

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

Abertawe Bro Morgannwg  
University Health Board

### **The Village Dental Practice**

11 January 2016

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## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	5
	Quality of the Patient Experience .....	5
	Delivery of Safe and Effective Care .....	8
	Quality of Management and Leadership.....	14
5.	Next Steps .....	16
6.	Methodology.....	17
	Appendix A .....	19

## 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 The Village Dental Practice at 61, New Road, Skewen, SA10 6HA on 11 January 2016.

HIW explored how The Village 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

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

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

The practice staff team includes five dentists (including the practice owner), three nurses and a practice manager. At the time of our inspection, two trainee nurses were also working at the practice.

### 3. Summary

The Village Dental Practice treats patients with dignity, respect and kindness. Patients who provided comments indicated they were satisfied with the service they had received. The practice team makes efforts to ensure patients are seen in a timely manner.

The practice provides ways for patients to give feedback on their experiences of using the practice's services.

The practice had arrangements and systems in place with the aim of providing patients with safe and effective care. The practice premises appeared well maintained and measures were in place to safely store and dispose of waste produced by the practice. We saw fire fighting equipment was available and this had been serviced in the last 12 months. Staff had access to resuscitation equipment and had received training on dealing with a patient emergency (collapse).

We identified improvement was needed around elements of the decontamination process. Senior practice staff agreed to make arrangements to fully comply with the national policy and guidance. We also identified improvement was needed to formally demonstrate that arrangements were in place for the safe use of X-ray equipment. We sought immediate written assurance from the practice owner on this matter and an improvement plan was submitted within the agreed timescale. At the time of writing this report we were requesting further details on the action taken.

Conversations with senior practice staff demonstrated they were committed to continually improving the service provided to patients visiting the practice.

We looked at a sample of patients' dental records. These demonstrated that treatment had been planned and provided with the aim of ensuring patients' safety and wellbeing. However, we identified that dentists needed to make more detailed notes to fully meet professional standards for record keeping.

A practice manager was responsible for the day to day running of the practice and worked closely with the practice owner. Staff told us they felt communication within the team was effective and that they had opportunities to attend training relevant to their roles.

Most of the dentists working at the practice were displaying their HIW registration certificates and had documentation available as required by the regulations for private dentistry. Where this was not the case we have asked that arrangements be made to address this.

## 4. Findings

### *Quality of the Patient Experience*

**The Village Dental Practice treats patients with dignity, respect and kindness. Patients who provided comments indicated they were satisfied with the service they had received. The practice team makes efforts to ensure patients are seen in a timely manner.**

**The practice provides ways for patients to give feedback on their experiences of using the practice's services.**

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

#### Dignified care

We found that people visiting the practice were treated with dignity and respect. They told us that they were provided with sufficient information about their dental treatment.

The practice team were friendly and we saw them being polite and courteous to patients. Patients who provided comments confirmed that the practice team had made them feel welcome when visiting the practice. Without exception, all patients who returned completed questionnaires told us they felt they had been given enough information about their dental treatment.

The practice provided both NHS and private dental services. Information on private dental costs and the dental treatment (monthly payment) plan was clearly displayed. This meant patients had access to information on how much their treatment may cost. The practice made clear that NHS dental care was available to children (under 18 years) only and this was provided free of charge. 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 could be kept for future reference.

#### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner.

Patients who provided comments told us that they had not experienced a significant delay in being seen by a dentist. Staff described a process for

keeping patients informed should their dentist be running late or unexpectedly absent.

Information for patients on how to access urgent dental treatment, including when the practice was closed, was made available in a variety of ways. The majority of patients who returned completed questionnaires confirmed they knew how to access out of hours dental services.

Within the sample of patient records that we considered, we saw that dentists had made referrals for patients to receive specialist treatment in a timely manner.

### Staying Healthy

We saw that health promotion leaflets were available to help support patients to take care of their own oral hygiene and health.

### Individual Care

The practice had made efforts to make its services accessible to people. Arrangements were in place for people to provide feedback on their experiences of using the practice and to raise a concern (complaint).

The practice had arrangements for people with mobility difficulties to access the practice. Surgeries that could accommodate wheelchairs were located on the ground floor. These are accessed from the rear of the building which provides a level route to the surgeries.

There were mechanisms in place for patients to provide feedback on their experience of using the practice. We saw that a suggestion box was located within the waiting area so patients could provide, on an ongoing basis, individual suggestions on how the service could be improved. In addition, we saw that a survey had been conducted during 2015. The results had been evaluated to identify where improvements could be made and actions agreed.

The practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. This met the requirements of the regulations for private dentistry. To fully comply with *Putting Things Right*, the arrangements for dealing with complaints about NHS care and treatment in Wales, the policy needs to reflect that the timescale for responding to complaints is 2 working days. The practice manager agreed to revise the written procedure to reflect this. The practice manager maintained written logs of all concerns (complaints) received. We saw that where concerns (complaints) had been received the practice had dealt with these in a timely manner. The practice's complaints procedure was displayed within the waiting



room. The majority of patients who returned completed HIW questionnaires confirmed they knew how to make a complaint about dental services they receive.

## ***Delivery of Safe and Effective Care***

**The practice had arrangements and systems in place with the aim of providing patients with safe and effective care. The practice premises appeared well maintained and measures were in place to safely store and dispose of waste produced by the practice. We saw fire fighting equipment was available and had been serviced in the last 12 months. Staff had access to resuscitation equipment and had received training on dealing with a patient emergency (collapse).**

**We identified improvement was needed around elements of the decontamination process. Senior practice staff agreed to make arrangements to fully comply with the national policy and guidance. We also identified improvement was needed to formally demonstrate that arrangements were in place for the safe use of X-ray equipment. We sought immediate written assurance from the practice owner on this matter and an improvement plan was submitted within the agreed timescale. At the time of writing this report we were requesting further details on the action taken.**

**Conversations with senior practice staff demonstrated they were committed to continually improving the service provided to patients visiting the practice.**

**We looked at a sample of patients' dental records. These demonstrated that treatment had been planned and provided with the aim of ensuring patients' safety and wellbeing. However, we identified that dentists needed to make more detailed notes to fully meet professional standards for record keeping.**

### **Safe Care**

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

The practice building was visibly well maintained both internally and externally. Security measures were in place to protect the building against unauthorised access. Fire fighting equipment was placed in strategic locations around the practice and we saw this had been serviced within the last 12 months. Small electrical items had been subject to portable appliance testing (PAT) to assess they were safe to use.

We were told that a contract was in place for the safe transfer of hazardous and non hazardous waste produced by the practice and saw paperwork confirming

this arrangement. We saw that waste was being stored securely whilst waiting to be collected by the waste contractor. Amalgam separators were installed so amalgam (containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

The practice had needle re-sheathing devices to reduce the risk of accidental injury associated with medical sharps. The practice team should also consider using safer sharps<sup>1</sup> systems as set out within the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 to further reduce the risk of accidental injuries.

We found arrangements were in place to protect people from preventable healthcare associated infections. Examples included the following:

- written policies and procedures to reduce cross infection were available to staff
- personal protective equipment (PPE) was readily available for staff to use
- designated hand washing and drying facilities were provided
- there was a separate decontamination room and agreed process for the cleaning and sterilisation (decontamination) of dental instruments used at the practice

Whilst a separate decontamination room was available we found this and the surgeries would benefit from upgrading work to facilitate easier and effective cleaning of the floor and work surfaces. The practice owner had already identified that these improvements were needed and they were to be considered as part of the future development of the practice premises. In the interim, the practice owner must make arrangements to effectively seal the joins between work surfaces, walls and floors. This is to prevent water and debris from accumulating in crevices and reduce the risk of cross infection.

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<sup>1</sup> Safer sharp – medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

<http://gov.wales/topics/health/cmo/professionals/dental/publication/cdo-letters/sharp-instruments/?lang=en>

### ***Improvement needed***

***The practice owner must make suitable arrangements to effectively seal joins between work surfaces, walls and floors (or make other suitable arrangements) to prevent water, dust and debris from accumulating in crevices.***

We identified improvement was needed around elements of the process for the transporting and cleaning of dental instruments. Whilst staff were using lidded containers to carry dental instruments, these could not be locked. This posed a risk of clean and used instruments falling out of the containers if dropped. We informed senior practice staff of this who agreed to obtain and use suitable containers that could be locked.

The decontamination process involved instruments being cleaned, rinsed and subjected to a further cleaning process in an ultrasonic bath before being sterilised. We advised that the water used for cleaning/rinsing should be changed after cleaning each batch of instruments (to further reduce cross contamination) as this was not demonstrated on the day of the inspection. Following the inspection, senior practice staff provided an assurance that changing the water was part of the existing process and agreed to provide staff with further training in this regard.

Cleaned and sterilised (processed) instruments had the date by which they had to be used or reprocessed by marked on their packing. This is in accordance with the guidance set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>2</sup>. The processing date also needs to be recorded to fully comply with the WHTM 01-05 guidance document.

### ***Improvement needed***

***The practice owner must make suitable arrangements to ensure compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1) in respect of:***

- ***transporting dental instruments between the decontamination room and treatment areas within the practice.***

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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.

- ***replacing cleaning solution and rinse water used for cleaning and rinsing dental instruments.***
- ***recording the date of processing on the packing of sterilised dental instruments.***

Cleaning and sterilising equipment being used was visibly in good condition and autoclave<sup>3</sup> equipment had up to date safety inspection certification confirming it was safe to use. Daily checks on equipment were being conducted and logbooks had been maintained to demonstrate this process.

Arrangements were 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 together with a system to ensure they were safe to use in a patient emergency (collapse). We checked the emergency drugs and found these to be within their expiry dates.

Staff had access to a series of flowcharts describing the action to take should a patient emergency be identified. The practice owners may wish to store these in plastic wallets, together with the drugs to be used to facilitate easier access in an emergency. Staff we spoke to were aware of their roles in the event of a patient emergency. We saw training records that indicated staff training in cardiopulmonary resuscitation (CPR) was up to date.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or at risk. Training records we saw indicated that staff had completed training on safeguarding children. The practice had a named Safeguarding Practice Lead as recommended within guidance<sup>4</sup> issued by Public Health Wales. This person had also attended training on safeguarding adults. We were told that training for the rest of the practice team on adult safeguarding was to be confirmed but it was anticipated this training would be made available during February 2016.

We concluded that improvement was needed to formally demonstrate that arrangements were in place for the safe use of radiographic (X-ray) equipment. This is because not all the required documentation and information on the safe

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<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> Guidance for Safeguarding Children and Vulnerable Adults in General Dental Practice - <http://www.wales.nhs.uk/sitesplus/888/page/54347>

use of the X-ray equipment was available. We sought immediate written assurance from the practice owner that arrangements would be made to obtain the relevant information and documentation required.

### ***Improvement needed***

***The practice owner must make suitable arrangements to ensure the required information and documentation to demonstrate the safe use of radiographic equipment used at the practice is available for inspection by HIW.***

The practice owner submitted an improvement plan within the agreed timescale. At the time of writing this report we required further details around the safety certification for some of the X-ray equipment used and were following this up with the practice owner. When we are assured the improvement needed has been addressed this will be reflected through the publication of the practice's improvement plan (see section 5).

We saw training certificates indicating that dentists were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council (GDC). For those staff where training certificates were not available, we were told that update training had been arranged for 2016.

### **Effective Care**

Discussions with senior practice staff demonstrated they were committed to making efforts to continually improve the service provided to patients visiting the practice.

The practice had conducted clinical audits as part of the overall quality assurance process. These included audits in respect of infection control, X-ray image quality and patient dental care records. These would assist in the identification of areas for improvement so that corrective action could be taken.

We reviewed a random sample of 15 patients' dental records to assess the quality of record keeping. This sample included records completed by all of the dentists currently working at the practice. Overall, the records contained sufficient detail of each patient's initial medical history, reason for attendance, symptoms and treatment given. This demonstrated that treatment had been planned and provided with the aim of ensuring patients' safety and wellbeing. However, we did find variation in the quality of record keeping and identified that improvement was needed. Not all the records demonstrated that:

- patients' medical histories had been updated at each course of treatment and countersigned to identify any changes and demonstrate the dentist was aware
- cancer screening had been conducted and smoking cessation advice offered if indicated
- basic periodontal examinations (BPE<sup>5</sup>) had been performed regularly to monitor and identify gum disease.
- X-rays had been performed for the purpose of monitoring teeth in patients assessed as being at risk of tooth decay.

***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 professional standards for record keeping.***

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<sup>5</sup> The BPE is a screening tool which is used by dentists to identify gum disease

## *Quality of Management and Leadership*

**A practice manager was responsible for the day to day running of the practice and worked closely with the practice owner. Staff told us they felt communication within the team was effective and that they had opportunities to attend training relevant to their roles.**

**Most of dentists working at the practice were displaying their HIW registration certificates and had documentation available as required by the regulations for private dentistry. Where this was not the case we have asked that arrangements be made to address this.**

Overall, we found the practice to be well run and a number of policies and procedures were in place to guide staff in their day to day work.

A practice manager was responsible for the day to day management of the practice and worked closely with the practice owner. Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by senior staff and the practice team. Staff told us they felt communication within the team was effective. We were also told that regular practice meetings were held and we saw written minutes which evidenced this. We saw a sample of training certificates that indicated staff had attended training on a range of topics relevant to their role. Staff we spoke to told us they had opportunities to access training. We saw written records of staff appraisals and staff we spoke to confirmed they had received an appraisal of their work. 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 their own and patients' safety in this regard.

Dentists working at the practice provided private dental services. With the exception of one dentist, all had their HIW registration certificates prominently displayed as required by the regulations for private dentistry. Whilst we were able to confirm the individual was currently registered the dentist must make arrangements to display an up to date certificate. Another certificate did not have the correct contact details for HIW stated on it. Whilst this was not a change of details for the dentist, in accordance with HIW's process, the dentist needed to contact HIW to request that an updated certificate be issued.



***Improvement needed***

***Any dentists working at the practice and who are registered to provide private dental services must display an up to date HIW registration certificate.***

The practice manager confirmed that all dentists had Disclosure and Barring Service (DBS) certificates. With the exception of one, these certificates were dated as being issued within the last three years as required by the above regulations. Ensuring that they have a DBS certificate issued within the previous three years is the responsibility of individual dentists under the regulations. Whilst a valid DBS certificate was not available for inspection we were assured that a new one had been applied for.

***Improvement needed***

***Any dentists working at the practice and who are registered to provide private dental services, who did not provide a DBS certificate (issued within the last three years) for inspection, must make suitable arrangements to forward a copy of their updated DBS certificate to HIW.***

## 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 The Village 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 hospital inspections in NHS 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>6</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>7</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>6</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>7</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: The Village Dental Practice**

**Date of Inspection: 11 January 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 owner must make suitable arrangements to effectively seal joints between work surfaces, walls and floors (or make other suitable arrangements) to prevent water, dust and debris from accumulating in crevices.	Regulation 14(6) Standard 2.4	Arranged for building contractor to replace plinth in surgery 2 and seal work surfaces as required	J Vaughan	March 31st

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	[WHTM 01-05, Chapter 6]				
10	<p>The practice owner must make suitable arrangements to ensure compliance with the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1) in respect of:</p> <ul style="list-style-type: none"> <li>transporting dental instruments between the decontamination room and treatment areas within the practice.</li> <li>replacing cleaning solution and rinse water used for cleaning and rinsing dental instruments.</li> <li>recording the date of processing on the packing of sterilised dental instruments.</li> </ul> <p>[WHTM 01-05, Chapter 2 (Para 2.27), Chapter 16, Chapter 2 (Para 2.4(k), 2.4 (l)) and Chapter 4 (Para 4.26)]</p>	Standard 2.4	<p>Replace instrument carriage boxes with lockable ones</p> <p>Training of staff to ensure solutions changed prior to each sterilization cycle as per written practice policy/protocol</p> <p>Add processing date in addition to use by date</p>		<p>Completed</p> <p>Completed</p> <p>Completed</p>
12	The practice owner must make suitable arrangements to ensure the required information and	Standard 2.9	<ul style="list-style-type: none"> <li>John Vaughan is the RPS</li> <li>[Named Organisation] has been appointed the practice RPA.</li> </ul>	J Vaughan	<p>Completed</p> <p>Completed</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>documentation to demonstrate the safe use of radiographic equipment used at the practice is available for inspection by HIW.</p> <p>[Ionising Radiation Regulations 1999 (IRR99)]</p>		<ul style="list-style-type: none"> <li>The controlled area has been added to the surgery layout plans.</li> <li>The controlled areas are 1.5m from tube head.(See floor plans sent)</li> <li>X-ray machines 70662310 and 70662309 Installed January 2014 - awaiting copies of installation testing certificates from [Named Company]</li> </ul>		<p>Completed</p> <p>23/2/2016</p>
13	<p>The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.</p> <p>[GDC Standards for the Dental Team, Standard 4.1]</p>	Standard 3.5	<p>Areas highlighted discussed with all dentists</p> <p>To audit in 3 months</p>	J Vaughan	<p>Completed</p> <p>March 16</p>

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of Management and Leadership</b>					
15	Any dentists working at the practice and who are registered to provide private dental services must display an up to date HIW registration certificate.	Regulation 4	Dentists working at another practice to request copy certificate from HIW		Completed
15	Any dentists working at the practice and who are registered to provide private dental services, who did not provide a DBS certificate (issued within the last three years) for inspection, must make suitable arrangements to forward a copy of their updated DBS certificate to HIW.	Regulation 13(3)(c) Schedule 2 Para. 2	One outstanding DBS check Received		Completed

### Practice Representative:

**Name (print):** John Vaughan.

**Title:** Dr

**Date:** 17/2/2016