



General Dental Practice Inspection (Announced)

Bridge Centre Dental Department

Aneurin Bevan University Health Board

Inspection date: 17 September 2019

Publication date: 18 December 2019

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	13
	Quality of management and leadership	21
4.	What next?	24
5.	How we inspect dental practices	25
	Appendix A – Summary of concerns resolved during the inspection	26
	Appendix B – Immediate improvement plan	27
	Appendix C – Improvement plan	30

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Bridge Centre Dental Department at 1st Floor, Foundry Bridge, Abertillery, NP13 1BQ, within Aneurin Bevan University Health Board on the 17 September 2019.

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

HIW explored how the service met the Health and Care Standards (2015) 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 Bridge Centre Dental Department was providing safe and effective patient centred care.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service they received as excellent.

The clinical facilities were clean and well organised and suitable arrangements were in place for the decontamination of dental instruments.

Appropriate governance arrangements were in place at the department but the health board needs to monitor staff resources to ensure the department is staffed appropriately at all times.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- Good oral hygiene information for both children and adults was available in the waiting room
- A range of risk assessments were in place to ensure the premises and clinical facilities were fit for purpose
- Patient records were being maintained to a good standard
- Patients were being provided with the right information to make informed choices about their treatment.

This is what we recommend the service could improve:

- Inform patients of any actions they have undertaken to improve services as a result of patient feedback
- Ensure checks of the emergency drugs and equipment identify out of date materials
- Ensure key policies and procedures detail the local arrangements in place at the department.

What we found

Background of the service

Bridge Centre Dental Department provides services to patients in the Abertillery area.

The department forms part of the General Dental Service provided by Aneurin Bevan University Health Board and provides a range of treatments to people who do not have an NHS dentist.

The department has a staff team which includes one dentist, two regular dental nurses and one receptionist.

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, we found that Bridge Centre Dental Department had suitable processes in place to ensure patients received a positive experience while at the practice.

The majority of patients rated the service provided by the department as excellent and told us that they were able to get an appointment when they needed it.

A good range of written information on maintaining good oral hygiene for both adults and children was available in the waiting room.

The department could do more to inform patients of any actions they have undertaken to improve services as a result of patient feedback.

Prior to the inspection, we invited the department to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 40 were completed.

Overall, patient feedback was positive; over half of the patients who completed a HIW questionnaire said that they would rate the service provided by the department as excellent. Patient comments included the following:

"It's fantastic, professional and caring service"

"Excellent service, always very polite and courteous"

"Top service as ever"

Staying healthy

Health promotion protection and improvement

We saw that a suitable range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting room for patients to read and take away, including information on smoking cessation. We also noticed a chart was displayed to help raise awareness of the high sugar content of various soft drinks.

All but one of the patients who completed a HIW questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

We observed staff speaking to patients throughout the inspection in a friendly but respectful and professional manner and all of the patients who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff during appointments.

We saw that staff had access to various policies that outlined how patients' privacy and personal information would be protected. The reception desk was situated in a small room which meant patients were able to have private conversations with staff without being overheard. We noted that the door to the dental surgery was closed by staff during treatments to maintain patients' privacy and dignity.

We noted that the 9 Principles¹ developed by the General Dental Council (GDC) were not available on the day of the inspection. The GDC require that the principles are displayed in an area where they can easily be seen by patients so they are aware of the standards of care they can expect to receive from dental professionals.

Improvement needed

The department must display the 9 Principles developed by the GDC in an area where they can easily be seen by patients.

¹ The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

Patient information

All of the patients who completed a HIW questionnaire said that they had received clear information about available treatment options. A folder was available in the waiting room that provided information to patients on what they can expect when receiving common treatments, for example, during a scale and polish. This was explained using language that was easy to understand and we noted this as good practice.

We saw that charges for NHS treatment were displayed for patients in multiple areas throughout the department and patients confirmed that they were made aware of the costs involved before receiving any treatment.

We saw that the names and relevant qualifications of the dental team were displayed in the waiting room in accordance with professional guidelines.

Communicating effectively

We saw that some patient information was available for patients in English and Welsh. A sign was on display to inform patients that copies of some forms were available in Welsh upon request.

A patient information leaflet was available in the waiting room which informed patients that the dentist could converse in three different languages and if patients wanted to converse in any another language this could be arranged through a translation service. We recognised this as a positive attempt to help ensure patients can receive care that meets their individual language needs and understand all aspects of their care and treatment. The majority of patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language.

Where applicable, all of the patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment.

Timely care

All of the patients who completed a HIW questionnaire felt that it was easy to get an appointment when they needed it. Staff told us that patients are informed about any delays to their appointment times on arrival, or as soon as they occur.

During the inspection we observed patients being treated in a timely manner. However, one patient provided the following comment in the HIW questionnaires when asked how the department could improve the service it provides:

“Employ more staff to reduce waiting times”

We were told that two emergency appointments are available each day to treat any patients requiring emergency care during working hours. Patients requiring emergency care out of hours are directed to the Aneurin Bevan University Health Board Dental Helpline; we saw information informing patients how they can access treatment out of hours displayed in the waiting room and contained within the patient information leaflet. All but two of the patients who completed a HIW questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

Individual care

Planning care to promote independence

During the inspection we reviewed a sample of patient records to check they were being maintained in line with professional guidelines. We saw evidence of written treatment plans that included notes of the costs and of treatment options discussed during appointments. This was in line with best practice and meant that patients were provided with information to make informed choices about their treatment.

All of the patients who completed a HIW questionnaire told us that the dentist enquires about their medical history before undertaking any treatment. This is to help the dentist understand potential diseases or identify medication that might impact on a patient's dental treatment and we saw evidence during our review of patient records that confirmed that these were being documented appropriately by the dentist.

People's rights

Bridge Centre Dental Department is situated on the first floor of a building used by other health services provided by Aneurin Bevan University Health Board. A lift was available to provide access to the department for people with mobility difficulties or for parents with a pushchair. Two toilets were located outside the department which provided suitable space for wheelchair access.

We noted that staff had access to a range of equality policies developed by the health board that set out the principles to follow to ensure everyone has access to the same opportunities and to the same fair treatment.

Listening and learning from feedback

We saw that comment and suggestion cards were available for patients to provide immediate feedback about the service provided by the department. We were told that paper patient satisfaction questionnaires are also issued to patients every three months. The results of these quarterly surveys are analysed by the health board and disseminated to the department through regular bulletins. Patient feedback is also a standard topic of discussion at quarterly meetings that take place amongst all staff working within the Community Dental Service across the health board.

We could not see any information displayed within the department to demonstrate to patients that the department acts on and learns from patient feedback. We recommend that the department considers how best to inform patients of any actions they have undertaken to improve services as a result of patient feedback.

We saw 'Putting Things Right²' posters were displayed in various places throughout the department to inform patients how they can raise a complaint or concern. The complaints procedure was outlined for staff in a complaints policy developed by the health board.

We were told that all complaints would be logged centrally by the health board and discussed with the department at team meetings or raised directly with the dentist during the appraisal process.

Improvement needed

The department must consider how best to inform patients of any actions they have undertaken to improve services as a result of any patient feedback.

² Putting Things Right is the process for managing patient concerns about care and treatment in NHS Wales.

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 being provided with safe and effective dental care.

The department was meeting the relevant standards to ensure the health, safety and welfare of staff and patients.

The department must ensure checks of the emergency drugs and equipment effectively identify out of date materials.

Some improvements were needed to ensure patient records are fully maintained in line with professional standards for record keeping.

Safe care

Managing risk and promoting health and safety

Overall, we found that the health board had various policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose to help protect the wellbeing of staff and visitors to the department.

The building appeared well maintained internally and we found all areas of the dental department to be clean, tidy and free from obvious hazards. Every patient who completed a questionnaire felt that, in their opinion, the department was clean.

We found that arrangements were in place to adequately protect staff and people visiting the premises in the event of a fire:

- regular fire risk assessments had been undertaken and remedial actions had been implemented
- fire extinguishers were available throughout the dental department which had been serviced within the last twelve months to ensure that the equipment worked properly

- weekly fire alarm tests and regular fire drills were undertaken by the Health Board
- emergency exits were appropriately signposted.

We saw evidence that staff had undertaken regular mandatory training in fire safety as required by the health board. However we noted that one member of staff had last undertaken fire safety training more than two years ago and we recommend that they receive updated fire safety training to refresh their knowledge.

No smoking signs were displayed throughout the building to remind staff and patients of the smoke free premises legislation³. A Health and Safety poster was also displayed to inform staff how they can best protect their own health and safety within the workplace.

Staff could change in the toilets which had a lockable door to protect their privacy and dignity. A small space also available for staff to store their personal possessions.

Improvement needed

One member of staff must undertake updated fire safety training.

Infection prevention and control

We looked at the infection prevention and control measures in place at the department to check that the cleaning and sterilisation (decontamination) of dental instruments was in line with the Welsh Health Technical Memorandum (WHTM) 01-05⁴ guidance. A separate dedicated decontamination room was located next to the surgery which we found to be small but visibly clean and tidy. We noted that there was only one sink available in the decontamination room

³ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

⁴ 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.

which was being used as part of the process to wash, clean and rinse dental instruments. We recommend that the health board considers how to make a separate hand-wash sink available within the decontamination room for staff to use at the completion of each stage of the decontamination process in line with WHTM 01-05 guidance.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw evidence that confirmed staff had been undertaking and documenting daily checks to ensure that the autoclave (sterilisation equipment) was functioning correctly. However, during the inspection staff could not provide evidence of the history of servicing and maintenance undertaken on the autoclave to check it had been meeting validation requirements.

Our concerns regarding this were dealt with under our immediate assurance process. This meant that we wrote to the Health Board immediately following the inspection to request the servicing and maintenance history. We subsequently received evidence after the inspection that the autoclave had been regularly serviced and maintained to ensure it was working as intended and safe to use. We also received assurance that the servicing and maintenance documentation would be available in future at the department and stored in the autoclave file. Further details on this issue are provided in Appendix B.

We saw evidence that all clinical staff had kept their skills and knowledge on disinfection and decontamination up to date in line with the General Dental Council (GDC) requirements.

An infection control policy was in place that outlined the arrangements for achieving high standards of infection control in relation to areas such as hand hygiene and effective cleaning regimes.

We saw hazardous (clinical) waste was being stored securely and appropriately and saw that the health board had a contract with a professional waste management company for the safe transfer and disposal of such hazardous waste.

The department had appropriate arrangements in place to deal with any sharps injuries. We saw evidence that all clinical staff had an acceptable Hepatitis B immunisation status which meant that measures were being taken to help protect patients and staff from this blood borne virus.

Improvement needed

The health board must consider how to make a separate hand-wash sink available within the decontamination room for staff to use at the completion of each stage of the decontamination process.

Medicines management

We found that the department had effective procedures and arrangements in place in relation to the handling, safe-keeping and disposal of medicines. Staff evidenced their knowledge of the procedures to take if there was a medical emergency or if they had to report an untoward drug related incident.

A policy was in place for resuscitation and managing medical emergencies which we noted was in line with national guidelines for resuscitation. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Emergency drugs and emergency resuscitation equipment were available that were in line with the Resuscitation Council (UK) guidelines⁵. However, while we saw evidence during the inspection that regular documented checks were being undertaken on the drugs and equipment we noticed that one of the clear face masks (for a self-inflating bag) had exceeded the manufacturer's recommended use by date. We recommend that a new face mask is ordered and that the department reviews their checking process to ensure it can effectively identify out of date drugs and equipment in future to ensure they remain safe to use.

Improvement needed

A new face mask needs to be ordered to replace the existing face mask that has exceeded its use by date.

Checks of the emergency drugs and equipment must effectively identify out of date materials.

⁵ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

Safeguarding children and adults at risk

We found that procedures were in place at the department to promote and protect the welfare and safety of children and adults who are vulnerable or at risk.

Up-to-date policies for the protection of children and vulnerable adults developed by the health board were available to staff which contained the procedures to follow in the event of any safeguarding concerns. Staff could also request advice and guidance on any safeguarding issues from a number of identified safeguarding leads within the health board.

We saw that a separate detailed flowchart was also displayed in the dental surgery that informed staff of the actions to take and agencies to contact should any safeguarding issue involving children arise. We recognised this as good practice and suggest that a similar flowchart is also displayed in relation to safeguarding issues involving vulnerable adults.

All clinical staff had completed training in the protection of children and vulnerable adults. We saw evidence that all staff working at the department had a valid Disclosure and Barring Service (DBS) certificate and were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the department. The dental surgery was in good condition as it had been recently refurbished and we found it was well stocked with equipment, instruments and materials.

We found that the arrangements in place at the department for the safe use of radiographic (X-ray) equipment met the guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. This is because:

- clinical staff had received up to date ionising radiation training
- a radiation policy was in place and local rules were displayed by the X-ray equipment that set out the safe working procedures for staff to follow
- the X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

Effective care

Safe and clinically effective care

The department has undertaken, and continues to conduct, a range of clinical audits to help monitor and contribute to the delivery of safe and effective care provided to patients. We saw evidence that:

- routine audits to check compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination best practice guidelines are carried out and the results are monitored by the health board
- audits of radiograph images are undertaken twice a year to help ensure the quality of the images taken conformed to minimum standards (70% excellent, 20% acceptable and no more than 10% unacceptable).

We were also told that plans were in place to undertake an audit on smoking cessation before the end of the year to further quality assure the care and treatment being provided.

Quality improvement, research and innovation

We were verbally assured that patient safety notices are distributed to staff by the health board to help improve the quality of care provided to patients. Staff also told us that peer review activities take place between clinical staff across the Community Dental Services department at the health board, for example, auditing and reviewing the quality of each other's patient records.

We were also informed that the department had enquired about using the Health Education and Improvement Wales (HEIW) Maturity Matrix Dentistry (MMD) practice development tool which aims to help the dental team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

The department confirmed that they do not undertake any research.

Information governance and communications technology

Staff within the department had access to a number of policies developed by the health board that set out the procedures to follow to appropriately protect patient information and safely manage patient records in ways that comply with the General Data Protection Regulations (GDPR).

Patient records were electronic and we were told that regular copies of the data are made and kept off site so that the original data can be restored should

something happen to the premises or system and staff could no longer access them.

We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

Record keeping

We found evidence of good record keeping in the sample of patient records that we reviewed which supported the delivery of quality patient care and helped promote the wellbeing and safety of patients. This is because the patient records we reviewed:

- were clear, legible and documented discussions held with patients about the costs, risks and benefits associated with available treatment options
- contained evidence that consent to treatment was being obtained from patients
- contained baseline and updated charting to assess and track the progress of the dental health of patients.

However, we did identify the following areas that could be improved:

- periodontal and cancer risk and tooth wear patterns (e.g. attrition, abrasion) need to be routinely recorded
- the temperature of the patient should be recorded when justifying why antibiotics are being prescribed
- the length of time between x-ray intervals need to more closely follow professional guidelines
- all FP17W forms⁶ need to be completed accurately – we saw some examples of forms that had missing information.

⁶ An FP17W is a standard form for recording dental treatment activity in Wales.

Improvement needed

Patient records must be maintained in keeping with current guidance and professional standards for record keeping.

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 Health and Care Standards.

Effective governance arrangements had been implemented by the health board, including annual staff appraisals and regular staff meetings.

Staff had completed training in a number of areas which helped to ensure they had up-to-date skills and knowledge to assist them with their work.

A range of policies and procedures were available to support staff in delivering safe and effective care. However, these need to be amended to specify the local arrangements in place at the department.

Staff resources at the department needs to be monitored by the health board to ensure existing members of staff are not adversely affected.

Governance, leadership and accountability

The dental department forms part of the General Dental Service provided by Aneurin Bevan University Health Board. The department is supported by a variety of senior management roles at the health board, for example, a health and safety operational manager and a decontamination manager.

We observed staff working well together and found that staff were very clear and knowledgeable about their roles and responsibilities.

Staff had access to a wide range of policies and procedures developed by the health board. These were maintained and managed by the health board and we saw that staff had to sign to say they have read and understood each policy and any updates.

However, we noted that some of the policies were generic and were not easily accessible on the health board's intranet pages. We recommend that the key policies and procedures relevant to the safe and effective running of the dental department are amended to detail procedures more localised and specific to the department at Abertillery. We also recommend that the key policies and procedures are stored together electronically in a place that is quicker and easier to access.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We were told that the dental department is covered for public liability insurance through the Welsh Risk Pool Service.

Improvement needed

Key policies and procedures relevant to the safe and effective running of the dental department must be amended to specify the local arrangements in place at Abertillery and stored together electronically in a place that is quick and easy for staff to access.

Staff and resources

Workforce

We found suitable governance arrangements had been implemented at the department by the health board. Members of staff had a contract of employment and a job description setting out their roles and responsibilities and these were managed centrally.

We saw evidence that staff had a Personal Development Plan (PDP) in place and that staff had attended training on a range of topics relevant to their roles to help meet their CPD requirements.

Members of staff receive an annual appraisal which allows staff to hear feedback about their performance and to review any further CPD opportunities.

We were told that quarterly meetings take place with all staff working within the health board's General Dental Service and Community Dental Service. Standard topics of discussion at each meetings include patient feedback, staff compliance with training, waiting times and infection control arrangements. Each meeting is minuted and all staff have access to a copy of the minutes via the health board's electronic filing system.

As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all staff working within the department. The health board is responsible for ensuring that any new staff members recruited to work for the General Dental Service are suitably qualified and protected to work with patients.

We were told that the health board tries to ensure an appropriate number of staff are working at the department at all times by utilising staff from other community dental teams across the health board if necessary. However, we were also told that when this isn't possible, it can impact adversely on the quality of service the department can deliver. The health board must ensure that the department at Abertillery is resourced appropriately at all times to ensure patients receive a sustainable service that is of good quality and does not impact adversely on the existing members of staff.

Improvement needed

The Health Board must take measures to ensure the department at Abertillery is resourced appropriately at all times to ensure it is able to deliver services without impacting adversely on the existing members of staff.

3. 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, measurable, 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.

4. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve 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.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), 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 detail about how HIW inspects [dental practices](#) and the [NHS](#) 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: Bridge Centre Dental Department

Date of inspection: 17 September 2019

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	Standard	Service action	Responsible officer	Timescale
<p>During the inspection staff could not provide HIW with evidence of the history of servicing and maintenance undertaken on the autoclave currently being used in the decontamination room and we could therefore not be assured that it was working as intended and safe to use.</p> <p><u>Improvements needed</u></p> <p>1. The Health Board must provide HIW with evidence of the servicing and maintenance history of the</p>	<p>Health and Care Standards Standard 2.9 Medical Devices, Equipment and Diagnostic Systems</p>	<p>Please note that the current autoclave was previously on site in Pontllanfraith Clinic and moved to Abertillery in March 2019. The lack of evidence available at the inspection has been recorded on Datix incident reporting system and for the lead for Quality and Patient Safety for ABUHB Primary Care and Community Division has nominated an investigating officer to carry out a Root Cause Analysis.</p> <p>ABUHB has a contract with Zurich for the Written Scheme of Examination (WSE) of Specialised Medical Equipment that is responsibility of ABUHB Works and Estates department. CDS autoclaves, when purchased, are entered onto an asset register</p>	<p>Caroline Rowlands, Lead for QPS for Primary Care and Community</p>	<p>Documents attached.</p> <p>RCA will be conducted over the next 2 months.</p>

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
<p>autoclave currently being used in the decontamination room at Bridge Centre Dental Department.</p> <p>2. The Health Board must provide assurance to HIW that the servicing and maintenance of autoclaves being used by the Community Dental Service across Aneurin Bevan University Health Board are in line with their individual written schemes of examination.</p>		<p>held by ABUHB Works and Estates lead for Zurich contracts. The lead adds them onto the Zurich data base called Crimson and sets up a contract for the WSE. Zurich engineers, through Crimson, have a list of CDS autoclaves serial numbers and the clinics they are housed. Zurich provide a Written Scheme of Examination (WSE) as per the Pressure Systems Safety Regulations 2000. Once the examinations has been completed, the documents are uploaded by Zurich engineers onto the Crimson site. The CDS facilities manager has access to the Crimson site and is able to download documents for the CDS and these are emailed to the clinics for printing off and placing in the autoclave files. They are also available on the CDS X-drive as electronic documents. These documents remain with that autoclave.</p> <p>ABUHB Works and Estates Decontamination team has a Service Level Agreement (SLA) with ABUHB CDS that covers the regular revalidation and maintenance of CDS autoclaves. Each autoclave is tested 3-4 times yearly and the test results are e-mailed to the CDS Facilities manager and are then e-mailed to the clinics to be printed off and placed in the</p>		

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		<p>autoclave files. The electronic documents are also placed on the CDS X-drive.</p> <p>The CDS Facilities manager and the Works and Estates Decontamination team are required to monitor the activity for the WSE by Zurich and also the maintenance and revalidation tests carried out by ABUHB Works and Estates Competent Persons to ensure that CDS autoclaves have regular examinations and tests. CDS staff are also asked through the Standard Operating Procedure for Autoclave, Washer Disinfectant and Compressor and HIW checklist to file all documents and alert the Facilities Manager should an examination or test requires attention.</p>		

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):

Vicki Jones

Job role:

Clinical Director of the Community Dental Service

Date:

26 September 2019

Appendix C – Improvement plan

Service: Bridge Centre Dental Department

Date of inspection: 17 September 2019

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	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The department must display the 9 Principles developed by the GDC in an area where they can easily be seen by patients.	General Dental Council requirements	9 Principles of GDC has been downloaded from GDC website and laminated and added to waiting room.	Vicki Jones	Complete
The department must consider how best to inform patients of any actions they have undertaken to improve services as a result of any patient feedback.	6.3 Listening and Learning from feedback	Patient satisfaction surveys completed by the department are discussed at practice meetings and any information for improvement areas are acted upon. The information if it is relevant to other clinics to ensure improvements are made. The clinic will endeavour to put a	Vicki Jones	3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
		notice on the wall of the waiting room to let patients know of any significant improvements as a result of completing to patient questionnaire.		
Delivery of safe and effective care				
The health board must consider how to make a separate hand-wash sink available within the decontamination room for staff to use at the completion of each stage of the decontamination process.	2.4 Infection Prevention and Control and Decontamination	ABUHB Infection control team have carried out a risk assessment on the decontamination room and have added the need to write a business case in the ABUHB CDS WHTM01-05 action plan. This plan includes business option appraisals for central sterilisation	Liz Walters	3-6 months
One member of staff must undertake updated fire safety training.	2.1 Managing risk and promoting health and safety	Fire safety training was complete by that member of staff but they had failed to let the central office know its completion was not recorded.	Vicki Jones	Complete
A new face mask needs to be ordered to replace the existing face mask that has exceeded its use by date.	2.6 Medicines Management	CDS have a checklist to ensure that all emergency equipment is checked weekly (that includes checking the masks) and signed to do so. Staff have been told to ensure that the masks	Liz Tantrum	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		expiry dates are checked. The mask has been replaced		
Checks of the emergency drugs and equipment must effectively identify out of date materials.		The checklist for the emergency drugs and equipment is completed weekly. The expiry date on the mask was missed. All CDS staff have been e-mailed to ensure that they check the respiration mask expiry date	Vicki Jones	Complete
Patient records must be maintained in keeping with current guidance and professional standards for record keeping.	3.5 Record keeping	The dentist working in the clinic has been enrolled on a course (16.12.19) to update on professional standards for record keeping. He has also been asked to complete a quality improvement project to ensure that records are maintained to the required standard	Vicki Jones	1 month
Quality of management and leadership				
Key policies and procedures relevant to the safe and effective running of the dental department must be amended to specify the local arrangements in place at Abertillery and stored	Governance, Leadership and Accountability	ABUHB has a policy that policies and procedures should be electronic only and not be altered as they are to cover the whole of ABUHB. The CDS X-drive is currently being updated and there will be a section that makes policies that are	Vicki Jones	3 months

Improvement needed	Standard	Service action	Responsible officer	Timescale
together electronically in a place that is quick and easy for staff to access.		pertinent to the CDS easier to find. ABUHB actively encourages staff not to print off electronic policies.		
The health board must take measures to ensure the department is resourced appropriately at all times to ensure it is able to deliver services without impacting adversely on the existing members of staff.	7.1 Workforce	ABUHB CDS endeavours to ensure that when staff are on long term sick leave or maternity leave that staff are available to keep the service running. In the event of unplanned short term sick leave – if other CDS staff are available they are diverted to the clinic	Vicki Jones	Complete

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): Vicki Jones

Job role: Clinical Director of Community Dental Services

Date: 12 November 2019