



General Dental Practice Inspection (Announced)

NJS Dental

Inspection date: 9 April 2018

Publication date: 10 July 2018

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 NJS Dental at 79 Water Street, Carmarthen SA31 1PZ on the 9 April 2018.

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 the staff at NJS Dental provided safe and effective care to its patients.

The practice was patient focussed and during the inspection we observed staff being friendly and professional towards patients.

We saw evidence of good leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff.

The practice needs to ensure it stores its emergency drugs and emergency equipment together.

This is what we found the service did well:

- Staff interaction with patients was professional and courteous
- Appropriate arrangements were in place for the safe use of X-rays and management of the radiation protection file was commended
- The practice had a good range of policies and procedures in place

This is what we recommend the service could improve:

- All staff to complete appropriate adult and child safeguarding training
- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2008 and the General Dental Council Guidance.

3. What we found

Background of the service

NJS Dental is a private only dental practice.

The practice staff team includes two dentists, one hygienist, two dental nurses, one trainee dental nurse, one receptionist and two practice managers.

A range of private dental services are provided.

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.

We found the practice was committed to providing a positive experience for their patients. All the patients who completed the HIW questionnaire indicated that they were satisfied with the care and treatment they had received.

The practice actively sought patient feedback by recording any verbal comments and inviting them to submit suggestions which are collated and discussed at practice meetings.

The practice needs to update its complaints policy on its website.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 27 questionnaires were completed. Patient comments included the following:

I am very happy with the practice. They have provided excellent service for myself and my children.

I am a very nervous person. Everyone treats me very well here and makes me feel comfortable.

Very well run and professional dental practice.

Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. In the waiting area and hygienist's surgery we saw a selection of leaflets available offering information on treatments provided by the practice. All of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

All patients that completed a questionnaire felt that they had been treated with respect when visiting the practice.

We were told by staff that if there was a need to have a private conversation or telephone conversation with a patient this could be conducted in the office to the side of the waiting area, maintaining patient confidentiality. If that room was being used staff could use the practice manager's office on the first floor.

All three surgeries had doors which we noted during the inspection were closed whilst a patient was receiving treatment

Patient information

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

The majority of patients who completed a questionnaire said that the cost of any treatment was made clear to them before they received any treatment and told us that they understood how the cost of their treatment was calculated.

At the time of the inspection we saw a price list setting out private dental treatment costs displayed in reception and contained in the patient information folder that was available in the waiting area.

Information about the practice's opening hours and details of the practising dentists was displayed in the practice's window and visible from the street.

Communicating effectively

Patients were asked in the questionnaires whether they considered themselves to be a Welsh speaker. Ten patients said that they considered themselves to be Welsh speakers. Patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language; this was true for all non-Welsh speaking patients and all but one Welsh speaking patient, who said that they could sometimes speak to staff in their preferred language.

The practice has a website, which was in line with General Dental Council (GDC) ethical advertising guidance and contained details of the private dental treatments that it provides, together with a price list. It also provided guidance on making a complaint, details of the practice team, opening hours and out of hours contact telephone numbers. The complaints policy did not include contact details for the registration authority in Wales, namely HIW. We recommend the website is update to reflect this.

Improvement needed

The practice to ensure that its website is updated to include contact details for the registration authority in Wales in its complaints policy.

Timely care

The majority of patients that completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed was displayed outside the practice and in the reception area. This information was also provided on the practice's answerphone message.

Staff told us that during its opening hours the practice made efforts to ensure patients were seen in a timely manner. If a dentist was running late staff would advise the patients waiting of any delay and if appropriate offer to re-schedule the appointment.

Individual care

Planning care to promote independence

A review of patient records showed that patients are asked about their medical history at the time of their visit.

All but one of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

People's rights

We found access to the practice to be very good. There was a gentle slope leading into the main entrance from the street enabling patients in wheelchairs to access the practice with ease. The reception, waiting area, consultation room and all three surgeries were on the ground floor and all could be accessed by those with mobility difficulties.

There was a disabled toilet on the ground floor which provided facilities for patients with mobility difficulties. It had good access and hand rails providing support for patients that require it. We would advise the practice consider installing an alarm in the toilet.

Listening and learning from 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.

The practice had a complaints policy in place that addressed private dental treatment in accordance with the Private Dentistry Wales 2008 Regulations¹. The policy contained reference to the registration authority for Wales, namely HIW. The complaints policy was also contained in the patient information folder situated in the waiting area and displayed in the reception area.

The practice had a process and system in place to record, monitor and respond to any formal complaints they received. They told us they also record the verbal/informal concerns received on patient notes. It is recommended that patient feedback is kept separate from their medical notes and recorded in a separate folder, together and where appropriate, with the practice's response and or actions. This would enable the practice to identify any recurring themes. The practice recorded patient suggestions in a notebook held in reception. Patients were also invited to submit any comments or suggestions in a suggestion box placed in the reception area. Suggestions were reviewed regularly and discussed at staff meetings with regard to taking forward, for example, the installation of handrails in the patient toilet.

As part of a Denplan associated inspection in 2017 a patient survey was undertaken and the practice was provided with a detailed analysis of patient responses. We suggest the practice consider feeding back to the patients the outcome of any suggestions and surveys. The majority of patients said that they are asked for their views about the service provided at the dental practice, for example, through patient questionnaires.

The practice also reviews comments submitted via the internet.

¹[www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](http://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

Delivery of safe and effective care

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

Overall we found evidence that patients were provided with safe and effective dental care. We noted that clinical facilities were visibly clean but staff need to ensure that all high surfaces are dust free.

Clinical facilities were well equipped and there were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. The practice needs to ensure they are kept together and securely.

The practice needs to ensure patient medical records are completed in keeping with professional standards for record keeping at each visit.

Safe care

Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and wellbeing of staff working at, and people visiting the practice.

There were no concerns expressed by the patients who completed a questionnaire over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

The building appeared to be well maintained. Overall the surgeries were clean but at the time of the inspection there was some dust on all the high surfaces. The dental nurses were responsible for the cleaning of the surgeries and we recommend the cleaning of high surfaces be included in the daily cleaning schedules for each surgery. Instruments and equipment were stored appropriately. We were told that improvements to the surgeries and

decontamination room were on going, for example the installation of new flooring. The non clinical areas were clean and uncluttered. There was a selection of toys in the children's waiting area and we recommend the cleaning of these be included as part of the daily cleaning schedule.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. Directions for the emergency exits were visible.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) waste and of amalgam waste.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred.

Improvement needed

The practice is to ensure the surgery cleaning schedules include high surface areas and the waiting areas cleaning schedule include the children's toys and that these are checked on a regular basis.

Infection prevention and control

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. We would recommend a dedicated sink for hand hygiene is installed. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. During the inspection the clean and dirty areas of the "dirty room" were changed around improving the flow of instrument cleaning process. Pre-sterilisation cleaning and sterilisation was undertaken in accordance with WHTM and manufacturer's guidance. We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw evidence that the practice had recently undertaken an infection control audit in accordance with WHTM 01-05.

Improvement needed

The practice to install a third sink in the decontamination room for the purposes of hand washing.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role³. We saw evidence that all staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had an appointed first aider.

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.

³ <https://www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/>

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴. These were stored securely but the emergency drugs were stored in a different part of the practice to the emergency equipment. This could cause confusion at the time of a medical emergency and we would recommend that they are stored together where they could be accessed easily. We also recommend that the emergency drugs are packed in easily accessible and clearly labelled containers for example, asthma and anaphylaxis. We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use.

Improvement needed

The practice to ensure that the emergency equipment and emergency drugs are stored together and securely.

The practice to store the emergency drugs in appropriate and labelled containers, one for each potential medical emergency.

Safeguarding children and adults at risk

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. With the exception of the associate dentist, all staff had completed training in the protection of children and protection of vulnerable adults.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. Both clinical and non-clinical staff held Disclosure and Barring Service (DBS) certificates with one dental nurse awaiting the outcome of her application.

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

Improvement needed

The practice to ensure all staff have completed the necessary safeguarding training.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information.

In accordance with the requirements of the General Dental Council⁵ and Ionising Radiation (Medical Exposure) Regulations⁶ (IR(ME)R) 2000 all clinical staff had completed the required training.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw evidence that the practice had a programme of risk assessments in place that were conducted regularly in respect of a number of areas including, the practice itself and sharps injuries. In addition the practice is undertaking the Clinical Audit Peer Review⁷ in conjunction with the Wales Deanery. This includes a range of audits, including medical histories, quality assurance, waiting times and radiographs.

⁵ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁶ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

⁷ <https://dental.walesdeanery.org/improving-practice-quality/carro>

Information governance and communications technology

The practice had electronic records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up.

The practice had a number of appropriate policies and procedures in place including data protection policy, data security policy and freedom of information policy.

Record keeping

We reviewed a sample of patient records. Overall we found there was some good quality record keeping and patient care. We did find in some cases there were omissions, namely not all medical histories or treatment plans were being countersigned by the dentist.

Improvement needed

In keeping with professional standards for record keeping, the practice to ensure that dentists countersign all medical histories and treatment plans at each patient visit.

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 evidence of good leadership and lines of accountability.

We found that the practice had systems and processes in place to ensure the practice and staff are supported and committed to providing a high quality service to patients.

The practice had a comprehensive range of relevant policies and procedures and robust management procedures in place for the benefit of staff, including annual staff appraisals, regular staff meetings and lunch and learn sessions.

Governance, leadership and accountability

NJS is owned by the principal dentist. Day to day management is provided by the practice manager with the support of the senior nurse who will be taking over the role when the current manager retires. We found the practice had good leadership with all staff understanding their roles and responsibilities.

The practice was well organised with very good record keeping in all areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. All but one of the policies had review dates and there was also provision for staff to evidence that they had read the policies. We would advise the practice to include review dates on all policies.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We saw that registration certificates for all dentists were clearly displayed as required by the Private Dentistry (Wales) Regulations 2008. The practice's public liability insurance certificate was on display in the reception area.

Staff and resources

Workforce

Staff told us that they enjoyed working in the practice and we observed a good rapport between all practice staff. We noted that all staff had employment contracts and we saw evidence on staff files that the practice had an induction programme in place. The practice had a robust programme of staff appraisals that were conducted annually.

We saw certificates that evidenced that the majority of staff had attended training on a range of topics relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements. We were told that arrangements would be made for one dental nurse, who was on maternity leave, to attend appropriate training on her return to work.

The practice holds twice monthly practice meetings involving both clinical and non-clinical staff. Following each meeting minutes are drafted and circulated to all staff. The practice also holds Lunch and Learn sessions for staff on a number of subjects including dental treatments and oral hygiene.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all members of clinical and non-clinical staff except for one dental nurse whose application had been submitted prior to the inspection.

Clinical staff are required to be immunised against Hepatitis B⁸ to protect patients and themselves against infection. The practice was unable to provide proof of immunity for one dental nurse. We recommend the practice obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

⁸ Welsh Health Circular (2007) 086

Improvement needed

The practice to ensure that all staff have access to and complete all relevant training to enable them to meet their CPD requirements.

The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.

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: NJS Dental

Date of inspection: 9 April 2018

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
There were no immediate assurance issues identified on 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: NJS Dental

Date of inspection: 9 April 2018

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 ensure that its website is updated to include contact details for the registration authority in Wales in its complaints policy.	Private Dentistry (Wales) Regulations 2008 Regulation 15	The website is being updated	Pauline Jones	1-2 weeks
Delivery of safe and effective care				
The practice is to ensure the surgery cleaning schedules include high surface areas and the waiting areas cleaning schedule include the	Private Dentistry (Wales)	The cleaning schedules have been changed this includes deep cleaning at least once a week involves cleaning all	Pauline Jones	Immediately

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
children's toys and that these are checked on a regular basis.	Regulations 2008 Regulation 14(1) (d)	high surfaces.		
The practice to install a third sink in the decontamination room for the purposes of hand washing.	WHTM 01-05	Third sink to be installed for hand washing in the clean area	Pauline Jones	6-12 months
The practice to ensure that the emergency equipment and emergency drugs are stored together and securely.	Private Dentistry (Wales) Regulations 2008 Regulation 14 (2) Resuscitation Council (UK)	The emergency drugs are stored together and securely in our Stock cupboard	Pauline Jones	Immediately
The practice to store the emergency drugs in appropriate and labelled containers, one for each potential medical emergency.	Private Dentistry (Wales) Regulations 2008	The emergency drugs are stored in appropriately labelled containers	Pauline Jones	Immediately

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 14 (2) Resuscitation Council (UK)			
The practice to ensure all staff have completed the necessary safeguarding training.	General Dental Council – Continuing Professional Development	All staff have completed their safeguarding training	Pauline Jones	Immediately
In keeping with professional standards for record keeping, the practice to ensure that dentists countersign all medical histories and treatment plans at each patient visit.	GDC: Standards for the Dental Team Standard 4.1	All medical histories and treatment plans are countersigned at each visit	Dr Nick Sheehan	immediately
Quality of management and leadership				
The practice to ensure that all staff have access to and complete all relevant training to enable them to meet their CPD requirements.	General Dental Council – Continuing Professional Development	All staff have signed up to Isopharm to keep up to date with CPD requirements	Pauline Jones	Immediately

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The practice must obtain confirmation that all clinical staff have the necessary immunity from Hepatitis B.	GDC: Standards for the Dental Team Standard 1.5.2	Waiting for test results for one member of staff	Pauline Jones	1-3 weeks

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): Pauline Jones

Job role: Practice Manager

Date: 15.05.2018