 01-05. However decontamination staff training records being kept at the practice were generic.

Improvement needed

The practice should use the audit tool for infection control as suggested by (WHTM) 01-05 (Revision 1).

Individual WHTM decontamination staff training records need to be kept at the 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 Oasis Dental Practice Newport 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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. 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

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <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: Oasis Dental Practice Newport

Date of Inspection: 27 July 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	Further health promotion information should be provided to patients.	Health and Care Standards 4.2			
7	The complaints procedures available need to be consistent.	GDC Standards for Ethical Advertising			
7	The NHS complaints procedure needs to include the Community Health Council contact. The	GDC Standards for Ethical Advertising			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	private dental complaints procedure needs to be more clearly identifiable.				
7	Provide a link to the GDC on the practice website and a date for when the website was last updated.	GDC Standards for Ethical Advertising			
7	Patient information leaflets to be made available in the waiting area.	GDC Standards for Ethical Advertising			
Delivery of Safe and Effective Care					
8	Cleaning schedules to be implemented to address the areas identified, which require a deep clean.	WHTM 01-05.			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
9	The practice must improve the arrangements for decontamination and infection control in line with the guidelines of WHTM 01-05, by implementing a two basin sink or a basin and bowl process for decontamination.	WHTM 01-05.			
10	The practice must review and update the PoVA policy and contacts list.	Health and Care Standards 2.7 GDC guidance 4.3.3 and 8.5			
10	Radiographic control area plans need to be drawn up for each surgery. A practice specific Health and Safety Executive (HSE) radiology notification letter must be kept at the practice.	Regulation 14 (1)(d), (2) and (3), Health and Care Standards: Standard 2.9; Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000)			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
10	<p>The following improvements should be made to patient notes, including the consistent and correct recording of:</p> <ul style="list-style-type: none"> • More detailed valid patient consent records to be kept on each visit • Oral health promotion advise needs to be recorded in accordance with delivery of best oral health guidance • Ensure the recording of reasons for prescribing of anti-biotic medication. 	<p>Health and Care Standards 3.4, 3.5</p> <p>General Dental Council Standards</p>			
11	<p>The practice should formalise regular peer review audits, as a way of increasing learning,</p>	<p>Health and Care Standards 3.3</p> <p>General Dental Council</p>			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	sharing best practice and helping to ensure the quality of the care provided.	Standards			
Quality of Management and Leadership					
12	<p>The practice must ensure that the policy areas identified in the report are adequately detailed, updated and localised to the practice.</p> <ul style="list-style-type: none"> • The practice should date and sign all policies when they are reviewed • All policies should be referenced and/or are compliant with Welsh legislation and guidance. 	Health and Care Standards 2.1, 3.1, 7.1; General Dental Council Standards 6.6			
13	The practice should use the audit tool for infection control as	WHTM 01-05.			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>suggested by (WHTM) 01-05 (Revision 1).</p> <p>Individual WHTM decontamination staff training records need to be kept at the practice.</p>	<p>Health and Care Standards 3.3 and 7.1</p>			

Practice Representative:

Name (print):

Title:

Date: