

Dental Follow-up Inspection (announced)

Wyeclyffe Dental Surgery, Aneurin
Bevan University Health Board

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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 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 follow-up inspection of Wyecliffe Dental Surgery, St. James Field, Pontypool, NP4 6JT within Aneurin Bevan University Health Board on the 20 June 2019.

Our team, for the inspection comprised of two HIW inspectors and one clinical peer reviewer. The inspection was led by a HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

We found that since its previous inspection in 2018, Wyeclyffe Dental Surgery had undertaken considerable improvements to ensure that it was compliant with the regulation. We found evidence that Wyeclyffe Dental Surgery provided a friendly and professional service to their patients.

We saw evidence of good leadership and the practice now had the required policies and procedures in place to support both patients and staff.

The surgeries were maintained to a good standard, as were the waiting areas.

This is what we found the service did well:

- There was evidence of good management and leadership from the registered manager
- Appropriate arrangements were in place to ensure the surgeries were kept to a good standard.

This is what we recommend the service could improve:

- The practice must ensure the sterilised burs are bagged after use
- The practice must ensure that all areas of the surgeries are regularly cleaned.

5. What we found

Background of the service

HIW last inspected Wyecliffe Dental Surgery on 24 July 2018.

The key areas identified for improvement included the following:

- Keeping a comprehensive range of policies as detailed within the Private Dentistry Regulations to protect both staff and patients
- Ensuring the environment and equipment is kept and maintained in line with the Welsh Health Technical Memorandum 01-05 (WHTM01-05)
- Ensuring all appropriate staff have had sufficient training in areas such as infection control, fire safety and health and safety.

The purpose of this inspection was to follow-up on the above improvements identified at the last inspection.

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 Wyecliffe Dental Surgery was committed to ensuring the practice was compliant with the regulations.

The practice had a range of information to support patients in making effective choices about good oral health and treatment options when necessary. There was a welcoming atmosphere, and we saw staff making efforts to make patients feel relaxed and at ease from the moment they arrived.

What improvements we identified

Areas for improvement identified at last inspection included the following:

Health Promotion, Protection and Improvement

- Provide oral health and hygiene promotion leaflets for patients to read and take away.

Dignified Care

- Install frosted privacy screen to the lower part of the window of the ground floor surgery
- Display the General Dental Council standards for the dental team in the reception waiting area.

Patient information

- The arrangements for dealing with patients who are violent or abusive to staff is inserted in the patient information leaflet
- Provide practice information leaflets for patients within the waiting area.

Communicating effectively

- The registered manager must communicate the availability of the Health Boards language line to all practice staff.

Listening to and learning from feedback

- The NHS Wales Putting Things Right¹ leaflet is available for patients within the waiting area
- The practice implements a regular formal process for obtaining patient feedback. If any changes are made following feedback then inform patients of this.

What actions the service said they would take

The service committed to take the following actions in their improvement plan dated 04/10/2018:

Health Promotion, Protection and Improvement

- Leaflets obtained and displayed in waiting room – checked daily and refilled when necessary

Dignified Care

- Frosted sticky plastic placed on lower part of windows to ground floor surgery and checked to make sure that anyone receiving treatment within the surgery is not visible
- The GDC Standards for the dental team are displayed on the notice board in the waiting room

Patient information

- These arrangements have now been inserted into the Patient Information Leaflet. Practice information leaflets are placed within the waiting room and checked daily and refilled when necessary

Communicating effectively

- All staff members have been advised of the language line and issued with the flowchart for contacting this service. Cascading of information

¹ NHS Putting things right is the process for managing concerns in NHS Wales

throughout the practice. Each surgery has the flowchart to refer to when needed

Listening to and learning from feedback

- The NHS Wales Putting Things Right leaflet is available for patients within the waiting area.
- The practice implements a regular formal process for obtaining patient feedback. If any changes are made following feedback then inform patients of this.

What we found on follow-up

Health Promotion, Protection and Improvement

We saw that a range of health promotion information was available to patients within the waiting room, covering information on good oral health, preventative measures for children through to adults, and information on common dental problems and treatments.

Dignified Care

We saw that the frosted panels on the windows of the front surgery provided sufficient privacy to patients as to ensure dignity during care.

The GDC standards were clearly visible within the waiting area.

Patient information

Information about, and the process for, managing violent or abusive patients was included in the Patient Information Leaflet. Practice information leaflets were placed in the waiting room and checked daily and refilled when necessary

Communicating effectively

We saw evidence that all staff were aware of the language line, and a flowchart was in place to support staff and patients when communicating through this service.

Listening to and learning from feedback

The NHS Wales Putting Things Right leaflet was available for patients within the waiting area.

We saw that the practice had a comprehensive feedback process in place and saw evidence that the feedback was regularly audited and considered in team meetings.

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. The practice had taken significant action against the previous improvement plan.

We saw that the clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients. We also saw that the practice was well maintained.

The practice must ensure that clutter is removed from the floors in the surgeries.

Safe care

Managing risk and promoting health and safety

What improvements we identified

Areas for improvement identified at last inspection included the following:

- The registered manager is not maintaining safe clinical practice by not implementing all policies and procedures required within the Private Dentistry Regulations 2017².
- The registered manager must prepare and implement written policies and procedures for;
 - The arrangements for acceptance of patients.
 - The arrangements for assessment, diagnosis and treatment of patients.
 - Ensuring that the premises used for the purpose of carrying on the private dental practice are at all times fit for that purpose

² The **Regulations** apply in relation to persons who carry on or manage the provision of **private dental** services by a **dentist**, or relevant professional services by a **dental care** professional.

- Monitoring the quality and suitability of facilities and equipment, including maintenance of such equipment.
- The provision of information to patients and others including clear notifications to patients of any charges payable for private dental services
- The recruitment, induction and retention of employees, their employment conditions and training requirements
- Ensuring safe recruitment of staff including undertaking checks appropriate to the work that staff are to undertake
- Ensuring that, where research is carried out in a private dental practice, it is carried out with the consent of any patient or patients involved, is appropriate for the practice concerned and is conducted in accordance with any up-to-date and authoritative published guidance on the conduct of research projects
- The ordering, recording, administration and supply of medicines to patients
- The arrangements for clinical audit

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Aneurin Bevan University Health Board Dental Advisor has contacted Practice Manager to arrange a visit
- Policies completed & implemented

What we found on follow-up

We saw evidence that all policies previously omitted were now present and agreed by all staff.

Infection prevention and control

What improvements we identified

Areas for improvement identified at last inspection included the following:

- Patients are protected against identifiable risks of acquiring a health care associated infection
- The appropriate standards of cleanliness and hygiene are maintained for:
 - Equipment and reusable medical devices used for the purpose of carrying on the private dental practice
 - Materials to be used in the treatment of service users where such materials are at risk of being contaminated

- A suitable sanitary disposal bin is placed within both staff and patient toilets
- A wash hand basin is fitted inside the ground floor toilet
- All sharps bins are wall mounted or stored securely in a sharps cradle or stand
- All staff undertakes infection control training as soon as possible
- That the practice undertakes regular audits and specifically WHTM 01-05, and submits these as applicable
- Floor sealant is implemented around the perimeter of the surgery walls, fitted floor units and around the dental chairs as applicable within each surgery
- The outdoor clinical wastes bins are kept locked at all times and are secure so that they cannot be easily removed from the practice.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- ABUHB Clinical Lead will arrange practice visit will be arranged to undertake audit with the Senior Dental Nurse
- Sanitary disposal bins are located in both patient and staff toilets. Initial Medical is contracted for their disposal. A local plumber has been commissioned to install the wash hand basin. Until this is installed staff are informed to use the Desderman Pure Gel placed on the toilet windowsill before leaving the toilet and using the washing facilities just outside the door. All staff are now registered with NHS ELearning Wales and Isopharm websites for training courses to be completed online. All staff who did not have the Fire Safety training have now completed the Fire Safety course provided by NHS E-Learning Wales. The outdoor clinical waste bins are secured together with chains and a padlock. They are secured in such a way that the bin with the broken lock cannot be opened unless unlocking the padlocked chain Specific SafeClip wall brackets have been supplied by our clinical waste contractor SRCL Ltd and have been installed in each surgery
- Although all staff have valid certificates for Infection Control training, one was absent on the day of inspection, this is now available. All staff now registered with NHS E-Learning Wales and Isopharm for online courses. Wales Deanery has been contacted at to establish if our existing WHTM 01-05 audit can be submitted or if we need to re-register. We have also printed the Clinical Audit and Peer Review for Dental Teams in Wales – Cookbook from Wales Deanery to help us with clinical audits in the future
- All surgeries have been checked to make sure sealant is intact across all surfaces required. The sealant will now be checked every Tuesday morning within the routine practice inspection and noted and acted upon accordingly as with any other actions needed.

What we found on follow-up

We noted that the health board has visited the practice to support the improvements needed.

We noted that when burs³ were sterilised they were placed back inside the boxes, and we recommended that these must be bagged in sterile bags and dated with the expiry date.

The practice had placed a swing bin in the toilet for sanitary waste. However, we advised the practice that they must have a sanitary waste bin, and collections managed by an approved contractor. An appropriate sanitary bin was ordered immediately, and we saw evidence that the practice had received this. A wash hand basin has also been installed within the bathroom.

Sharps bins were now wall mounted within the surgeries. We saw evidence that infection control training had been undertaken by all staff, and WHTM 01-05 had been completed.

We found that the flooring within the practices had now been sealed to minimise cross infection risks. However, the floor in the front surgery was dusty from items such as a table and a stereo which had not be appropriately cleaned. We recommended that the stereo should be lifted off the floor so as to not inhibit effective cleaning of the surgery.

We saw that daily check arrangements of the clinical areas were in place and adhered to. We also found that the logs for regular checking of autoclave performance were kept, ensuring the equipment being sterilised was being completed effectively.

We also saw that clinical waste bins were fully secured to the rear of the surgery.

Finally, we saw that all staff had received sufficient training in infection control.

³ Dental Burs. Dental burs are used for cutting hard tissues within the mouth.

Improvement needed

Following sterilisation, burs must be put into sterile bags and dated with the expiry date.

The practice must ensure that the front surgery is free of clutter to support effective cleaning.

Medicines management

What improvements we identified

Areas for improvement identified at last inspection included the following:

- Registered manager must ensure that all staff know how to report any adverse reactions with medicines or medical devices via the MHRA Yellow Card Scheme⁴
- Implement a robust process to ensure that staff can access, and are aware of the most relevant up to date guidance, safety alerts and development required for the practice
- Develop a policy for antibiotic prescribing, and which should include the medical and patient consultation process and relevant responsibility of the prescriber.

What actions the service said they would take

Areas for improvement identified at last inspection included the following:

- Posters downloaded from Yellowcard.MHRA.gov.uk and placed on each surgery notice board and reception notice board. Information card and guidance on reporting printed for each surgery and reception and cascaded to each member of staff. Shortcut to Yellowcard.MHRA.gov.uk added to desktop of surgery and reception pcs and all staff members informed. Copies kept in Health & Safety folder including paper copies of report forms

⁴ The Yellow Card Scheme is the UK system for collecting information on suspected adverse drug reactions to medicines.

- A process is in place so all information received is cascaded to all staff members and also recorded in a specific folder showing names of all members of staff who received the information. All information – including emails are printed and given to each member of staff. A policy is now in place setting out the process for antibiotic prophylaxis with a consent form for the patient if antibiotic prophylaxis has been agreed with the patient's cardiologist

What we found on follow-up

We also saw evidence that the MHRA Yellow Card scheme was understood and information regarding reporting adverse reactions was readily available within the reception area for all staff.

Medical devices, equipment and diagnostic systems

What improvements we identified

Areas for improvement identified at last inspection included the following:

- The practice was not maintaining an acceptable quality of service as required. Therefore the registered manager must ensure that:
 - All equipment used in or for the purposes of the private dental practice is safe and in good condition and suitable for the purpose for which it is to be used.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- Clinical Lead QPS ABUHB has contacted and discussed the actions already taken with the Senior Dental Nurse
- All out of date equipment/ material has been removed from clinical rooms and storerooms
- Checking process and log now in place for all clinical equipment/ material used. Dental Nurses are now responsible for this.
- Single use diamond burs are not re-used and will no longer be ordered. Any ordered in error will be disposed of immediately. Antiseptic wipes new containers have been ordered and will be labelled with expiry date
- Surgical blades are now kept in the original packing and not attached to handles. Diamond Burs, as above.

What we found on follow-up

We looked at a sample of dental materials and equipment during the inspection and found them to be within their expiry dates. We saw evidence that a stock check process was in place and working effectively. We also saw that a log had been put in place to enable regular checking of all equipment within the practice. We were satisfied that the equipment used by the practice was safe and suitable for use. We found Ultrasonic Cleaners⁵ Foil Test records showed that the ultrasonic may not be operating to the correct frequency for maximum efficiency. We recommend the practice ensure the ultrasonic Cleaner is working to the required specifications.

Improvement needed

The practice must ensure that the sonic cleaner is working to the required standard for cleaning instruments and regular testing is undertaken to assure the practice of this.

Effective care

Safe and clinically effective care

What improvements we identified

Areas for improvement identified at last inspection included the following:

- All staff undertake fire safety training as soon as possible and maintain annually
- Both appointed first aiders have up to date first aid training (including refresher training).

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

⁵ Ultrasonic cleaning is the rapid and complete removal of contaminants from objects which are immersed in a tank of liquid that is flooded with high frequency sounds waves.

- All staff now registered with NHS ELearning Wales and Isopharm for online courses
- A process has been implemented to ensure that all staff members have an annual appraisal. An alert has been set up on the office pc and the surgery pcs to inform all members of staff of the upcoming appraisals and for reception to distribute the required appraisal forms

What we found on follow-up

We saw evidence of both fire and first aid training within the practice.

Quality improvement, research and innovation

What improvements we identified

Areas for improvement identified at the last inspection included the following:

- A process must be implemented to ensure that all staff working within the practice has an annual appraisal
- A process must be implemented for the dentists to undertake regular clinical record peer reviews of each others record keeping and radiology.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- A process has been implemented for the dentists to undertake an in-house peer review of each other's record keeping and radiology etc. An alert has been set up on the office pc for November [Annually] for reception to alert each dentist and also an alert has been set up on each surgery pc to notify each dentist that the peer review needs to be carried out the following month. The Clinical Audit and Peer Review for Dental Teams in Wales Cookbook has been downloaded and printed for help with carrying out peer reviews and clinical audits, also the audit sample from the BDA website has been downloaded.

What we found on follow-up

We saw evidence of comprehensive team meetings covering a range of topics taking place on a regular basis. There was also documented regular peer reviews between the dentists to support best practice, and regular appraisals.

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.

We noted that the improvements identified during the first inspection had been completed in full, and the practice was meeting the obligations with regard to the training of staff.

Workforce

What improvements we identified

Areas for improvement identified at last inspection included the following:

- A training matrix is developed to ensure that a record of staff training is easily accessible.

What actions the service said they would take

The service committed to take the following actions in their improvement plan:

- All members of staff are registered with NHS E-Learning Wales and Wales Deanery Max-Course websites and Isopharm online learning. A spreadsheet has been set up on the office pc with each member of staff's training record also in the Practice CPD records folder.

What we found on follow-up

We found that a training matrix has been put in place, based on the Deanery Maturity Matrix Dentistry (MMD)⁶ and BDA good practice guide⁷. We encourage the use of these tools as two examples of comprehensive guides for dental practices to ensure that it is meeting the expectations upon it by law. Wyeclyffe Dental is meeting the obligations for workforce training set out by the Private Dentistry Regulations.

⁶ The Maturity Matrix Dentistry (MMD) is a practice development tool for the whole dental team which helps dental teams deliver high quality care for patients.

⁷ BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

6. 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.

7. How we conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the [Health and Care Standards 2015](#) relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about [how HIW inspects 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: Wyecliffe Dental Surgery

Date of inspection: 20 June 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
No immediate assurance issues were 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: Wyecliffe Dental Surgery

Date of inspection: 20 June 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
Delivery of safe and effective care				
Following sterilisation, burs must be put into sterile bags and dated with the expiry date.	2.4 Infection Prevention and Control (IPC) and Decontamination	Burs are placed within sterile pouches following sterilisation and are stamped with their expiry date.	Dr Sandra Wilkins	Completed
The practice must ensure that the front surgery is free of clutter to support effective cleaning.	WHTM 01-05	The stereo and coffee table have been removed from the surgery. A new radio has been placed on top of the display cabinet	Dr Sandra Wilkins	Completed
The practice must ensure that the sonic cleaner is working to the required standard for cleaning	2.9 Medical devices, equipment and	The sonic cleaner has been decommissioned. Regular checks are	Dr Sandra Wilkins	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
instruments and regular testing is undertaken to assure the practice of this.	diagnostic systems	carried out on the 2 remaining sonic cleaners as required by WHTM 01-05		

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): Dr Sandra Wilkins

Job role: Principal Dentist

Date: 24/07/2019