

General Dental Practice Inspection (Announced)

Gentle Dental, Cwm Taf

Morgannwg 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 inspection of Gentle Dental at 7 Victoria Square, Aberdare, CF44 7LA, within Cwm Taf Morgannwg University Health Board on the 08 July 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, 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 Gentle Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership, and the practice had the necessary policies and procedures in place to support the patients and staff.

The practice was maintained to a good standard, and we saw evidence that staff were given the necessary tools and equipment to undertake their roles.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice manager
- All the patients who completed an HIW questionnaire told us they were treated with dignity and respect
- Appropriate arrangements were in place to ensure that policies and procedures were understood and adhered to by staff.

This is what we recommend the service could improve:

- The practice should feedback outcomes from their practice questionnaires to patients
- The practice must ensure that records are kept in line with regulatory guidelines
- The practice must ensure that all clinical staff have appropriate up to date training in line with the requirements set out by the General Dental Council.

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

3. What we found

Background of the service

Gentle Dental provides services to patients in the Aberdare area. The practice forms part of dental services provided within the area served by Cwm Taf Morgannwg University Health Board.

The practice has a staff team which includes four dentists, one foundation dentist, seven dental nurses, one receptionist and a practice manager.

The practice provides a range of NHS and private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found the practice was committed to providing a positive experience for their patients.

The practice provided a good range of oral health promotion and treatment information leaflets for patients, and had effective processes in place for supporting patients to make choices about their oral health.

We noted that the practice had a feedback procedure but we advised the outcome of this should be communicated with patients.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 26 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent'. Patients provided the following comments:

"Staff here are very helpful and have made my family feel comfortable and welcome"

"Excellent care, excellent with family appointments"

"Would highly recommend practice services"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were generally happy with the practice, one patient commented:

"Simple forms so it's easy"

Staying healthy

Health promotion protection and improvement

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

We saw a wide range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health for both adults and children. This was a good example of the practice supporting patients to maintain their own oral health and hygiene.

Dignified care

Without exception, all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We observed staff talking to patients in a polite and courteous manner. Staff told us that if there was a need to hold a private conversation with a patient in person or on the telephone, they could use one of the surgeries or the staff area. All dental surgeries had doors which could be closed to provide patients receiving treatment appropriate levels of privacy and dignity.

We noted that the nine principles as set out by the General Dental Council (GDC)¹ were displayed in the waiting area where it was clearly available to patients.

Patient information

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. Where applicable, they also said that they had received clear information about available treatment options and told us the cost was always made clear to them before they received any treatment.

Information detailing the costs of both NHS and private treatments was clear to patients throughout the practice.

¹ <https://standards.gdc-uk.org/> The GDC has set out 9 principles that apply to all registered dental professionals that outlines the standards, performance and ethics that patients can expect from a dental professional

The practice Patient Information Leaflet was made available to patients. The leaflet gave comprehensive information about the practice and included all the information required by the Private Dentistry Regulations (2017),

Outside the building we saw that the practice's opening hours. The emergency contact telephone number was displayed in the reception.

Communicating effectively

Every patient who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

Whilst written information was available, this was predominantly presented in English. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'².

The practice was aware of the language line should a non English or Welsh speaker need translation services.

Timely care

Just under a quarter of the patients who completed a questionnaire said they would not know how to access the out of hour's dental service if they had an urgent dental problem.

Details of how patients could access emergency dental care when the practice was closed was made available to patients in the reception and in the patient leaflet.

All but one of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it. The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and allow them to reschedule should they need to.

² An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

Individual care

Planning care to promote independence

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

During the inspection we noted that treatment options had been recorded on all but one of the records we reviewed. This provided sufficient assurance that patients were supported to make choices about their treatment options.

People's rights

The practice was accessible for wheelchair users as there was a surgery located on the ground floor. The patient toilet was also wheelchair accessible.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

We found there was a complaints policy in place that was compliant with NHS Putting Things Right³ and the Private Dentistry Regulations. The complaints file was comprehensive and included information on individual complaints including outcomes and resolutions taken.

There is a responsible individual allocated to deal with complaints. There was also a suggestion box located in the foyer where patients can give feedback and make informal suggestions. We advised that the outcomes of feedback should be communicated with patients.

³http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

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 surgeries were maintained to a good standard.

We noted that clinical facilities were well equipped and there were arrangements in place for the safe treatment of patients.

We recommend the practice ensures that all staff have received training in radiation protection.

Safe care

Managing risk and promoting health and safety

There were no concerns raised by patients over the cleanliness of the dental practice; every patient that completed a questionnaire felt that, in their opinion, the dental practice was 'very clean'.

Overall we found the practice to be maintained to a high standard. We found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained and clean. Inside, the building was light, tidy and spacious.

We saw there were a number of comprehensive policies in the relating to the fitness of the premises. These included a health and safety policy and risk management policy and emergency contingency policy. Policies and risk assessments were readily available to all staff and noted at team meetings. There was a sufficient environmental risk assessment in place to help protect both staff and patients.

We saw fire extinguishers were available at various locations around the building, and we noted that servicing had been carried out in the last twelve months. The practice had a fire safety risk assessment in place as well as a fire policy. All staff had received appropriate fire training.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002⁴, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a COSHH protocol and a mercury handling policy. We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-clinical waste. Clinical waste was stored appropriately.

Infection prevention and control

The practice had a process for the cleaning and sterilisation (decontamination) in a dedicated decontamination room. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy in place for staff to refer to. This meant that both staff and patients were being sufficiently protected from needle stick injuries and infection. Staff also had access to, and used, personal protective equipment (PPE) when undertaking decontamination activities.

The surgeries were visibly clean and tidy, and included all the appropriate materials and equipment for ensuring infection prevention and control. There was suitable cabinetry in each surgery that was easily cleaned. The floors were sealed and extended to the walls, again for ease of cleaning. There is an appointed infection control lead who ensures equipment and training are up to date.

The practice had made appropriate arrangements with the local occupational health service to deal with any sharps injuries and/or vaccinations. Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation and medical emergency procedure. However, we were not able

⁴ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

to decipher the roles and responsibilities within the resuscitation policy, and we recommended that this was added to ensure all staff are aware of their roles in the event of an emergency.

All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation.

The practice had two appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice's first aid kit was complete and in date. The practice had policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines. We noted that the practice had a comprehensive process for stock checks of emergency equipment used.

The emergency drugs and equipment were stored in a cupboard and were all in line with Resuscitation Council (UK) guidance.

Improvement needed

The practice must ensure that the resuscitation policy is expanded to ensure all staff are aware of their roles in the event of an emergency.

Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

At the time of the inspection, all staff had appropriate safeguarding training for child protection and protection of vulnerable adults. A safeguarding lead was also in place. We advised that the safeguarding lead for the practice consider attending a higher level of safeguarding training to ensure they have the appropriate skills and understanding of safeguarding issues to act as a lead.

Medical devices, equipment and diagnostic systems

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

In accordance with the regulations, the practice had a maintenance and safety of facilities policy that included the testing of equipment, the undertaking of appropriate risk assessments and the reporting of incidents.

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We saw that the local rules⁵ were displayed in the surgeries.

We noted during the inspection that not all staff had received training in accordance with the requirements of the General Dental Council⁶ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017⁷. The practice must ensure that all clinical staff are appropriately training in radiation protection.

Improvement needed

The practice must ensure that all clinical staff have appropriate radiation protection training.

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of clinical audits in place to help demonstrate keeping up to date with professional standards. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

⁵ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁶ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁷ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as NICE guidelines⁸, were given due consideration and followed where appropriate.

Quality improvement, research and innovation

As detailed above, we saw evidence that the practice has completed a range of clinical audits and due consideration is given to professional guidance.

We were told that the practice used the Welsh Deanery Maturity Matrix Dentistry practice development tool⁹ and the BDA good practice guides¹⁰ as their quality improvement tools. These are team development tools that encourages the team to focus on best practice and legislative requirements, and also about how they work together.

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. Electronic records were regularly backed up to protect patient information and help prevent loss.

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

Record keeping

1. ⁸ <https://www.nice.org.uk/.../oral-and-dental-health>

⁹ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

¹⁰ <https://www.bda.org/goodpractice>

We reviewed a sample of patient records. We found that generally the standard of record keeping was good, however we found there were omissions in a number of records, namely in the following areas:

- Extra, Intra Oral examinations and cancer screening
- Recall details in line with NICE guidelines
- Justification and grading of radiographs.

The practice must ensure that records are kept in line with professional guidelines.

We noted that there was no log book recording prescriptions issued, detailing the drug prescribed, dosage and duration of treatment, together with the relevant prescription number. This is to ensure that the practice has a clear and concise record of drugs supplied. The practice must ensure that logs of prescriptions are kept separately to patient notes.

Improvement needed

The practice must ensure that records are kept in line with professional guidelines

The practice must maintain a log book of all prescriptions issued.

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 found evidence of good management and leadership at the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually, and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

We saw that there was excellent communication between management and staff with clear roles and responsibilities.

Governance, leadership and accountability

Gentle Dental Surgery is owned by the Registered Manager¹¹ who also acted as the Responsible Individual¹² and the principle dentist. The Registered Manager is supported by a wider team of clinical and non-clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

¹¹ “Registered Manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

¹² “Responsible Individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist/s or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations.

The Registered Manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager, which must be sent to HIW¹³.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and we saw evidence of personal development plans in place.

Apart from radiography training as mentioned earlier in the report, we saw certificates that evidenced all clinical staff had attended training on a range of

¹³ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

topics relevant to their roles to support their continual professional development (CPD) requirements. All the staff personnel folders were laid out in the same format to ensure consistency of record keeping.

We were told that the practice holds staff meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager.

The Regulations for Private Dentistry require that at the time of registration, all staff working at the practice have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all clinical staff.

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non-compliance notice asking the service to tell 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

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.

5. 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 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further 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
Non immediate concerns were found on this inspection			

Appendix B – Immediate improvement plan

Service: Gentle Dental

Date of inspection: 08 July 2019

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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
Non immediate non compliance issues were found 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: Gentle Dental

Date of inspection: 08 July 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/ Regulation	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The practice must ensure that prescription records are kept separately	2.6 Medicines Management; Private Dentistry (Wales) Regulations 2019 Section 31	Dentist to start keeping a log of all prescriptions issued in each surgery.	Alex Thomas	Completed
The practice must ensure that the resuscitation policy is expanded.		Add details of each individuals responsibility in case of an emergency	Rahul Sood	Completed
The practice must ensure that all clinical staff have appropriate radiation protection training.	2.9 Medical devices, equipment and diagnostic systems; Private	2 Nurses have completed the training. Book other nurses on the course as soon as one is available.	Alex Thomas	3-4 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Dentistry (Wales) Regulations 2019 Section 17			
The practice must ensure that records are kept in line with regulatory guidelines	3.5 Record keeping; Private Dentistry (Wales) Regulations 2019 Section 20	Speak to the Dentist who had missing records and advice to make comprehensive notes.	Principal Dentist	Completed

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): Parul Sood

Job role: Principal dentist

Date: 19 August 2019