

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

Hywel Dda University  
Health Board,

Llandeilo Road Dental  
Practice

17 December 2014

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Llandeilo Road Dental Practice at 38, Llandeilo Road, Cross Hands SA14 6NA within the area served by Hywel Dda University Health board on 17 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 HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient medical records
- Examination of practice policies and procedures
- Examination of equipment and premises

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<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)

- Information within the practice information leaflet and website
- 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 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

Llandeilo Road Dental Practice provides services to patients in the Cross Hands area of Carmarthenshire. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health board. The practice employs a staff team which includes; four dentists, a dental hygienist, five nurses and a receptionist.

A range of services are provided. These include:

- General dentistry
- Teeth whitening
- Dentures
- Crowns and bridges.

## 4. Summary

HIW explored how Llandeilo Road Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Overall, patients told us that they were satisfied with the standard of care they received at the practice and received sufficient information about their treatment. Feedback from the patient questionnaires and comments on the day were positive on all areas of care.

We could not however be assured that care and treatment was planned and consistently delivered in a way that was intended to ensure patients' safety and welfare.

On the day of the inspection we saw that the practice was being safely run, with some systems in place to ensure patient safety.

Patients can be assured that the building was safe, appeared well maintained, and provided a comfortable environment to receive treatment.

## 5. Findings

### *Patient Experience*

**Overall, patients told us that they were satisfied with the standard of care at the practice and received sufficient information about their treatment. Feedback from the patient questionnaires and comments on the day were positive on all areas of care.**

Prior to the inspection, we asked the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In addition, we spoke with a small number of patients who were receiving treatment on the day of the inspection (four people).

Twenty questionnaires were returned. The patients who completed the questionnaires and those spoken with had been using the service for between seven months and 30 years. All 24 people indicated that the practice team always made them feel welcome with comments such as;

*“Very pleasant and welcoming staff”*

*“Always made to feel extremely welcome”*

All patients felt that they were given enough information regarding their treatment, with two stating *“Yes always explained”* and *“Everything is explained in great detail in a language I can understand”*. However examination of a sample of patient records and conversations with three of the four dentists disclosed that although treatment options may have been discussed with patients; no treatment plans, options for treatment or their preference was recorded in any of the patient notes scrutinised. Cost to patients was also not recorded.

#### ***Recommendation:***

***All patients must have written dental plans for each course of treatment and must be updated if the plan changes during the course of the treatment.***

The practice was not involved in the out of hours service as this was led by the Health Board. There was an automated message connected to the practices' telephone line, although there was also a sign with the contact number in the front window. Most patients said they knew how to access care when the practice was closed.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. This meant that patients could be confident that there was a system in place to try to ensure they were seen quickly when required. All patients stated that they were satisfied with this system and had not experienced any delay in their appointment time.

There was clear signage at the front of the premises indicating the opening times for the practice.

A complaints policy was available however the complaints process was not available to the public. The policy needs to be consistent with the 'Putting Things Right'<sup>2</sup> guidance. We also noted that neither the HIW nor the Community Health Council (CHC) addresses were on the process for patients to contact should the need arise. When we asked patients if they would know how to make a complaint or raise a concern most said they would.

***Recommendation:***

***The complaints process should be visible in the patients' waiting room and should include CHC and HIW's address for patients to have recourse should they require.***

There was a patient information leaflet which offered some relevant information regarding the practice, however this was out of date and did not include how to raise a concern (complaint).

***Recommendation:***

***The practice needs to review and update the patient information leaflet (which should outline the services offered by the surgery, including the complaints process). The leaflets must be fully compatible with the 'Putting Things Right' arrangements.***

When questioned regarding their views on the overall service they received, patients said they were satisfied; with comments such as "yes-very satisfied", "Yes its excellent" and "Very- I wouldn't go anywhere else".

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<sup>2</sup> Putting things Right is the integrated processes for the raising, investigation of and learning from concerns (complaints). Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales.

In addition to the questions asked, some patient made positive comments about their interactions with staff which included;

*“All staff are very helpful and the practice make you feel part of their family”*

*“Excellent service from professional dentists who explain procedures before starting. Staff always friendly and helpful”.*

*“I can’t praise the practice highly enough”.*

Staff told us that arrangements were in place for patients with mobility problems to be seen in one of the downstairs surgeries. This meant the practice environment was accessible to patients with mobility difficulties.

Currently there is no website for the practice however we were told by the principle dentist that there were plans to develop a website page for the practice in the future.

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

**We could not be assured that care and treatment was planned and consistently delivered in a way that was intended to ensure patients' safety and welfare.**

### **Patient records**

Records at the practice were in a combination of paper and electronic documents. We looked at a sample of 16 dental records (four patient records for each dentist working at the practice). Although the practice only had a small NHS component, with most patients being on private contracts, all paper records were on NHS stationery. We found on several records that the paper file holding a patient's records had a different address to that on the electronic record. This could make it difficult for staff to clearly identify which record card to place radiographs, signed forms, correspondence etc.

### ***Recommendation:***

***The practice needs to review all patients' paper records to ensure information correlates with the electronic information and that both are current. The private paper records should not be on NHS stationery.***

Overall, the records showed patients' needs were not always fully assessed and the care and treatment was not planned and recorded robustly. There were a number of areas for improvement such as;

- All patients should have a full medical history including smoking and alcohol consumption which are signed and dated by themselves and the dentist
- Basic periodontal examinations should be recorded and any findings acted upon
- Recordings of injection site, type and quantity of anaesthetic given, its batch number and expiry date
- Standardisation of practice notes to enable consistency between practitioners

- Introducing a referral book to provide evidence that patients have been seen again within National Institute for Health and Care Excellence (NICE)<sup>3</sup> guidelines.

**Recommendations:**

***The practice should review and implement the suggested improvements to patient records; especially the records relating to local anaesthetics which are mandatory under the Standards for Health Services Wales – Doing Well Doing Better 2010 and therefore must be maintained.***

Where patients had received radiographs (x-rays) there was no evidence of justification for or clinical evaluation of the x-ray. There was no record of grading of the quality of radiographs in any patient notes examined.

**Recommendation:**

***The practice must record grading and clinical evaluation of x-rays in individual patient's notes. This is mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010.***

**Drug storage and emergency equipment**

We found that emergency drugs at the practice were securely stored and maintained. We also found there were arrangements in place to ensure drugs were within expiry dates. There was a dedicated first aider and the first aid kit was stored with the emergency drugs. Equipment required in the case of an emergency was available with certain items stored in each surgery as well as within the first aid kit.

**Decontamination**

The practice was using manual cleaning of instruments with an autoclave in each of the three surgeries. There appeared to be;

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<sup>3</sup> The NICE dental recall clinical guideline helps clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients.

- No written protocols visible to ensure that the cleaning process was replicated at every cycle
- No manual cleaning log was available to show what temperature the instruments were cleaned at
- No cleaning solution was used and there was no separate bowl to rinse the instruments prior to placing in the autoclave
- No log was available for any of the sterilisers to show the parameters of the warm up cycle first thing in the morning or validation of each sterilising cycle
- No flow diagram to clearly demarcate dirty to clean areas of the surgery.

***Recommendation:***

***The practice needs to develop robust protocols and processes for decontamination of instruments. Maintaining records and audits to ensure quality and safety.***

Where practices use the same room for patient treatment and decontamination they need to develop a plan that facilitates a move towards a suitably designed decontamination area or room. There was a plan available, however the principal dentist stated that costs were his main reason for not wishing to progress to 'best practice' in decontamination standards.

***Recommendation:***

***The practice needs to revisit the plan for a decontamination room /area and look at ways of working towards best practice.***

In one surgery the autoclave was in an elevated position just inside a door that opened inwards causing a potential health and safety risk.

***Recommendation:***

***The practice needs to relocate the autoclave in the upstairs surgery.***

Post decontamination, bagged instruments should record the date of decontamination and also an expiry date for safe practice. We only saw the date of decontamination, although we were assured that all instruments in the practice were routinely used within one month of sterilisation.

***Recommendation:***

***The practice needs to record the date of decontamination as well as expiry on bagged instruments.***

Endodontic files and reamers<sup>4</sup> should be single use instruments in all cases. In the upstairs surgery these instruments were found stored, without any packaging, on sponges with no indication as to whether they had undergone any decontamination process. This is totally unacceptable practice. We immediately spoke with the principle dentist and showed him the instruments. They were disposed of immediately. An Immediate Assurance letter was sent to the practice asking for an explanation and confirmation that this practice does not continue.

***Recommendation:***

***All single use instruments should be safely disposed of immediately after use.***

Conversation with the principle dentist and staff led to confirmation that there were no routine quarterly audits (checks) in relation to infection control requirements in accordance with the Welsh Health Technical Memorandum (WHTM 01-05)<sup>5</sup>. We did notice however, that there were dedicated hand washing facilities in key areas of the practice premises.

***Recommendation:***

***The practice must undertake quarterly audits of infection control requirements in line with WHTM 01-05 and ensure they are meeting appropriate standards for decontamination.***

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<sup>4</sup> Endodontic files and reamers are surgical instruments used by dentists when performing root canal treatment.

<sup>5</sup> <http://wales.gov.uk/topics/health/cmo/professionals/dental/publication/cdo-letters/decontamination2/?lang=en>. The WHTM 01-5 document provides professionals with guidance on decontamination in primary care practices and community dental practices.

## **Radiographic equipment**

There was a radiation protection file which included the named radiation protection supervisor and adviser. We also saw a current radiation equipment check certificate and the staff had up to date ionising training. However there was no record of dose investigation levels or a quality assurance system regarding the image quality. There was no evidence of audits undertaken of the evaluations or number of radiographs taken within the practice, by whom and who processed them. These audits need to be undertaken to ensure safe and effective practice for patients.

### ***Recommendation:***

***The practice needs to develop a system to record image quality and a system of peer review and audit of radiographs.***

Each surgery had its own x-ray machine; however we saw that the x-ray machine in the downstairs front surgery had the emergency cut off switch within the radiation parameter and this needs to be moved. This is to ensure the safety of staff and patients when using the x-ray machines.

### ***Recommendation:***

***The isolation switch for the x-ray machine in the downstairs front surgery needs to be outside of the control zone.***

We saw that the x-ray processor was situated in the staffs' domestic kitchen area. This should be relocated for health and safety reasons. A log should also be retained to provide evidence that a step x-ray, or similar, has been taken each morning before the first patient exposure to assure efficiency of processing chemicals and the processing machine.

### ***Recommendation:***

***The practice should relocate the x-ray processor and retain a process log to ensure efficacy and safety of equipment.***

## ***Management and Leadership***

**On the day of the inspection we saw that the practice was being safely run, with some systems in place to ensure patient safety.**

The practice provided predominantly private dental care and treatment 75%, with some NHS patients 25%. There was no practice manager employed, therefore, the principle dentist had the overall responsibility for the day-to-day running of the practice. However staff were clear on what was expected of them and individuals had been delegated responsibility for identified tasks.

We found that the service was underpinned by some policies and procedures albeit that many were in disarray and/or out of date. Some had not been reviewed since 2009 and others had no review dates. There was no medical history policy, whistleblowing, patient's privacy, dignity and confidentiality or a detailed waste storage and disposal policy available. These are mandatory under the Doing Well, Doing Better Standards of Health Services in Wales. We discussed with the principle dentist, the need to organize, review and update all policies and procedures to ensure staff had access to safe systems of working.

***Recommendation:***

***The practice needs to organise, review and update all policies and procedures.***

The practice did not have a regular system of audit and peer review to ensure the quality of the services being offered was of an acceptable standard. We saw the on line health board audit which had been completed but not dated and we saw the audit of prescribed medication.

***Recommendation:***

***The practice needs to develop a regular programme of audit and peer review to ensure the quality and safety of the service they provide.***

The practice did not have a system to regularly assess patients' views and act upon them. They had occasionally asked patients to complete patient satisfaction questionnaires but this was usually in line with the Health Board annual review.

***Recommendation:***

***The practice needs to develop a system of continual evaluation and improvement through patients' feedback, to ensure the service meets the needs of its population.***

The principle dentist told us, and staff confirmed that there were staff meetings every six to eight weeks. These meetings were recorded and we saw the minutes of the last two meetings. These meetings gave an opportunity for staff to raise any issues of concern and convey new/relevant information to the dental team.

We saw that there was a well established staff team with some having worked at the practice for many years. One dentist had recently joined the team and he was developing his own patient list. This meant that patients received care from familiar staff.

Staff told us they felt well supported in their roles by the principle dentist and would be comfortable raising any work related concerns they may have. There was evidence of cohesive team working with all staff having a clear understanding of what was expected in their role.

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 evidence of individual staff Continuing Professional Development (CPD) which ensures that their knowledge and expertise is regularly updated. There had been annual appraisals in the past, however, there had been none since 2013.

### ***Recommendation***

***Staff must receive annual appraisals to evidence monitoring of the quality and safety of the care they provide.***

At the time of our inspection, not all staff had current Disclosure and Barring Service (DBS) certificates in line with the Regulations for private dentistry<sup>6</sup>. Dentists who only undertake NHS work only have the checks when they enlist on the NHS performers list. This also occurs if they change practice within the same health board. It is not mandatory for practice staff to have DBS checks, however, there is a requirement that the employing dentist undertakes checks to ensure the employees suitability for employment.

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<sup>6</sup> The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.

***Recommendation:***

***All dentists undertaking any private work must have an enhanced (DBS) check dated within the last three years. The practice needs to ensure that appropriate staff checks are undertaken, prior to the commencement of employment.***

There was no formal agreement with the Health Board for any occupational health issues the staff may have such as; vaccines, or in the event of a needle stick injury. This needs to be in place to ensure that staff received appropriate checks to prevent possible cross infection of patients.

***Recommendation:***

***The practice needs to contact the Health Board to make appropriate arrangements for occupational health support for staff.***

We saw, in recently appointed staff records, that the practice had formal induction and orientation programmes which enabled new employees to become familiar with the work environment. This meant that patients received care and treatment from staff who were confident and acquainted with their place of work.

Staff told us that the principle dentist was the identified person for first aid and health and safety. We did not see the health and safety notice being displayed and the Employers/Public Liability Insurance certificate should be in a public place. There were price lists for NHS patients but none for private treatment. All these notices should be visible to staff and people visiting the premises.

***Recommendation:***

***The practice needs to ensure that Liability Insurance Certificates, health and safety notices and treatment prices are displayed in public areas.***

We looked at a variety of maintenance certificates held at the practice which showed there were suitable systems and management processes in place to ensure that all equipment was inspected in a timely way and in accordance with mandatory requirements.

## *Quality of Environment*

**Patients could be assured that the building was safe, appeared well maintained, and provided a comfortable environment to receive treatment.**

Llandeilo Road Dental Practice is an established practice located in Cross Hands. There are a very small number of dedicated car parking spaces outside the building otherwise parking is in a supermarket car park nearby or along the side roads near to where the practice is situated.

Patients with mobility difficulties were able to access the premises because there was level entry into the building from the outside and door widths were appropriately sized for wheelchairs.

The practice had a main reception and waiting area on the ground floor with a larger waiting area on the first floor. There were three surgeries arranged over two floors. Observations made during the inspection confirmed the size of the waiting areas were appropriate for the number of surgeries.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. There is a planned programme of improvement and the front of the practice, which includes the front surgery, is receiving construction and decoration work in the early part of 2015. There was a public toilet facility which was accessible for wheelchair users. Fire extinguishers were placed strategically and had been serviced regularly.

The waiting areas, surgeries and circulation areas were clean, tidy and satisfactorily lit and ventilated.

There were appropriate arrangements for the safe storage and security of paper and electronic records. The principle dentist told us that electronic records were backed up to a remote electronic storage system and paper documents were stored in cabinets in an upstairs room where the public did not have access.

Security precautions were in place to prevent unauthorised access to areas of the building not used by patients.

The names and qualifications of all the dentists working at the practice were not currently displayed. The principle dentist told us that this would be addressed when the construction work was completed on the front of the building. We did not see a list of all staff working at the practice with their registration numbers and designation. This should be available and visible at the premises for patients to recognise who is responsible for their care.

### ***Recommendation***

***The practice must visibly display both a list of the dentists and their qualifications and a list of staff working at the practice, along with designation and registration numbers where applicable.***

There were contracts in place for the removal of clinical and non-hazardous waste and bags and bins were stored securely whilst awaiting removal. We did see a yellow box for storing used sharp objects on a shelf behind an autoclave, which made access difficult. Discussion with the nurse explained that it was not usually stored there but had been placed there for safety during the inspection process.

We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances within the practice.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of all four sections. 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 the Llandeilo Road Dental Practice 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: Llandeilo Road Dental Practice**

**Date of Inspection: 17 December 2014**

<b>Page Number</b>	<b>Recommendation</b>	<b>Practice Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
	<b>Patient Experience</b>			
	All patients must have written dental plans for each course of treatment which must be updated if the plan changes during the course of the treatment.			
	The complaints process should be visible in the patients' waiting room and should include CHC and HIW's addresses for patients to have recourse should they require.			
	The practice needs to review and update the patient information leaflet (which should outline the services offered by the surgery,			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	including the complaints process). The leaflets must be fully compatible with the 'Putting Things Right' arrangements.			
<b>Delivery of Standards for Health Services in Wales</b>				
	The practice needs to review all patient's paper records to ensure information correlates with the electronic information and that both are current. The private paper records should not be on NHS stationery.			
	The practice should review and implement the suggested improvements to patient records; especially the records relating to local anaesthetics which are mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010 and therefore must be maintained.			
	The practice must record grading and clinical evaluation of x-rays in individual patient's notes. This is mandatory under the Standards for Health Services Wales –Doing Well Doing Better 2010.			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	The practice needs to develop robust protocols and processes for decontamination of instruments. Maintaining records and audits to ensure quality and safety.			
	The practice needs to revisit the plan for a decontamination room /area and look at ways of working towards the best practice.			
	The practice needs to relocate the autoclave in the upstairs surgery.			
	The practice needs to record the date of decontamination as well as expiry on bagged instruments.			
	All single use instruments should be safely disposed of immediately after use.			
	The practice must undertake quarterly audits of infection control requirements in line with WHTM 01-05 and ensure they are meeting appropriate standards for decontamination.			
	The practice needs to develop a system to record image quality and a system of peer			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	review and audit of radiographs.			
	The isolation switch for the x-ray machine in the downstairs front surgery needs to be outside of the control zone.			
	The practice should relocate the x-ray processor and retain a process log to ensure efficacy and safety of equipment.			
<b>Management and Leadership</b>				
	The practice needs to organise, review and update all policies and procedures.			
	The practice needs to develop a regular programme of audit and peer review to ensure the quality and safety of the service they provide.			
	The practice needs to develop a system of continual evaluation and improvement through patients' feedback, to ensure the service meets the needs of its population.			
	Staff must receive annual appraisals to			

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	evidence monitoring of the quality and safety of the care they provide.			
	All dentists undertaking any private work must have an enhanced DBS check dated within the last three years. The practice needs to ensure that appropriate staff checks are undertaken, prior to the commencement of employment.			
	The practice needs to contact the Health Board to make appropriate arrangements for occupational health support for staff.			
	The practice needs to ensure that Liability Insurance Certificates, health and safety notices and treatment prices are displayed in public areas.			
<b>Quality of Environment</b>				
	The practice must visibly display both a list of the dentists and their qualifications and a list of staff working at the practice, along with designation and registration numbers where applicable.			

**Practice Representative:**

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

**Title:** .....

**Signature:** .....

**Date:** .....