



General Dental Practice Inspection (Announced)

Seddon Dental Implants, Usk

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Seddon Dental Implants at Rowan House, Llancayo Business Park, Llancayo, Usk, NP15 1HY on the 9 October 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We found that patients were provided with detailed information about treatment to enable them to make an informed decision about their care. The service had appropriate processes in place for cleaning and sterilisation of dental instruments. We found that patient records were thorough and detailed.

We recommended where improvements could be made to the services' clinical governance processes, including arrangements with host dental practices, processes for audit and peer review.

This is what we found the service did well:

- Patients were provided with detailed treatment plans prior to care being given
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- The service had a wide range of policies and procedures in place to support the provision of safe and effective care

This is what we recommend the service could improve:

- The service must introduce a system to allow patients to provide feedback
- More regular checks on the emergency drugs and equipment needed to be carried out
- Introduction of a programme of audits and peer review
- Formalisation of the service's clinical governance arrangements with host dental practices to ensure services are provided in a safe environment.

3. What we found

Background of the service

Seddon Dental Implants provides private implant surgery at a number of dental practices across Wales. The team at Seddon Dental Implants travel to various dental practices across Wales and use the surgeries and facilities of 'host' dental practices to carry out implant surgery.

For the purposes of this inspection, HIW visited the head office of Seddon Dental Implants, however, no dental services are provided at this location. As a result some areas of the inspection are not applicable, and this is reflected within the report.

The staff team includes one dentist and one dental nurse, who is also the clinical manager.

Quality of patient experience

We considered the patient experience through examination of patient records, information provided to patients prior to and post treatment and through discussions with staff, to ensure that the patients' perspective is at the centre of our approach to inspection.

We found that patients were provided with detailed information prior to treatment to help them make an informed decision about their care. The service had appropriate processes in place to ensure that consultations with patients were held in a dignified and private manner.

We recommended that a process is put in place to allow patients to provide feedback on the services provided.

Prior to the inspection, we invited the service to distribute HIW questionnaires to patients to obtain views on the dental treatments provided. Unfortunately the service was unable to obtain questionnaires from their patients.

Staying healthy

Staff described the arrangements for providing patients with detailed information leaflets during a consultation process, which included advice on how to keep their mouth and teeth healthy. Information was also included about how to maintain the health and integrity of dental implants post treatment.

Dignified care

We were told that patients were offered a private appointment, either in person or via the telephone as an initial consultation process, allowing patients to discuss any personal information in a dignified way.

Patient information

Seddon Dental Implants only offered dental implant surgery to patients. Staff confirmed that patients were provided with detailed information during a consultation process about implant surgery, and we saw that treatment plans included a breakdown of the cost of treatment. This meant that patients had detailed information on the cost of their treatment.

Communicating effectively

We saw that patients had detailed written treatment plans outlining the process for implant surgery, in order to help patients understand the process and to be able to make an informed decision about their care. We saw that consent to treatment was obtained by the service for each patient.

Timely care

We were told that following surgery each patient is given the contact details of the dental team so that they are able to contact them 24 hours a day should they require urgent care.

Individual care

Planning care to promote independence

We considered a sample of patient records and found that evidence of treatment planning and treatment options were recorded and provided to patients to help them make an informed decision about their care. We found that patients were provided with information about how to take care of their implants post surgery.

People's rights

We noted that the service had a dedicated equality and diversity policy in place. This meant that the service was committed to ensure that everyone had access to the same opportunities and to the same fair treatment.

Listening and learning from feedback

We saw that the service had a written complaints procedure. Information for patients on how to raise a concern was available on their website. In order to ensure that patients had full and easy access to the services complaints procedure, we recommended that they provide a copy of the policy to patients as part of their initial consultation discussion. The service agreed to do this.

Whilst the service had not received any complaints, we found that there was a suitable system in place to record and address both verbal and written complaints should they be received.

The service did not have a current way of obtaining patient feedback. We recommended that the service introduce a system for patients to be able to provide feedback on the services they receive. The service agreed to do this.

Improvement needed

The service must introduce a system allowing patients to be able to provide feedback on the services provided.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the process for cleaning and sterilising dental instruments was thorough and that appropriate processes were in place for the safe transportation of dental equipment between the service head office and host dental practice.

Patient records were detailed and thorough.

More regular checks on emergency drugs and equipment were needed to ensure adherence to national guidelines.

The service needed to introduce a process for clinical peer review and audit activity.

Safe care

Managing risk and promoting health and safety

Whilst the service did not see patients directly at their head office, we did find suitable arrangements were in place to protect the safety and well being of staff working at, and people visiting the premises.

The practice itself was the office base from where staff worked to carry out a variety of duties. This included undertaking administrative tasks, holding telephone discussions with patients, and also as a base to store supplies, patient records and to carry out cleaning of dental instruments.

Fire safety equipment was available at various locations around the head office, and we saw this had been serviced within the last 12 months to make sure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the head office had been carried out within the last 12 months, to help ensure equipment was safe to be used.

We were told that hazardous (clinical) waste was normally disposed of at the host practice location. We did, however, see that a contract was in place for the safe transfer and disposal of hazardous and household waste produced following sterilisation of dental instruments at the service head office. We saw hazardous waste was being stored securely whilst waiting to be collected by the contractor company.

Infection prevention and control

The service carried out cleaning and sterilisation of its own dental instruments, and had a well equipped designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document.

Decontamination equipment and cabinets within the decontamination room were in visibly good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The service had the use of one autoclave² and we saw inspection certification to show it was safe to use. The service used an ultrasonic bath³ as a pre sterilisation cleaning method. Whilst the majority of checks were undertaken and recorded, we recommended that the service include a foil test as part of their checks to ensure the equipment was working properly. The clinical manager told us that they had recognised this prior to inspection and had ordered foil testing kits to include in their checks. We saw that daily checks were being carried out and a logbook maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use.

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

² An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

³ An ultrasonic bath is a piece of equipment used for cleaning by sending ultrasonic vibrations through the liquid contained in it.

A thorough decontamination process was demonstrated and we saw certificates showing staff had attended training on decontamination. Instruments were being stored in sealed bags to prevent cross contamination.

We saw that the service had a safe and appropriate process in place for transferring both clean and dirty instruments between their head office and host dental practices.

The service did not carry out regular audits of infection control to identify areas for improvement and development as part of the overall quality assurance monitoring activity. We recommended that the service introduce an audit of their infection control arrangements, which they agreed to do.

Improvement needed

The service must ensure that a foil test is carried out on the ultrasonic bath as recommended by WHTM 01-05.

The service should undertake regular audits of their infection control arrangements as part of their quality monitoring activity.

Medicines management

The service told us that equipment and drugs were available for use in a patient emergency (collapse). We were unable to see or check on the day of inspection whether the drugs and equipment were in line with the recommendations of the Resuscitation Council (UK), as the kit was away from the premises with the dentist. We did see that the service had a process in place for checking the contents and expiry dates of the emergency drugs and equipment within the kit. We recommended that the service ensure that checks on the resuscitation equipment are conducted more regularly in accordance with standards set out by the Resuscitation Council (UK)⁴, to ensure they remained safe to use should they be needed. The service agreed to do this.

⁴ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

We saw records to show that staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months. We were also able to confirm that the service had appointed and trained first aiders in the case of need.

Improvement needed

The service must ensure that regular checks are carried out and recorded on the emergency drugs and equipment in accordance with the guidelines set out by the Resuscitation Council UK.

Safeguarding children and adults at risk

The service had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk, and we saw certificates confirming that staff had completed training on adult protection. We were unable to see up to date certificates for training in child protection. We recommended that the service ensure that all staff receive child protection training in line with the recommendations of the General Dental Council. The service agreed to do this.

Improvement needed

The service must ensure that all staff receive training in child protection in line with the recommendations of the General Dental Council.

Medical devices, equipment and diagnostic systems

The service did not have X-ray facilities in use on site, and this area was not therefore considered during the inspection. We were told that when patients require X-rays, either the host dental practice X-ray equipment is used or a referral is made to an external provider to have an X-ray taken.

We saw training certificates demonstrating that staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. Where X-rays had been taken, we saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

Apart from the decontamination area, the service had no other clinical facilities on site, and therefore no other areas were considered during the inspection.

Effective care

Safe and clinically effective care

We saw that the service carried out a limited range of audits to monitor the quality and safety of the care and treatments provided to patients. We recommended that the service should expand the range of both clinical and non-clinical audits as part of their quality improvement activity. The service agreed to do this.

Improvement needed

The service should implement a range of clinical and non-clinical audits with a view to identifying areas for improvement as part of the service's quality improvement activity. Improvement plans should be developed and monitored as appropriate.

Quality improvement, research and innovation

The service did not have a process in place for peer review⁵, which would potentially support the staff in the development of practise improvement. We recommended to the service that they should implement a process for peer review as a way of identifying improvement areas. The service agreed to do this.

⁵ Peer review is one of the gold standards of science and is a process whereby healthcare professionals ("peers") can evaluate the quality of other professionals' work. This is with the aim of ensuring their practise is rigorous, uses past research with a view to providing the best possible care and treatment.

Improvement needed

The service should implement a process for clinical peer review.

Information governance and communications technology

Patient records were stored and maintained in both paper format and electronically, and we found suitable processes in place to ensure security of information was maintained. The service had a process in place to provide a copy of the patient notes to the patients' dentist, ensuring that the patients' dentist was aware of any treatment carried out.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes made were detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Private Dentistry Regulations and relevant professional standards.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

We saw that staff had access to a range of training opportunities to support them in their roles.

We recommended that the service needs to strengthen its clinical governance arrangements with host dental practices.

Governance, leadership and accountability

Seddon Dental Implants provides implant surgery for patients at host dental practices across Wales. The service does not have a dental surgery at its head office.

The service did not have a formal process in place for obtaining assurance from host dental practices that equipment, surgeries, fire safety measures, arrangements for clinical waste, amongst other arrangements, were appropriate and safe for use. As part of their clinical governance arrangements, we recommended that the service must put in place suitable processes with host dental practices to obtain assurance that areas such as equipment, clinical waste, fire safety and general risk management arrangements are in place. The service should seek appropriate advice on all areas where assurance is required. The service told us that informal processes were in place, but agreed to formalise the process.

The principal dentist was supported by the clinical manager, and had overall responsibility for the day to day running of the service. The clinical manager also provided dental nursing support to the principal dentist. Where we identified areas for improvement, the clinical manager demonstrated a willingness and commitment to address these promptly.

As a current team of two, we were told that communication was informal and discussions were held daily about the service. We were told that the service was in the process of recruiting new staff members and would make arrangements for more formal team meetings in the future.

We saw that the service had appropriate processes in place for safe recruitment. We found that an induction programme was in place for new staff members. We recommended that the induction programme should be expanded to formally include induction arrangements at each host dental practice a new member of staff is expected to work in, to help ensure all staff know the working arrangements of each host dental practice. The clinical manager agreed to do this.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients, and that these were reviewed on a regular basis.

Improvement needed

The service must formalise their clinical governance arrangements with host dental practices to ensure they operate in a safe environment to promote staff and patients' safety and well being.

The service should ensure their induction programme for new members of staff include arrangements for host dental practices.

Staff and resources

Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role.

Whilst appraisals were not currently part of the service's management arrangements, we were told that when the team expands appraisals would be planned appropriately with all staff.

We found that staff were registered with the General Dental Council to practise and had indemnity insurance cover in place.

Records were available to show staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The dentist provided private only dental treatment and we were told that their HIW registration certificate is taken with them to each host dental practice and displayed when carrying out treatments, as required by the regulations for private dentistry. We were able to confirm that the dentist was registered with HIW to provide private dental services.

We saw that the dentist had an up to date Disclosure and Barring Service (DBS) certificate in place, as required by the regulations for private dentistry.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Our dental practice inspections are usually announced. Dental practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further details about how HIW inspects [dental practices](#) and [independent healthcare services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during the inspection.			

Appendix B – Immediate improvement plan

Service: Seddon Dental Implants

Date of inspection: 9 October 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during the inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Seddon Dental Implants

Date of inspection: 9 October 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The service must introduce a system allowing patients to be able to provide feedback on the services provided.	The Private Dentistry (Wales) Regulations 2008 (as amended Regulation 14(2))	A post treatment completion patient survey is being designed. It is hoped that there will be a secure, encrypted, online version of this. Additionally the covering correspondence attached to the patients treatment plan will have a paragraph added informing patients that we welcome their feedback and giving them a mechanism for providing it.	Ian Seddon	4 months
Delivery of safe and effective care				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The service must ensure that a foil test is carried out on the ultrasonic bath as recommended by WHTM 01-05.	<p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14 (3)(b), 14(4) and 14(5)</p> <p>WHTM 01-05 Welsh Health Technical Memorandum Chapter 15 15.6 - 15.12 inclusive</p>	<p>A policy will be created, following the guidelines in WHTM01-05 for carrying out, recording and auditing foil tests for the ultrasonic bath.</p> <p>An ultrasonic log book document will be created, a foil test kit and a stopwatch will be purchased.</p> <p>A named member of staff will be made responsible for carrying out the tests at prescribed intervals, and maintaining the log.</p> <p>Another member of staff will be responsible for auditing the tests at regular intervals, to ensure compliance and satisfactory performance of the ultrasonic bath.</p>	Noemi Frank	3 months
The service should undertake regular audits of their infection control arrangements as part of	The Private Dentistry	The Quality Assurance Policy will be amended to include audit of infection	Ian Seddon	3 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
their quality monitoring activity.	(Wales) Regulations 2008 (as amended) Regulation 14(2)	<p>control arrangements at regular intervals.</p> <p>An Infection Control Audit Policy will be created to assess the current arrangements against the current guidelines, at 6 monthly intervals.</p> <p>This will allow us to review our arrangements and consider if modifications to our processes are needed or desirable.</p> <p>If there are any staff training needs identified, then amendments will be made to their PDP and the required training provided.</p>		
The service must ensure that regular checks are carried out and recorded on the emergency drugs and equipment in accordance with the guidelines set out by the Resuscitation Council UK.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (2) and 14	<p>An Emergency Drugs and Equipment checklist will be created.</p> <p>The Emergency Drugs and Equipment Policy will be reviewed to ensure the correct checking interval is included.</p> <p>The practice database will be upgraded to include recording of expiry dates on all emergency drugs, monitoring expiry</p>	Ian Seddon	4 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(3)(b)	<p>dates on a daily basis and to provide a report to nominated individuals when drugs become close to expiry.</p> <p>A team member will be nominated and named as responsible for carrying out the check. The check time and date will be recorded on the database, together with the results. The database will monitor the check interval, and prompt the nominated individual when a check is due.</p> <p>An audit process will be created to review that the checks have been carried out, the result as of the check and to see if changes are needed to the process.</p>		
The service must ensure that all staff receive training in child protection in line with the recommendations of the General Dental Council.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation	<p>All staff cpd records and PDPs will be held on a central portal.</p> <p>They will be reviewed regularly, against GDC recommendations, both in terms of key/core CPD subjects, and in terms of amount of CPD carried out.</p> <p>Where core subjects are not current,</p>	Clare Seddon	3 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	14(2)	arrangements will be made for staff to obtain the training.		
The service should implement a range of clinical and non-clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (2)	A team meeting will be arranged to decide on the clinical and non clinical audits to be carried out over the coming 12 months, and which team member will be responsible for each audit. A plan for each audit will be created by that team member, and the plan will be reviewed by the team. Once the audit has been carried out, the responsible team member will report back to the team, the results reviewed, reflected upon and changes suggested. Any changes will then be implemented in line with an improvement plan.	Staci Burns	3 months
The service should implement a process for clinical peer review.	The Private Dentistry (Wales) Regulations 2008 (as	A clinical peer review process will be developed. The criteria to be reviewed will be considered and outlined for the next 12 months and a plan created.	Ian Seddon	6 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	amended Regulation 14 (2)	A clinical peer review process will then follow, against the plan Following a review, the outcome will be reflected upon, and thought given to any changes required to improve clinical outcomes.		
Quality of management and leadership				
The service must formalise their clinical governance arrangements with host dental practices to ensure they operate in a safe environment to promote staff and patients' safety and well being.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (2)	The criteria to be recorded will be considered at a team meeting. A policy will be created to allow us to assess the environment at host practices. A plan will be devised to allow us to collect data from the practices. A register of host practice information will be created. The data will be reviewed at a team meeting, and an action plan created to address any areas where host practices need to improve A review date will be set for each	Staci Burns	6 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		practice.		
The service should ensure their induction programme for new members of staff include arrangements for host dental practices.	The Private Dentistry (Wales) Regulations 2008 (as amended Regulation 14 (2)	The induction programme will be amended to include arrangements for host practices	Clare Seddon	3 months

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Ian Seddon

Job role: Clinical Director

Date: 22 November 2017