

General Dental Practice Inspection Report (Announced)

Newport Denture Clinic,
Newport

Inspection date: 17 May 2022

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In writing:

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

Or via

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

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did
 2. Summary of inspection
 3. What we found
 - Quality of Patient Experience
 - Delivery of Safe and Effective Care
 - Quality of Management and Leadership
 4. Next steps
- Appendix A - Summary of concerns resolved during inspection
- Appendix B - Immediate improvement plan
- Appendix C - Improvement plan

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Newport Denture Clinic, Newport on 17 May 2022.

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

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found arrangements were in place at the practice to provide patients with services that met their needs in a timely and dignified way.

This is what the service did well:

- Comments received from patients within patient questionnaires confirmed they were highly satisfied with the service they had received.

Safe and Effective Care

Overall summary:

We found that efforts were made to provide patients with a safe and effective service, however we identified that improvement was needed in this regard.

This is what we recommend the service can improve:

- A suitable system needs to be put in place for checking the contents of the first aid kit to identify items that require replacement
- A programme of regular audit needs to be devised and implemented as part of the quality assurance and improvement process
- Records should include more details of intra oral and extra oral examinations for patients accessing the service directly.

Quality of Management and Leadership

Overall summary:

We found effective team working at the practice and both the registered provider and registered manager had completed training relevant to their role.

This is what we recommend the service can improve:

- Written policies and procedures in relation to the practice need to be reviewed and updated so that they reflect the arrangements at the practice
- The statement of purpose and patient information leaflet must be reviewed and updated as needed
- The registered persons must familiarise themselves with the requirements of the regulations for notifying HIW of certain events
- The registered manager's certificate of HIW registration must be prominently displayed at the premises.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received six completed questionnaires. The majority of completed questionnaires were from patients who had been a patient at the practice for more than two years.

Some of the comments provided by patients on the questionnaires included:

“At each stage of the procedure, the choice of what was on offer was carefully explained to me”

“I find Steve and Rehana helpful and friendly. Nothing is too much bother”

“Friendly and professional”

“Very good. Polite and respectful”

Staying Healthy

Health Protection and Improvement

We saw that relevant health promotion material was displayed in the waiting area of the practice for patients to read. The registered person may wish to consider increasing the amount of health promotion material that is available at the practice.

All patients who returned a completed HIW questionnaire confirmed that the practice team had talked to them about keeping their mouth healthy and dentures clean.

Dignified care

Communicating effectively

The registered provider and the registered manager of the practice confirmed that written information for patients was not routinely available in different languages or formats. However, we were told that the patient information leaflet could be made available in larger print.

All patients who returned a completed HIW questionnaire confirmed that the practice team had explained things to them during their appointments in a way that they could understand.

Patient information

Information about the services offered at the practice was available to patients within a written patient information leaflet. We saw copies of these were readily available in the waiting area of the practice for patients to read and take away. A price list for the different services provided by the practice was also prominently displayed in the waiting area.

We also saw that the practice's opening hours and contact telephone number were displayed and could be seen from the outside by patients. While the name of the Clinical Dental Technician was clearly displayed, the General Dental Council (GDC) registration number was not. However, this information was included in the patient information leaflet.

In addition, we also saw that information for patients on the precautions introduced by the practice in response to Covid-19 were clearly displayed near the entrance of premises.

Timely care

Timely access

The registered provider and the registered manager described suitable arrangements for patients to make an appointment to be seen. Appointments could be made over the telephone or in person.

Most patients who returned a completed HIW questionnaire confirmed that they found it 'very easy' to get an appointment when they needed it.

Individual care

People's rights

We saw an up-to-date Equal Opportunities policy was in place. However, this did not fully reflect the arrangements at the practice at the time of our inspection.

We saw that the premises was accessible to patients with mobility difficulties and all clinical facilities were located on the ground floor.

Listening and learning from feedback

We saw an up-to-date Complaints policy was in place. We also saw that arrangements were in place to record both verbal and written complaints. The registered persons confirmed that no complaints had been received.

Information on how patients can provide feedback or make a complaint was available within the waiting area. However, the information displayed on the poster was not consistent with the information within the patient information leaflet. Such as, the contact details of the General Dental Council (GDC) were included in the poster but not the patient information leaflet, the timescales for responding to complaints were included in the patient information leaflet but not the poster and the poster only referred to making a verbal complaint and not how to make a complaint in writing.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

We saw the premises appeared well maintained both externally and internally. We did not identify any obvious hazards that posed a risk to the safety of patients visiting the practice.

We saw that a written risk assessment had been completed by the registered provider to identify potential hazards, however, this was not dated.

We saw various up-to-date policies relating to Risk Management and Health and Safety were in place. Information on the responsibilities of the registered provider and staff working at the practice in relation to health and safety was clearly displayed at the practice.

We saw suitable arrangements were in place in respect of fire safety.

We saw evidence that the registered provider had current public liability insurance in place.

Infection prevention and control (IPC)

We saw changes had been made in response to Covid-19 to help reduce the spread of the virus.

We saw that suitable arrangements were in place for effective infection prevention and control and disinfection. An up-to-date infection control policy was in place and the registered persons had completed infection control training.

Medicines management

The registered person confirmed to HIW no medicines were stored at the clinic. However, non-prescription medicine was stored with the first aid kit. The Health and Safety Executive (HSE) recommends that 'tablets and medicines should not be kept in first aid container'. The registered person should seek advice from the HSE in this regard and determine what items need to be included in the kit.

In addition, we identified that some items within the first aid kit had expired. While a checklist was in place, it was evident that this system was not fully effective to identify when items had expired and needed to be replaced.

Equipment was readily available for staff to use in the event of a patient emergency (collapse). We also saw evidence that the registered provider and the registered manager had completed resuscitation training within the last year.

Safeguarding children and safeguarding adults at risk

We saw up-to-date policies were in place in relation to Safeguarding. However, these referred to lead staff who did not work at the practice.

The registered provider confirmed in the event of a safeguarding concern being identified, advice would be sought from the relevant local safeguarding team. While the contact details for local safeguarding teams were listed in the policy, these had last been updated in 2018.

Medical devices, equipment and diagnostic systems

X-ray equipment and other diagnostic equipment were not used at the practice.

Effective care

Safe and clinically effective care

We saw that suitable arrangements were in place for the acceptance of patients and for providing services that may be provided at the practice. The registered provider and registered manager were clear regarding their responsibilities in this regard.

Quality improvement, research and innovation

The registered provider and registered manager described that patient feedback was used as the system for monitoring the quality of the service provided. No other audits had been conducted and there was no audit programme in place.

Information governance and communications technology

We saw patient records had been maintained in paper form and these were being stored securely at the practice.

Record keeping

We examined a random sample of records for ten patients. These included sufficient information regarding services provided by the Clinical Dental Technician. However, we recommend that further details be included in relation to intra oral and extra oral examinations for patients accessing the service directly.

Quality of Management and Leadership

Governance, Leadership and Accountability

A clear management structure was in place and both the registered provider and registered manager were able to describe their roles and responsibilities within the practice.

Effective team working arrangements were described.

The registered provider and registered manager confirmed they worked closely and had daily discussions around work related matters. Given that the only staff working at the practice were the registered provider and registered manager, we were told that formal team meetings are not held. However, we recommended that a record be made when changes to policies or practice are discussed and agreed for audit.

A statement of purpose and patient information leaflet were available that set out information about the practice. However, these had not been reviewed within the last year as required by the regulations.

The certificate of HIW registration for the registered provider was clearly displayed at the premises. The certificate for the registered manager was available but this was not being displayed.

We saw that a range of up-to-date policies and procedures were in place. We examined a sample of these and found that those in relation to Safeguarding, Resuscitation, Equal Opportunities and Team Meetings did not reflect the arrangements at the practice.

The registered persons were not fully aware of their responsibilities to notify HIW of certain events under the regulations.

Workforce

The only staff working at the practice were the registered provider and the registered manager. We were told that agency staff are not used.

A recruitment policy was in place; however, this did not set out the information and documents that must be available in respect of staff as required by the regulations.

We saw that both the registered provider and the registered manager had completed training relevant to their roles and responsibilities. The registered manager had not had an appraisal conducted by the registered provider within the last year. This was

attributed to the practice being closed due to Covid-19. Shortly following our inspection, the registered provider confirmed this had been completed.

We saw an up-to-date whistleblowing policy was in place.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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: Newport Denture Clinic

Date of inspection: 17 May 2022

The table below includes any immediate non-compliance 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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvement plan required				

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: Newport Denture Clinic

Date of inspection: 17 May 2022

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/ Regulation	Service action	Responsible officer	Timescale
The registered persons are required to provide HIW with details of the action taken to provide written information for patients in different formats according to their needs and preferences	Regulation 12	Clinic Leaflet available in Welsh. Complaints procedure in Welsh Displayed in waiting room. HIW manger Fluent in Urdu. (Pakistan and India) and google translate available. All clinic literature can be made available in large print or via I pad or laptop for the partially sight	Mr S Reynolds	Complete

<p>The registered persons are required to provide HIW with details of the action taken to ensure information about how patients can make a complaint is consistent within all relevant documentation / information displayed for patients.</p>	Regulation 21	<p>I have added the GDC contact details to patient info leaflet.</p> <p>I have added the timescale for responding to written complaints to the poster in our hall and how to make a written complaint.</p> <p>(Photos)</p>	Mr S Reynolds	Complete
<p>The registered persons are required to provide HIW with details of the action taken to ensure written risk assessments demonstrate when they have been conducted, reviewed or updated.</p>	Regulation 16	<p>Risk assessments carried out and signed (enclosed photo evidence)</p> <p>Have created a reminder notification on my I phone to carry out new risk assessments every 12 months</p>	Mr S Reynolds	Complete
<p>The registered persons are required to provide HIW with details of the action taken to ensure:</p> <ul style="list-style-type: none"> the contents of the first aid kit have been determined taking into consideration guidance issued by the HSE 	Regulation 16	<p>HSE states that medicines and tablets should not be kept in a first aid kit. I have removed these and any out-of-date kit</p> <p>Have purchased new HSE approved First aid kit and made a note of expiry dates of contents.</p>	Mr S Reynolds	Complete

<ul style="list-style-type: none"> a suitable system is in place to regularly check the contents of the first aid kit and to replace missing or expired items. 		<p>Have set three-month reminder on my I phone and made a note in clinic diary to check contents and expiry dates of kit.</p> <p>(Enclosed photo evidence)</p>		
<p>The registered persons are required to provide HIW with details of the action taken to develop and conduct a programme of audits including sending an annual return to HIW when requested.</p>	Regulation 16	<p>Permanent ongoing audit, every patient receives satisfaction questionnaire at end of treatment. To carry out various audits throughout the year (every six months) to include, infection control, Cleanliness and safety of public areas , Complying with and keeping up to date with regulatory standards and protocols. Have set reminder in my I phone to carry out audits.</p> <p>(Photo evidence)</p>	Mr S Reynolds	Complete
<p>The registered persons are required to provide HIW with details of the action taken to include further details in relation to intra oral and extra oral</p>	Regulation 20	<p>Have renewed my membership with the FGDP (Faculty of general dental practioners) I have a copy of the latest reference guide for “Clinical Examination and Record</p>	Mr S Reynolds	Complete

examinations within patients' records CONT		<p>Keeping" which is the gold standard for dentists.</p> <p>Have arranged with a local colleague H(Dentist) to review and audit my dental record keeping every six months and have set reminder in my I phone and paper diary</p>		
The registered persons are required to review and update the patent information leaflet and statement of purpose and provide copies to HIW.	Regulation 7	<p>Have reviewed the patient info leaflet and the statement of purpose and updated as requested</p> <p>(Copies Sent to HIW)</p>	Mr S Reynolds	Complete
The registered persons are required to provide HIW with details of the action taken to prominently display the registered manager's HIW certificate of registration	Section 28 Care Standards Act 2000	<p>Registered Managers Certificate now displayed in reception</p> <p>(Photo Enclosed)</p>	Mr S Reynolds	Complete
The registered persons are required to provide HIW with details of the action taken to review and amend all the policies	Regulation 8 Regulation 31	Have reviewed and updated all policies, including removing the said information from the equal opportunities policy . Have sent	Mr S Reynolds	Complete

so that they accurately reflect the arrangements at the practice. These must include those policies in relation to Safeguarding, Resuscitation, Equal Opportunities, Team Meetings and Recruitment.		new personnel recruitment policy. Team meetings to be held last Friday of every month, template on file (Evidence provided)		
The registered persons are required to provide HIW of the action taken to ensure that events are notified to HIW in accordance with regulation 25 of The Private Dentistry (Wales) Regulations 2017.	Regulation 25	I have downloaded and read regulation 25 of The Private dentistry (Wales) Regulations 2017 I know have a copy on file. (Photo)	Mr S Reynolds	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): Mr S Reynolds

Job role: Clinical Dental Technician

Date: 06/07/2022