

## **General Dental Practice Inspection (announced)**

**Aneurin Bevan, Teeth for  
Life Dental Care Caldicot**

19 December 2014

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance. Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

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

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

## Contents

1.	Introduction .....	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings .....	6
	Patient Experience .....	6
	Delivery of Standards for Health Services in Wales .....	10
	Management and Leadership.....	13
	Quality of Environment .....	15
6.	Next Steps .....	16
	Appendix A.....	17

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Teeth For Life Dental Care Caldicot, 186, Newport Road, Caldicot, Monmouthshire, NP26 4AA within the area served by Aneurin Bevan University Health Board on 19 December 2014.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*<sup>1</sup>.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by Healthcare Inspectorate Wales (HIW)
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

---

<sup>1</sup> Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1<sup>st</sup> April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. [www.weds.wales.nhs.uk/opendoc/214438](http://www.weds.wales.nhs.uk/opendoc/214438)

Any urgent concerns that may arise from dental inspections will be notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

### 3. Context

Teeth For Life Dental Care Caldicot provided services to patients in the area of Caldicot. The practice formed part of dental services provided within the geographical area known as Aneurin Bevan University Health Board. At the time of our inspection the practice employed a staff team of 13 which included two dentists and one training dentist, six nurses, two hygienists and one dedicated receptionist. A range of dental services were provided. The practice had been a Vocational/Foundation training practice since 2006 and treated both NHS and private patients, with approximately 6100 patients on the database.

HIW understands that Teeth For Life Dental Care Caldicot is a mixed practice providing both private and NHS dental services. In this respect, any dentist working at the practice who is also registered with HIW to provide private dentistry will also be subject to the provisions of The Private Dentistry (Wales) Regulations 2008.

## 4. Summary

Without exception patients told us they were extremely satisfied with the services provided. Patients told us they were treated by friendly and welcoming staff and had good access to information about their treatment. Certain aspects of the practice website, complaints information and gaining formal feedback from patients required improvements. Overall however, patient satisfaction was extremely high.

Overall, we found the practice was being run with the intention to provide a safe, high quality service to patients. However, improvements needed to be made to certain areas to ensure the practice was meeting requirements of the Welsh Health Technical Memorandum (WHTM 01-05)<sup>2</sup>.

The practice was well run with a dedicated staff team. The principle dentist took overall responsibility for managing the practice but the staff team also shared management responsibilities and had a sense of ownership of, and commitment to, the practice. Staff told us they were very well supported in their roles.

The practice premises provided a safe, accessible environment for patients to receive treatment.

---

<sup>2</sup> The **Welsh Health Technical Memorandum (WHTM 01-05)** document provides professionals with guidance on decontamination in primary care practices and community dental practices.

## 5. Findings

### *Patient Experience*

**Without exception patients told us they were extremely satisfied with the services provided. Patients told us they were treated by friendly and welcoming staff and had good access to information about their treatment. Certain aspects of the practice website, complaints information and gaining formal feedback from patients required improvements. Overall however, patient satisfaction was extremely high.**

We sent patient questionnaires to the practice and 49 patients had completed these prior to our inspection. We also spoke with two further patients on the day. The patients had been registered at the practice between one year to 43 years.

All patients we spoke with told us they were satisfied with the care they had received at the practice and made many positive comments about the way in which they were made to feel welcome by staff. The majority of patients also told us they did not experience any delay in being seen by the dentist. A sample of patient comments included the following:

*“Delays are occasional. Don’t usually wait, 99% appointment on time”.*

*“Have never had to wait”.*

*“I have always been nervous of dentists – from my childhood when I was often hurt!! However the dentist, hygienist and other staff are so kind and considerate I no longer feel scared”.*

*“The practice staff have always been very friendly, helpful and accommodating to all my family”.*

*“Staff are always friendly and provide me with the information I require”.*

*“...always gentle and explain everything”.*

*“...I have never had any complaint with my treatment”.*

*“Best practice ever attended, thank you!”*

*“Very helpful to receive reminder cards but even better recently have been text reminders”*



*"I never have any complaints"*

When we asked patients about treatment information, all patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

*"best information I have ever had"*

*"I'm very pleased with the quality of treatment I've received and the information given"*

*"...any treatment options are discussed fully before anything is decided"*

*"Very friendly staff and always explain to me about procedures".*

Around two thirds of patients said they knew how to access 'out of hours' dental services and for those who did not, we saw that information was displayed in patient waiting areas. We checked the practice's answerphone message outside of office hours and found that there was clear information about how to access 'out of hours' care.

The practice operated a flexible appointments system, with both routine and emergency treatments being made available. On the day of the inspection we observed a patient attending the surgery who was able to book an appointment at short notice. The practice was open until 6pm three days per week and one Saturday morning every month, which meant patients who worked could access appointments outside of their working hours. Patients were happy with appointment times, commenting about the *"flexible service"*.

Although patients indicated that they were satisfied with services and had no complaints, approximately half of the patients questioned did not know how to make a complaint, should the need arise. Some of these patients said they would know how to find out and felt able to enquire at the practice. The complaints procedure was displayed at reception. We suggested that the practice may like to think about how to make complaints information more accessible to patients, for example, by including it in patient information leaflets and in waiting areas.

We looked at the complaints policy in detail and found that it met 'Putting Things Right'<sup>3</sup> requirements. However, it did not cover the separate arrangements for complaints by private patients and NHS patients. For private patients, under the Private Dentistry (Wales) Regulations 2008, the contact details for Healthcare Inspectorate Wales should be provided within the complaints information. NHS patients should be informed of their rights to escalate complaints to the Public Services Ombudsman. These details were not included in the practice's complaints information. There was also a lack of information about how patients could get support with complaints through their Community Health Council.

### ***Recommendation***

***The practice should ensure that the separate complaints arrangements for NHS and private patients are fully explained in complaints information. Patients should be informed of how to access support with complaints through the Community Health Council.***

We saw that patients felt able to informally raise concerns or provide feedback to the practice. Staff told us there was no formal way that patients could provide feedback to the practice through systems such as a suggestions box, comments book or patient surveys.

### ***Recommendation***

***The practice should consider how to capture and use patients' feedback as one of the means to ensure and/or improve the quality of its service.***

There was a wide range of health promotional material available within patient areas and practice information leaflets were easily accessible. This meant patients had good access to information about the practice and oral care routines.

We checked the practice website prior to the inspection and found that aspects of it did not comply with the General Dental Council (GDC) 'Principles of Ethical Advertising' (March 2012). These guidelines specify that on dental practice websites the GDC details or a link to the GDC website should be included along with the complaints procedure and the date the website was last updated. We found that these aspects were missing from the practice website.

---

<sup>3</sup> **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

### ***Recommendation***

***The practice should ensure the website complies with GDC 'Principles of Ethical Advertising' guidelines.***

There was a low staff turnover and most of the staff had been working at the practice for many years. This meant patients received continuity in their care, receiving care from the same staff. We saw that staff were very welcoming and knew patients well within the community the practice served.

## *Delivery of Standards for Health Services in Wales*

**Overall, we found the practice was being run with the intention to provide a safe, high quality service to patients. However, improvements needed to be made to certain areas to ensure the practice was meeting requirements of the Welsh Health Technical Memorandum (WHTM 01-05).**

We looked at a sample of five patient records for the two dentists working at the practice, along with notes made by other members of the team. Generally we found records to be of a high standard and focussed on patient treatment.

We made some suggestions where documentation could be improved. For example we did not find it consistently recorded that dentists had gained patient's verbal consent and that advantages and disadvantages had been discussed with the patient. All possible treatment options should be documented, not only what the dentists plan to carry out. Treatment plans should include the recall period for a dental examination and hygiene visit e.g. three, six or twelve monthly. Radiographs that were taken had been justified and graded, but to ensure successful treatment for complex procedures e.g. root canal treatment, the appropriate series of radiographs should be taken to ensure the best outcome of a procedure for the patient.

### ***Recommendation***

***The practice should ensure they capture all aspects of patient treatment in patient records to give an accurate account of what has taken place or is planned.***

We found suitable arrangements were in place for the safe use of radiographic equipment. All mandatory documentation, including safety checks, maintenance, testing and staff training were available and up-to-date. We also saw good practice of the local rules for the use of the equipment being displayed in surgeries for ease of access.

Staff had access to resuscitation equipment and drugs in the event of a patient emergency (collapse) at the practice. We saw that one member of staff was designated to check the expiry dates of drugs so replacements could be ordered when needed and regular checks had been carried out. We suggested that the practice could use a log sheet to assist in auditing the drug expiry dates.

The records we saw showed staff had received recent training on how to deal with medical emergencies including how to administer cardiopulmonary resuscitation (CPR).

We considered the arrangements for the decontamination of instruments used at the practice and found these were satisfactory. We found the layout in the decontamination room to be good with clear policies displayed. We saw that appropriate procedures were in place to re-sheath instruments and the principle

dentist had checked guidelines to ensure they were following the correct procedure.

We saw that daily tests took place on equipment used for decontamination of instruments such as the autoclave and ultrasonic bath and these were recorded. These tests were not currently recorded in a standardised log book which left the potential for aspects of the tests and requirements to be missed.

***Recommendation***

***In line with WHTM 01 05 (4.19) outcomes from daily tests on decontamination equipment should be recorded in the logbook together with the date and signature of the operator.***

There was a clear infection prevention and control policy in place but we saw that this did not include a 'written assessment of the improvements needed to progress towards meeting the requirements for best practice' (WHTM 01-05). This meant we could not be assured that the practice had identified improvement actions or when they planned to address them. We saw there were areas where improvements could be made, for example, the use of barrier wraps for dental equipment. Without a written plan in place we could not see if improvements had been identified and when these were likely to be addressed.

***Recommendation***

***The practice should produce a written assessment of the improvements needed to progress towards meeting the requirements for best practice together with an implementation plan in accordance with WHTM 01-05.***

We saw there were appropriate and designated hand washing sinks in surgeries to reduce the risk of cross infection. However, we saw that above one of the sinks in one surgery, the hand washing signage had been placed above the wrong sink. This could cause confusion about usage of the sink for hand washing only.

***Recommendation***

***The practice should ensure all signage above sinks is correct, to ensure each sink has designated usage, to reduce the risk of cross infection.***

We found that sterilised instruments were date stamped to show when they should be safely used by and those checked were within date.

Contract documentation was in place for the disposal of hazardous waste. We saw hazardous waste was stored securely. In surgeries the practice was currently using white bags, instead of the recommended orange bags, for infectious and other waste requiring pre treatment. This left the potential for mistakes to be made in the disposal of hazardous waste.

### ***Recommendation***

***The practice should ensure that the revised colour-coded waste segregation and packaging system to allow standardised identification of waste is implemented and followed.***

We looked at the clinical facilities of each surgery within the practice and these contained relevant equipment for the safety of patients and staff.

There was a gas supply at the premises and a gas boiler was in place. We saw that the last check on this appliance had been carried out in June 2009. The Gas safety (installation and use) Regulations 1998 state that employers should carry out 'an ongoing programme of regular/periodic inspections, together with any necessary remedial work'.

### ***Recommendation***

***The practice should ensure gas appliances undergo regular/periodic inspections in line with guidelines, to ensure safety.***

We found that patient records were kept in lockable filing cabinets behind the reception desk but these were not routinely locked. Staff told us this was because the reception area was manned throughout the day so there was a low risk of unauthorised access. However, due to the sensitive personal information kept in patient records, they should be securely stored both during the day and overnight to prevent unauthorised access and also to limit access to only those professionals who legitimately require access.

### ***Recommendation***

***The practice should review storage of records in line with Standard 20 of the 'Doing Well, Doing Better' Standards and Data Protection Act 1998 to ensure they are meeting standards for secure storage of records.***

## ***Management and Leadership***

**The practice was well run with a dedicated staff team. The principle dentist took overall responsibility for managing the practice but the staff team also shared management responsibilities and had a sense of ownership of, and commitment to, the practice. Staff told us they were very well supported in their roles.**

The practice consisted of two dentists and one training dentist. The principle dentist had been at the practice for over 10 years. Most of the staff team had been working at the practice for many years.

The principle dentist took overall responsibility for managing the practice with assistance from members of the team. Staff shared the management responsibilities delegated to them by the principle dentist and it was clear they felt empowered to do this which gave them a sense of ownership and shared responsibility of the practice.

We found that some staff took on multiple roles in the running of the practice. For example, several nurses also helped with reception duties. This meant that there were contingency plans in place in the event of staff absence to ensure the smooth running of the practice.

Staff were able to access relevant policies within the practice to check their understanding and ensure they were taking correct action. We saw that not all policies had a review date on them so we could not be assured these were reviewed and updated on an ongoing basis.

### ***Recommendation***

***The practice should ensure all policies are reviewed and updated on a regular basis to ensure staff have access to information that is accurate and up to date.***

We looked at a sample of staff training records. These confirmed staff had access to a range of training opportunities relevant to their role. We saw that 'continuing professional development' records were kept to ensure staff remained up to date with their training needs.

Staff told us they had team meetings but these tended to be infrequent and staff meeting minutes confirmed this. However, staff were very comfortable with raising issues and approaching the principle dentist for advice when needed. The minutes we saw showed that meetings were used to keep staff up to date on changes to practices and policies.

We did not see formal appraisal notes for staff members and staff confirmed that they didn't meet formally for appraisals. However, all staff told us they felt very comfortable approaching the principle dentist outside of formal meetings and that he was available and accessible in an informal way. Staff told us that

communication between the principle dentist and team members was excellent and that they felt very well supported.

***Recommendation***

***Staff should have access to timely, formal appraisals to ensure they are supported in their roles and any training or performance needs can be formally identified and addressed.***



## *Quality of Environment*

**The practice premises provided a safe, accessible environment for patients to receive treatment.**

The practice was situated in the town of Caldicot. There was a car park available for patients' use and this provided ample parking.

The practice consisted of three surgeries (two on the ground floor and one on the first floor) and a reception, waiting area and disabled accessible toilet on the ground floor. The toilet was, visibly clean and contained suitable hand washing equipment to prevent cross infection.

Our observations indicated the size of the waiting room was appropriate given the number of surgeries and patients attending. These areas were clean, tidy, well maintained, well lit and ventilated. Fire exits were clearly signposted.

Patients with mobility difficulties were able to access the premises by an outside ramp leading to the front door and they attended ground floor surgeries for ease of access.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the sections Patient Experience, Delivery of Standards for Health Services in Wales and Management and Leadership. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at Teeth for Life Dental Care Caldicot will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Teeth For Life Dental Care Caldicot**

**Date of Inspection: 19 December 2014**

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
Page 8	The practice should ensure that the separate complaints arrangements for NHS and private patients are fully explained in complaints information. Patients should be informed of how to access support with complaints through the Community Health Council.			
Page 8	The practice should consider how to capture and use patients' feedback as one of the means to ensure and/or improve the quality of its service.			
Page 8	The practice should ensure the website complies with GDC 'Principles of Ethical Advertising' guidelines.			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
<b>Delivery of Standards for Health Services in Wales</b>				
Page 9	The practice should ensure they capture all aspects of patient treatment in patient records to give an accurate account of what has taken place or is planned.			
Page 10	In line with WHTM 01 05 (4.19) outcomes from daily tests on decontamination equipment should be recorded in the logbook together with the date and signature of the operator.			
Page 10	The practice should produce a written assessment of the improvements needed to progress towards meeting the requirements for best practice together with an implementation plan in accordance with WHTM 01-05.			
Page 10	The practice should ensure all signage above sinks is correct, to ensure each sink has designated usage, to reduce the risk of cross infection.			
Page 11	The practice should ensure that the revised colour-coded waste segregation and packaging system to allow standardised identification of waste is implemented and			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	followed.			
Page 11	The practice should ensure gas appliances undergo regular/periodic inspections in line with guidelines, to ensure safety.			
Page 11	The practice should review storage of records in line with Standard 20 of the 'Doing Well, Doing Better' Standards and Data Protection Act 1998 to ensure they are meeting standards for secure storage of records.			
<b>Management and Leadership</b>				
Page 12	The practice should ensure all policies are reviewed and updated on a regular basis to ensure staff have access to information that is accurate and up to date.			
Page 13	Staff should have access to timely, formal appraisals to ensure they are supported in their roles and any training or performance needs can be formally identified and addressed.			
<b>Quality of Environment</b>				
	None			

**Practice Representative:**

**Name (print):** .....

**Title:** .....

**Signature:** .....

**Date:** .....