

## **Dental Follow-up Inspection (announced)**

Gupta Dental Surgeons, Port Talbot

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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 Gupta Dental Surgeons within Swansea Bay University Health Board on the 08 August 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

Overall, we found evidence that the service provided safe and effective care. The practice has taken appropriate action since its last inspection, and as a result HIW has determined that the practice is no longer a service of concern.

The practice must ensure that improvements continue to ensure the best possible care for patients is delivered.

This is what we found the service did well:

- The practice has addressed the majority of the issues identified at the last inspection to ensure the practice environment is fit for purpose
- The practice has undertaken a full deep clean of the practice.

This is what we recommend the service could improve:

- The practice must ensure that checks are undertaken of emergency drugs and equipment on a weekly basis
- The practice must ensure that suitable paediatric pads are available within the emergency kit.
- The practice must ensure that checks of the stock are undertaken regularly and in line with the agreed policy

There were no areas of non compliance identified at this inspection.

## 5. What we found

### Background of the service

HIW last inspected Gupta Dental Surgeons on 08 April 2019.

The key areas for improvement we identified included the following:

- HIW could not be assured that the principle dentist was applying professional clinical processes in regards to record keeping.
- HIW found during the inspection that there were no processes in place for the checking and disposal of out of date emergency drugs and equipment.
- The practice must ensure that a deep clean is undertaken of the practice
- The practice must put in place a programme of clinical audits

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.*

Overall we found that the practice has taken positive steps with regard to patients providing feedback to the practice. Although this process was ongoing at the point of the inspection, we were satisfied that the new arrangements met the required standards set by the regulations.

### Listening and Learning from feedback

#### What improvements we identified

Areas for improvement identified at last inspection included the following:

- *The practice must ensure that it is providing patients with the opportunity to provide feedback on the services they provide.*
- *The practice must have a process in place to respond to patient feedback in a timely manner.*

#### What actions the service said they would take

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

- Conduct a patient satisfaction survey.
- Undertake a satisfaction survey on a quarterly basis with small samples of 10 patients. This will enable us to get a snap shots of patient views at different times in a year. For eg. during school holidays.
- As our Practice manager is settling in the last 6 months now, she and myself have been able to deal with patient complaints within given timeframe. Patient complaints handling protocol has been reviewed and team made aware of "Raising a concern" protocol.

#### What we found on follow-up

We noted that a patient experience survey has now been undertaken and the results were in the process of being analysed. The practice has ensured suitable



space is available within the waiting room to make patient comments and any actions taken as a result of the survey available to patients.

## 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 are satisfied that the practice has taken sufficient action to ensure that it was delivering safe and effective care.

The practice has taken considerable action in ensuring that the environment is fit for purpose, including a deep clean and new protocols in place to ensure that equipment and medicines are regularly checked.

The practice must ensure that it continues to improve these protocols to ensure weekly checks are in place.

## Managing Risk and Promoting Health and Safety

### What improvements we identified

Areas for improvement identified at last inspection included the following:

- Unlocked cupboards within the waiting areas should be secured to ensure patients cannot gain access to dangerous areas.
- Sharps bins should be secured in order to protect both staff and patients from sharps injuries

### What actions the service said they would take:

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

- Unlocked cupboards in the waiting area have been sealed as they were not in use.
- Sharps bin has been securely wall mounted in the surgeries.

### What we found on follow-up

We noted that the cupboards in the patient areas were now secured. We also noted that sharps bins were now secure within the surgeries.

## Infection Prevention and Control and Decontamination

### What improvements we identified

Areas for improvement identified at last inspection included the following:

- The practice must ensure that safety glasses are cleaned between each patient.
- The practice must ensure that a deep clean is undertaken.
- The practice must conduct infection control audits, in accordance with WHTM 01-05 are undertaken annually.
- The practice must make sure that appropriate arrangements are put in place for the safe handling, collection and disposal of waste amalgam and extracted teeth.

### What actions the service said they would take:

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

- New safety glasses are ordered and discussed with the whole team about the importance of cross infection and decontamination in between patients.
- WHTM01-05 Audit has been completed and awaiting feedback from Wales deanery.
- We have got a contract with SRCL waste collector. Contract includes dental package with 8 pots for lead foil, tooth box, sludge drums, Amalgam and capsule container, sharps bin.
- I have reviewed the practice of waste disposal in the practice and informed the whole team about correctly segregating the dental waste.

### What we found on follow-up

We found that the safety glasses within the surgeries were now fit for purpose and in a good state of cleanliness.

We saw that a WHTM 01-05 audit has been completed. The practice was working with the health board to ensure that continual training is undertaken to ensure that the practice upholds appropriate levels of cleanliness. Processes were also in place for ensuring that both clinical and non clinical areas were kept clean and

free of clutter and items which could pose a risk of cross infection. We noted that these processes were being followed.

We noted that the clinical waste contracts were being effectively managed and both clinical and non clinical waste was now processed appropriately. The practice policy that was in place was aligned to this process.

## Medicines Management

### What improvements we identified

HIW found during the inspection that there were no processes in place for the checking and disposal of out of date emergency drugs and equipment.

Areas for improvement identified as a result of this finding were as follows:

- A process is required to provide evidence of how the practice will ensure emergency drugs and equipment are checked, monitored and disposed of appropriately.
- A medicines management policy must be implemented and training provided to staff to make sure that it is fully understood.
- A clear record of medicines administered needs to be maintained, separate from the clinical records of patients.
- The practice must make sure that clinical items, such as medicines, are kept in their own fridge away from non-clinical items.
- The practice must make sure that prescription pads are kept securely at all times to prevent unauthorised access.

### What actions the service said they would take:

- The service committed to take the following actions in their improvement plan: Regarding Medicines and Equipment are in Date:-
  - a) I have created a standardised protocol for the medical emergency drugs and equipment.
  - b) I have replaced the old needles with new ones which have expiry date of 08/2023. Also all the team is trained to use them following an in house medical emergency course.
  - c) Surgery was closed on 10/04/19 and deep cleaning of the whole practice was undertaken. All the stock cupboard and surgeries were cleaned and checked.

Any out of date/expired material equipment was removed from the premises.

- d) Going forward I have created a Protocol in which all the surgeries and stock cupboard will be checked on a monthly basis and any stock which is nearing expiry will be removed. Also stock cupboard needs to arrange according to expiry of the materials meaning materials that have expiry first needs to be in front and materials which can last longer goes at the back of the cupboard.
  - e) I will conduct spot checks in the surgeries and the stock cupboard to make sure that the protocols are adhered too. I will do this by blocking my diary for spot checks. This way it is a “sacrosanct time” to ensure this does happen.
- Medicine management policy has been reviewed and new emergency drug protocol has been implemented in the practice. Since 30/04/19.
  - In case of medical emergency any drugs that are administered a separate record of administered drugs has to be kept. New log has been kept alongside drug kit.
  - A separate refrigerator has been installed to segregate the medicines from non- clinical items.
  - Prescription pads are locked in cabinet in the ground floor surgery overnight.

## **What we found on follow-up**

We noted that a protocol was now in place for the checking of emergency drugs and equipment. However we noted that the checks for these were still sporadic, and although we were assured on the day that regular checking was being undertaken, we recommended that these are done consistently on a weekly basis to ensure no weeks were missed.

We noted that the practice did not have appropriate paediatric pads in place for use with the defibrillator machine. This would force the user to use adult pads in the event of an emergency. We advised the practice to ensure paediatric pads are acquired for the emergency kit to ensure that the safest equipment possible is available to the practice in the event of a cardiac arrest.

We noted a deep clean had been undertaken of the entire practice.

We also noted that all stock was checked on a regular basis, although we noted that this was also sporadic. The practice’s policy for stock management stated

that checks will be undertaken every month. We recommended that checks are undertaken consistently in line with this policy.

We noted that a medicines management policy was now in place and had been agreed and understood by all staff. We also noted that a stock management policy had been put in place specifically for the stock room. A log book was also kept with the emergency drugs kit.

A separate fridge has been obtained for the storage of drugs which require refrigeration.

We also noted that prescription pads were now kept locked at all times.

#### Improvement needed

The practice must ensure that checks are undertaken of emergency drugs and equipment on a weekly basis

The practice must ensure that suitable paediatric pads are available within the emergency kit.

The practice must ensure that checks of the stock are undertaken regularly and in line with the agreed policy.

### Safe and Clinically Effective Care

#### What improvements we identified

Areas for improvement identified at last inspection included the following:

The practice should put in place a programme of clinical audits.

#### What actions the service said they would take:

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

*We have decided to conduct regular clinical audits on an annual basis. We are currently doing record keeping audit.*

#### What we found on follow-up

We noted that the practice had begun a programme of clinical audits, and a range of audits were being considered and started by the practice, to support the programme of continual development.

## Quality Improvement, research and Innovation

### What improvements we identified

Areas for improvement identified at last inspection included the following:

The practice should consider a programme of peer review for clinical staff.

### What actions the service said they would take:

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

I have decided to place another surgery in practice and bring in associate/locum/partner dentist in practice to share my patient workload. This will also give me an opportunity to conduct peer review within the practice.

### What we found on follow-up

We noted that the principal dentist was currently working closely with the Health Board Dental Practice Advisors, and HEIW to support a programme of peer review.

## Records Management

### What improvements we identified

HIW could not be assured that the principle dentist was applying professional clinical processes in regards to record keeping.

The practice is required to improve record keeping in order to ensure that;

- Exams are recorded;
- Risk Assessments are being consistently recorded;
- Intra and extra oral examination records contain enough detail and are not consistently recorded;
- Radiographs are consistent during routine examinations.

### What actions the service said they would take:

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

- In Order to Reassure HIW for my Record Keeping and recording clinical exams I have decided to undertake following steps:-

- a) I shall work in Tandem with “Swansea Bay Health Board Dental Advisers” Chris Wills-Wood and Richard Jones who have kindly agreed to help me in doing my record keeping audit on an ongoing basis until I achieve an acceptable standard in record keeping.
- b) I am also liaising with Dr Johnstone from HEIW to do CAPRO approved audit on Record Keeping.
- c) To do a Record Keeping CPD on 25/05/2019 conducted by HEIW.
- d) I have booked a number of Courses in order to address issues which arose from recent record keeping during inspections These are listed in my PDP and cover the following areas:
  - i) Radiographs – I shall undertake an audit of radiographs taking/frequency
  - ii) Treatment planning – courses booked and reflective writing to be done following the course.
  - iii) NHS regulation – Course Booked and reflective writing to be done.
  - iv) Reflective writing on FGDP standards on record Keeping
- I will also carry out reflective writing on my treatment planning in conjunction with my mentors
- Practice Management
  - a) I realise I am only as strong as my team, I will therefore embark on management training for both myself and the practice manager
  - b) Look to recruit a Therapist or Associate to free time for practice management and increase my appointment times

## **What we found on follow-up**

We noted a significant improvement in the standard of the records reviewed since the first inspection. The principal dentist had undertaken additional records training as part of an ongoing programme of support. He was receiving additional support via both the Health Board Dental Protection Advisors<sup>1</sup> and Health

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<sup>1</sup> Dental Practice Advisors are employed by the Health Board to ensure that all dental practices contracted to providing NHS dental care are providing care which is in line with a range of professional guidelines.



Education and Improvement Wales (HEIW)<sup>2</sup>; comprehensive templates were now in place to ensure that records contained all of the necessary information required to ensure safe and efficient care. The practice was also undergoing a record keeping audit, to review records and provide areas for improvement to ensure best practice across all dentists.

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<sup>2</sup> <https://www.walesdeanery.org/corporate-services-home-page/health-education-and-improvement-wales-heiw>

## 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 National Minimum Standards.*

No specific improvements were considered within the management and leadership section.

## 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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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 [National Minimum Standards](#) for Independent Health Care Services in Wales 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 independent 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 – Improvement plan

**Service:** Gupta Dental Surgeons

**Date of inspection:** 08 August 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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The practice must ensure that checks are undertaken of emergency drugs and equipment on a weekly basis	15. Medicines management	A log is duly filled in every week and counter checked and signed.	Amrish Gupta	Done & Maintained.
The practice must ensure that suitable paediatric pads are available within the emergency kit.		Paediatric pads are available on site	Amrish Gupta	Done
The practice must ensure that checks of the stock are undertaken regularly and in line with the agreed policy		A log of expiry date of stock created and stockroom checked every month. Countersigned as well.	Amrish Gupta	Done & Maintained.

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): Amrish Gupta**

**Job role: Registered Manager**

**Date: 30 September 2019**