

General Dental Practice Inspection (Announced)

Narberth Dental Health Practice

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2017

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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 Narberth Dental Health Practice at 6 St James Street, Narberth, Pembrokeshire SA67 7BX on the 30 November 2017.

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

HIW explored how the practice 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

Overall, we found evidence that Narberth Dental Health Practice was providing safe and effective care to their patients in a pleasant, well equipped environment. Staff were courteous, professional and provided high standards of care and treatment to their patients.

However, we found some evidence that the practice was not fully compliant with all regulations / standards in all areas.

This is what we found the service did well:

- Provided safe and effective dental care and treatment
- Clinical facilities were well equipped and hygienically clean
- Provided a pleasant environment for patients
- Excellent standards of documentation
- Patients were provided with good range of information to make an informed decision about their care and treatment

This is what we recommend the service could improve:

- Initial medical histories to be signed and dated by patients
- Ensure scan reports are recorded in patients records
- Bins to be located in appropriate areas within practice to minimise risk of potential accident to patients

3. What we found

Background of the service

Narberth Dental Health Practice is a private only dental practice.

The practice staff team includes three dentists, four dental nurses, one of which is a trainee, a receptionist and a practice manager.

A range of private dental services are provided, which includes conscious sedation¹.

¹ Conscious sedation is a procedure where medication is used to sedate the patient enabling dental treatment to be carried out. However throughout this procedure, verbal contact with the patient is maintained.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall patients were very happy with the range of services provided by the practice. The internal environment was pleasant and maintained to a high standard.

We observed patients visiting the practice being treated with dignity and respect by the entire practice team. Patients' comments indicated they were very satisfied with the services provided at Narberth Dental Health Practice.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice.

In total, we received 19 completed questionnaires; there was a good mix of questionnaires received from both relatively new patients at the practice (those that had been a patient for less than two years) and long term patients at the practice (those that had been a patient for more than two years).

Overall, patient feedback provided in the questionnaires was very positive. Patient comments included:

“Very happy with the level of service provided by the dentist and staff”

“Great team and very professional service”

“Very happy as a patient here”

“I am very happy with the service provided”

Staying healthy

All of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouths and teeth healthy. There was ample dedicated dental health promotion information available within the practice, which meant patients had sufficient access to information both within the waiting areas and during their consultations to support them to care for their

own oral hygiene. Price lists were clearly on display in the practice leaflet, and waiting area, this meant patients had easy access to how much their dental treatment may cost.

Signs displaying 'no smoking' were clearly displayed in strategic areas around the practice which complied with relevant legislation.

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice. Comments provided by patients in the questionnaires that praised the staff included:

“Always greeted by polite and helpful staff”

“Love all staff, I actually enjoy coming to my check ups”

We were informed by staff that private conversations over the telephone were held in the office to the rear of the reception area. In addition the practice manager advised that patients presenting at the practice wishing to have a private discussion would be taken to other rooms available within the practice.

All consultations were held behind closed doors which promoted patients' privacy and confidentiality.

Patient information

Patient information was being stored securely within the practice and IT systems in operation were appropriately secured. We saw that the practising dentists' details and the surgery opening hours were displayed appropriately and in conspicuous locations.

All patients that completed a questionnaire told us they felt involved as much as they wanted to be in any decisions made about their treatment and they had received clear information about available treatment options.

All responses in the questionnaires completed identified the cost of their treatment was always made clear to them, with a small number of patients telling us that they did not understand how the cost of their treatment was calculated.

Communicating effectively

All of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Timely care

We were advised by staff that any delays of more than five minutes in patients' appointments would be communicated to them by reception staff.

Four of the nineteen patients that completed a questionnaire said that they would not know how to access the out of hours dental service if they had an urgent dental problem. We identified that emergency out of hours telephone numbers were displayed on a poster in the window and on the practice's website.

Individual care

Planning care to promote independence

All but one of the patients that completed a questionnaire agreed that the dentist enquires about their medical history before undertaking any treatment.

In the sample of records viewed during our inspection we identified that all documentation clearly demonstrated that patients had been provided with treatment options during their consultations. Patients had access to information about how to care for their teeth and gums after and between appointments.

People's rights

There were designated male and female toilets available within the practice. In addition a unisex disabled toilet was available, all of which were clearly signposted and very clean. A staff toilet was also available. The practice had equality and diversity policies in operation at the practice. Access to the building was available via two routes. One via the main entrance / reception area and the second entrance that could be entered directly via the car park. Staff would have to be informed if patients wished to use the entrance that led in from the car park. There were ample car parking spaces available for patients. Two of the surgeries were located on the ground floor and a third surgery was located on the first floor. We were advised that patients with mobility issues would always be seen in one of the ground floor surgeries. All doorways and access to the toilets were accessible for wheelchair users.

Listening and learning from feedback

The practice had documented policies and procedures in place in regards to complaints and concerns. We saw records of complaints / concerns that had been received by the practice and the responses to the complaints were recorded accordingly. It was identified that all feedback received by the practice

is acted upon in a constructive manner. We identified that information relating to how to raise a concern / complaint was available in the waiting area of the practice. A comments / suggestions box was also located in the waiting area so that patients could provide feedback.

More than three quarters of patients that completed a questionnaire told us that they would know how to raise a concern or complaint about the services they receive at the dental practice if they needed to.

Around a third of patients that completed a questionnaire told us that they were unaware of whether the dental practice asks for their views on the service provided there, for example, through patient questionnaires. We recommend the practice review their current methods of promoting their quality assurance methods for receiving patient feedback within the practice. We were informed by practice staff that they undertake patient satisfaction surveys and the results are placed on their website and Facebook page. We also recommend that this information is made freely available within the practice for patients to review.

Improvement needed

The practice to review their current methods of promoting their quality assurance methods.

Feedback from patients' satisfaction surveys to be made available for patients to read in the practice.

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 practice was being run with the intention of meeting the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Amendment) Regulations 2011 and other relevant legislation and guidance to ensure the health, safety and welfare of patients and staff. Overall, we found evidence that patients were being provided with safe and effective dental care. However, there were some areas identified where improvement was required.

The practice environment was maintained to a good standard with all surgeries being light and airy. The decontamination room was also maintained to a very high standard, hygienically very clean and promoted safe and effective practices.

Safe care

Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice; every patient that completed a questionnaire felt that the dental practice was very clean. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. All radiological equipment was also hygienically clean and maintained in good working order. Equipment was serviced regularly as advised by the manufacturers. The dentists and dental nurses had up to date training in radiation protection.

We found evidence to confirm that the practice had taken appropriate measures steps to help protect the health, safety and welfare of patients and staff. We reviewed records which confirmed that portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

Appropriate health and safety policies and procedures were in operation at the practice. Fire extinguishers were located in key areas with appropriate fire signage. Fire equipment had been serviced in the last twelve months, with a fire maintenance contract in place. Fire risk assessments had also been undertaken and were in date and valid. Directions of emergency exits were clearly visible. We found that all chemicals were kept securely and none were left in public areas during our inspection.

Infection prevention and control

Overall we identified that the internal environment was maintained to a very high standard and all surgeries, decontamination rooms and waiting areas were clean neat and tidy. We did however identify that the bins in the surgeries were free standing and could potentially pose a risk to children through inadvertently placing their hands within the bins. In addition we identified in one of the treatment rooms a bin was hand operated and not foot operated. This potentially could be a source of cross infection. These findings were discussed during our feedback session and we were informed that they would be addressed appropriately.

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05². The decontamination room was very clean, well equipped and uncluttered. We saw evidence in records viewed that the practice had regularly undertaken comprehensive audits of their infection prevention and control processes.

The practice had a 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 saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. A sharps policy was also in operation and provided clear guidance in relation to the correct processes to follow in regards to sharps injuries.

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

Improvement needed

Review the location of bins within surgeries.

Provide foot operated bins in treatment rooms.

Medicines management

The practice had appropriate procedures in operation identifying how to respond to patient medical emergencies. We saw records identifying that the entire team had received all relevant cardio pulmonary resuscitation training. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that effective systems were in place in order to check the emergency drugs and equipment remained in date and ready for use in the event of an emergency situation.

Safeguarding children and adults at risk

We identified that safe and effective processes were in operation to ensure all staff had received a Disclosure and Barring Service (DBS) check. We also confirmed that all relevant staff were registered with the General Dental Council (GDC).

We found that the practice had safeguarding policies in place to protect children and vulnerable adults. Records also identified staff had received appropriate adult and child safeguarding training. We did identify during discussions with staff that improvement could be made in ensuring that referrals of any concerns regarding potential safeguarding issues be undertaken in a robust manner.

Improvement needed

Any potential safeguarding issues / concerns to be referred to the appropriate organisations in a robust manner.

Medical devices, equipment and diagnostic systems

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment.

The practice were fortunate to have a member of staff from the practice's sister dental practice in Herbranston having undertaken additional service / maintenance training. In particular, this individual was able to undertake and perform PAT and service certain equipment such as the surgery chairs. This was extremely beneficial to both practices and aided in their smooth running. Compressors used at the practice were regularly serviced and certificates were viewed.

There was a radiation file available at the practice with all key information available.

Effective care

Safe and clinically effective care

During our visit it was evident that the practice was seeking to continuously improve the service provided. This was promoted through the utilisation of numerous audits. It was pleasing to note that Audits which identified improvements or actions required, were acted upon and followed up in a timely manner.

Quality improvement, research and innovation

We identified and viewed records that clinical peer reviewing was regularly undertaken and contributed to the quality and safety of the care provided to patients.

Information governance and communications technology

The storage of patient files was appropriate to ensure the safety and security of personal data. All computer screens were secure and discreet in order to protect the details of patients. A data protection policy was in operation at the practice.

Record keeping

During our inspection we reviewed a sample of patients' records. There was clear evidence confirming that clinical records were maintained to a very high standard, demonstrating that care was being planned ensuring patients' safety and wellbeing. Patients' records contained sufficient information regarding discussions held around topics such as treatment options, costs, risks and benefits. We did identify that one record did not include a signature of a patient for the initial medical history. Additionally we were unable to find a report on a orthopantomograph (dental scan) / cone beam computerised tomography scan

(dental scan) that had been undertaken. The practice is recommended to ensure these important pieces of information are documented in all patients' records.

Improvement needed

All patients to provide a formal signature and date for the initial medical history and this to be documented formally in the patients records.

All patients' dental imaging scan reports to be available in patients' records.

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 found the practice to have good clear lines of responsibility and accountability. We found evidence that this was a very well run practice with a strong commitment from all staff to provide effective dental care to patients.

A wide range of relevant policies and procedures were in available to assist with the safe and smooth running of the practice. The staff team appeared happy in their roles and were competent in carrying out their duties and responsibilities.

Governance, leadership and accountability

Narberth Dental Health Practice is owned by the principal dentist, and employs two additional dentists and a friendly settled team of staff. We saw a very good range of relevant policies were in place with the fundamental aim of ensuring the safety of patients and staff.

We found evidence of good effective management and leadership at this practice. The practice manager was relatively new into position but was very well supported by all staff. Discussions with staff confirmed they were happy in their roles and highlighted management would actively listen to all of their concerns / comments and that they would be acted upon in a timely manner.

Staff and resources

Workforce

Records identified the staff team received appropriate specific training in relation to their roles and responsibilities at the practice. All staff were receiving annual appraisals. Records of team meetings identified that the practice was keen to develop the service provision and provide the best possible outcomes

for patients. Staff were clear and knowledgeable about their roles and responsibilities. We saw records relating to Hepatitis B immunisation status for all staff working at the practice.

The required indemnity insurances were available and displayed within the practice. The dentists working at the practice displayed their HIW registration certificates prominently as required by the Private Dentistry (Wales) Regulations 2008. HIW certificates were discussed and noted as being correct and valid.

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 on this inspection			

Appendix B – Immediate improvement plan

Service: Narberth Dental Health Practice

Date of inspection: 30 November 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 identified at this 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: Narberth Dental Health Practice

Date of inspection: 30 November 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 practice to review their current methods of promoting their quality assurance methods.	The General Dental Council Standards 2.1	Implemented in Quarterly practice audit for patient feedback forms.	PM - Liam	Completed.
Feedback from patients' satisfaction surveys to be made available for patients to read in the practice.	The General Dental Council Standards 2.1	Placed in reception display	PM - Liam	Completed.
Delivery of safe and effective care				
Review the location of bins within surgeries.	Private Dentistry (Wales)	Rearrange bins as appropriate in location – secure as needed	PM - Liam	Completed.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulations 2008 14 (6)			
Provide foot operated bins in treatment rooms.	Private Dentistry (Wales) Regulations 2008 14 (6)	Bins already have foot controls in all clinical areas.	PM - Liam	Completed .
Any potential safeguarding issues / concerns to be referred to the appropriate organisations in a robust manner.	The General Dental Council Standards 4.3.3 & 8.5	Will have 6 monthly update with staff during Practice meetings for refresher	PM - Liam	Completed.
All patients to provide a signature and date for the initial medical history and this to be documented formally in the patients records.	The General Dental Council Standards 4.1.1 & 4.1.2	All patients fill in medical history on first visit. To be double checked by reception staff.	PM - Liam	Completed.
All patients' dental imaging scan reports to be available in patients' records.	The General Dental Council Standards 4.1.1	Stickers produced for dentists. To be made accessible in surgeries and checked by dentists on taking of radiographs	Dentists	Completed.

Quality of management and leadership

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): **Liam Boulcott**
Job role: **Practice Manager**
Date: **01/02/18**