

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

**Abertawe Bro Morgannwg  
University Health Board,  
Penclawdd Dental  
Practice**

29 February 2016

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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)

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Penclawdd Dental Practice at 2 Compton Houses, West End, Penclawdd, Swansea, SA4 3YA on 29 February 2016.

HIW explored how Penclawdd Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Penclawdd Dental Practice provides services to patients in the Penclawdd area of Swansea. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

Penclawdd Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes two dentists (practice owners), one therapist, three dental nurses and a practice manager (also a dental nurse). At the time of our inspection, two trainee dental nurses and a foundation dentist (dental graduate) were also working at the practice.

### 3. Summary

We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service they had received.

We found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated. This was performed in a designated decontamination room, as recommended by national guidance, to reduce cross infection. Documentation and information was available to demonstrate that X-ray equipment was being used safely.

We identified some improvement was needed around the checking of equipment for use in a patient emergency (collapse). We also identified some improvement was needed around aspects of the dentists' record keeping.

The practice was owned and managed by two dentists who were supported by a friendly staff team. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

We found the staff worked effectively as a team. Staff told us they felt well supported by senior practice staff and the wider team. They also told us they had opportunities to attend relevant training.

## 4. Findings

### *Quality of the Patient Experience*

**We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service they had received.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, 21 completed questionnaires were returned. Patient comments included:

*'It is the best dental surgery I have ever been to.'*

*'Very happy with the dental service.'*

*'We have always received excellent service from this dental practice. They always go out of their way to accommodate us and keep us fully informed....'*

*'Wouldn't go anywhere else. Very satisfied.'*

#### Dignified care

We found that people visiting the practice were treated with dignity, respect, and kindness by practice staff.

We observed reception and nursing staff being kind and polite to patients visiting the practice. We also heard staff being polite and courteous when making telephone calls. All patients who returned completed questionnaires told us that the practice staff had made them feel welcome. Some patients had also added their own positive comments around the attitude and approach of the practice team.

The practice provided both NHS and private dental services. Information on costs for treatment was clearly displayed within the waiting room. This meant patients had access to information on how much their treatment may cost. Copies of a patient information leaflet were available for patients to take away with them. This meant that patients had access to key information about the practice that they could keep for future reference.

### Timely care

We found that the practice provided dental treatment in a timely way and made patients aware of how to access urgent dental treatment when the practice was closed.

All the patients who provided comments within HIW questionnaires told us they had not experienced a significant delay in being seen by their dentist on the day of their appointment. Staff described suitable arrangements for keeping patients informed should the dentists be running late or unexpectedly absent.

We looked at a sample of patients' records and saw that patients were recalled for future dental check ups in accordance with NICE<sup>1</sup> guidelines.

Information for patients on how to access urgent dental treatment when the practice was closed was made available via a variety of means. The majority of patients (18) who provided comments indicated they knew how to access the out of hours dental services.

### Staying healthy

We saw that health promotion material was available in the waiting room. This meant that patients had access to information on how to take care of their own oral hygiene and health.

All the patients who returned completed questionnaires told us they felt they had been given enough information about their dental treatment. Some patients also added their own comments describing that they had been provided with full and detailed information and felt able to ask the dentist questions.

### Individual care

The practice had arrangements to make its services accessible. Patients could provide feedback of their experiences through a variety of ways.

The practice had parking spaces immediately outside the building and provision had been made for disabled patients. We saw there were no steps to the entrance of the practice, which meant it could be accessed by people who use wheelchairs and those with mobility difficulties. For patients who find stairs

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<sup>1</sup> The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. [www.nice.org.uk/about](http://www.nice.org.uk/about)



difficult to manage, arrangements could be made for them to be seen in the surgery located on the ground floor.

A suggestion box was provided in the waiting room for patients to provide comments and suggestions on an ongoing basis. We were told this was checked prior to staff meetings with a view to sharing any comments received and discussing areas for improvement. We were told however, that this was not really used. The practice was an approved training practice for foundation dentists and patients were invited to provide comments as part of the dental foundation training programme. These would be in respect of the individual foundation dentist on placement at the practice, rather than the practice as a whole. The practice owner was receptive to our suggestion to expand this survey to include the whole practice and run it at the same time. This is with a view to obtain regular feedback and to make improvements to the service as appropriate.

The practice provided both private and NHS dental services and had procedures in place for responding to concerns. These fully met the requirements of *Putting Things Right*, the arrangements for dealing with complaints about NHS treatment in Wales, and the requirements of the regulations associated with private dentistry. Information on how to make a complaint was prominently displayed in the waiting room.

The majority of patients (15) who returned a completed HIW questionnaire indicated they knew how to make a complaint about services they had received.

## *Delivery of Safe and Effective Care*

**We found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.**

**A thorough process for cleaning and sterilising dental instruments was demonstrated. This was performed in a designated decontamination room, as recommended by national guidance, to reduce cross infection. Documentation and information was available to demonstrate that X-ray equipment was being used safely.**

**We identified some improvement was needed around the checking of equipment for use in a patient emergency (collapse). We also identified some improvement was needed around aspects of the dentists' record keeping.**

### Safe care

We found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

The practice building appeared visibly well maintained both internally and externally. During a tour of the practice we saw all areas were clean and tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw waste was being stored securely whilst waiting to be collected by the contractor company. Amalgam separators were installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Arrangements with the local council were described for the disposal of non hazardous (household) waste.

The practice had a designated decontamination room for cleaning and sterilising dental instruments after use. The set up of the room met the

principles, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>2</sup>, to reduce cross contamination and infection.

Cleaning and sterilising equipment being used was visibly in good condition and autoclave<sup>3</sup> equipment had up to date safety inspection certificates confirming they were safe to use. Daily checks on equipment were being conducted and logbooks had been maintained. The autoclaves had data logging facilities to provide an automated method of recording the sterilisation cycle of each autoclave as recommended by the WHTM 01-05 document. We recommended that a system be implemented to demonstrate that these records are checked regularly in the future. The practice owner agreed to do this.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy and furnished to facilitate effective cleaning.

We found that the practice had arrangements in place for patients to receive the right medication and treatment in the event of an emergency. We found that resuscitation equipment and emergency drugs were available. A system was in place to check they were safe to use in a patient emergency (collapse). We checked the emergency drugs held and saw that these were in date. However, we found that some airway equipment, whilst sealed and in good condition, had passed their expiry dates. When this was brought to the practice owner's attention we were assured that these would be replaced as necessary. The log books demonstrated that emergency drugs and equipment were being checked monthly. We advised the practice owner that equipment should be checked in accordance with guidance issued by the Resuscitation Council (UK)<sup>4</sup>, which recommends that it is checked at least weekly. The practice owner agreed to do this.

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<sup>2</sup> [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

<sup>3</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

<sup>4</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

### ***Improvement Needed***

***The practice should review the process in place for checking all emergency equipment, taking into account guidance issued by the Resuscitation Council (UK).***

Staff had easy access to a series of flowcharts describing the action to take, and drugs to use, should a patient emergency be identified. These were stored in plastic wallets, together with the drugs to be used to facilitate easier access in an emergency. We saw training records that indicated staff training in cardiopulmonary resuscitation (CPR) was up to date.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. The training certificates we saw indicated clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. Training records we saw indicated that most staff had completed training around safeguarding issues. Some of this training had been completed over three years previously. Arrangements should be made for staff to attend further training to ensure their knowledge is up to date. The General Dental Council also expects that clinical staff attend training on safeguarding to continue to meet continuing professional development (CPD) requirements.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff and were confident these would be acted upon.

### **Effective care**

Discussions with the practice owner demonstrated the practice was committed to making efforts to continually improve the service provided to patients.

We were told that since taking over the practice the current owners had made improvements to the fabric of the building and the clinical facilities. The practice owner provided examples of clinical audits that had been conducted and the arrangements for peer review with a nearby practice. These would help identify areas for improvement where needed.

We considered a sample of nine patients' dental records to assess the quality of record keeping. This sample included records that had been completed by all

of the dentists currently working at the practice. Overall the notes made were sufficiently detailed. However we did identify some common themes where improvement should be made. The records did not always contain;

- details of whether oral cancer screening had been conducted to assess patients' risk of developing cancer and explained to them
- confirmation that verbal consent had been obtained from patients at each visit to demonstrate their ongoing agreement to treatment.
- sufficient details of treatment plans and whether this information had been provided to patients in writing

In addition, the reason for taking X-rays and the dentists' findings from them had not always been recorded as required by the Ionising Radiation (Medical Exposure) Regulations 2000.

***Improvement needed***

***The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with regulatory requirements and professional standards for record keeping.***

## *Quality of Management and Leadership*

**The practice was owned and managed by two dentists who were supported by a friendly staff team. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.**

**We found the staff worked effectively as a team. Staff told us they felt well supported by senior practice staff and the wider team. They also told us they had opportunities to attend relevant training.**

A practice manager had recently been appointed. Whilst the manager was settling into the role, support with the day to day running of the practice was being provided by the practice owners. We found the practice to be well run.

Conversations with staff working on the day of our inspection, indicated they felt well supported in their roles by senior practice staff and the practice team. We also found that staff were very clear and knowledgeable about their various responsibilities

We saw training certificates that demonstrated staff had attended training on topics relevant to their role. Staff also confirmed they had opportunities to access training. We saw that staff at the practice had received an appraisal of their work within the last year with work objectives set, and training needs identified.

Staff told us they felt communication amongst the practice team was effective and that regular practice meetings were held. We saw written minutes of meetings, which showed that relevant matters were discussed with action points agreed.

We found that clinical staff were registered with the General Dental Council (GDC) to practise and had indemnity insurance cover in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection.

The dentists working at the practice provided private dental services. Their HIW registration certificates were up to date and prominently displayed as required by the regulations for private dentistry. All dentists had Disclosure and Barring Service (DBS) certificates that had been issued during the previous three years as required by the above regulations.

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Penclawdd Dental Practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>5</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>6</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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<sup>5</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>6</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>



professional standards and guidance such as the GDC Standards for the Dental Team.

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

- Information held by 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 (where applicable)
- HIW patient questionnaires.

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.

Any urgent concerns that may arise from dental inspections are 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.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Penclawdd Dental Practice**

**Date of Inspection: 29 February 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
	No improvement needed identified.				
<b>Delivery of Safe and Effective Care</b>					
10	The practice should review the process in place for checking all emergency equipment, taking into account guidance issued by the Resuscitation Council (UK). (Resuscitation Council (UK) Quality Standards for Cardiopulmonary Resuscitation Practice and Training, Primary Dental Care – Equipment List)	Standard 2.9	The airways have been added to check list that already existed and was inspected on the day.  I contacted manufacturer who confirmed that as seal not broken were ok to use .  However have been replaced.	Liz Lee	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with regulatory requirements and professional standards for record keeping.  (General Dental Council Standards for the Dental Team, Standard 4;  The Ionising Radiation (Medical Exposure) Regulations 2000)	Standard 3.5	All aspects discussed during inspection have been actioned and discussed as a team.	Liz Lee	Done
<b>Quality of Management and Leadership</b>					
	No improvement needed identified.				

**Practice Representative:**

**Name (print):** .....Elizabeth Lee.....

**Title:** .....Dr.....

**Date:** .....29/3/16.....