

## **General Dental Practice Inspection (Announced)** St James Dental Practice; Abertawe Bro Morgannwg University Health Board

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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 St James Dental Practice at 71 Walter Road, Swansea, SA1 4QA on 13 March 2017.

HIW explored how St James 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

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

St James Dental Practice is a mixed practice providing a range of both private and NHS dental services

The practice staff team includes two dentists, one hygienist, three dental nurses (who also cover reception duties), and a practice manager.

St James Dental Practice is a Dental Foundation Training practice, offering vocational dental training to newly qualified dentists.

### 3. Summary

Overall, we found evidence that St James Dental Practice provides safe and effective care.

This is what we found the practice did well:

- Patients told us they were very happy with the service provided
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Patient records were detailed and thorough
- Staff told us they felt well supported by senior practice staff and the practice owner.

This is what we recommend the practice could improve:

- More regular checks on emergency drugs and equipment to ensure it is available and safe to use in the event of a patient emergency (collapse).

## 4. Findings

### *Quality of the patient experience*

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total 34 completed questionnaires were returned to us. Patient comments included:

*“Always a lovely welcome”*

*“I actually look forward to going to the dentist, as they are some of the nicest people you could meet, and first class professionals who make you feel so welcome and at ease”*

*“Always very helpful and explain my treatment to me. Very happy with the service”*

*“Advice given is really useful”*

### **Staying healthy**

We saw that health promotion information was available to patients to help promote the need for them to take care of their own oral health and hygiene. The practice had a television in the waiting area and showed video clips to patients to demonstrate some dental procedures, such as demonstrations on brushing teeth and maintenance of braces.

Without exception all patients told us that they felt they had been given enough information about their dental treatment. In response to being asked if they were provided with enough information about their treatment, some patients added their own positive comments including, “always”, “ample” and “very good”.

### **Dignified care**

We observed that engagement between staff and patients was friendly, respectful and professional.

Completed patient questionnaires showed that patients were very satisfied with the level of care and treatment provided to them. All patients who returned

completed questionnaires told us that the practice staff had made them feel welcome.

The practice provided a range of private and NHS dental treatments. Information on prices for private dental treatments was available to view in the waiting area, as were costs for NHS dental treatments. This meant patients had access to information on how much their treatment may cost.

We were told that the practice was in the process of developing its own website, which in the future will be able to provide additional information to patients about the practice.

### **Timely care**

We found that the practice made efforts to ensure that patients were seen in a timely manner. The majority of patients who completed questionnaires told us that they had not experienced a delay in being seen by a dentist on the day of their appointment. Those who had, told us that any delay had been minimal and the practice had apologised for any inconvenience. We saw that the practice had a policy in place for informing patients if appointments were running late, and we confirmed this with staff who told us that patients would be informed about any delay either by the receptionist or dentist.

An out of hours telephone number was available for patients to contact should they require urgent dental treatment. The telephone number was clearly displayed near the front door of the practice and on the answer phone message of the practice. The majority of patients who returned questionnaires stated that they knew how to access the out of hours service.

### **Individual care**

The practice had arrangements in place so that patients with mobility difficulties could access its services. The practice was located in a converted terraced building and the two dental surgeries were on the ground floor of the practice.

We saw that the name and qualifications of only one dentist was displayed for patients to see. We recommended to the practice that they should consider how they can display the details of the second dentist practising in line with the



General Dental Council (GDC) Standards for the Dental Team<sup>1</sup>. The practice agreed to consider the most appropriate way to do this.

The practice made information available to patients on how they could raise a concern (complaint) and had systems in place for patients to provide feedback.

We saw that the practice had a written complaints procedure. A copy of the procedure was displayed in the patient waiting area. Patients wishing to have a copy to read or take away were required to ask a member of staff. We recommended that the practice may wish to consider having copies of the complaints procedure readily available for patients to read and take away, without having to ask a member of staff. The practice manager agreed to make this change.

The practice maintained a complaints folder, and we saw that the practice had received very few formal (written) complaints. A process for maintaining detailed records of both verbal and written complaints was demonstrated, allowing the practice to review concerns, take steps to resolve any issues and feedback appropriately to patients.

The practice told us that patient questionnaires were handed out to patients throughout the day, to obtain their views about the care and treatment provided to them. We were told that patients were also able to do this anonymously. Feedback was considered by the practice manager and discussed as a wider practice team with a view to improving patient experiences.

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<sup>1</sup> <https://archive.gdc-uk.org/Dentalprofessionals/Standards/Documents/Standards%20for%20the%20Dental%20Team.pdf> Standard 6.6.10

## *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.**

**Patients' records were detailed and demonstrated care and treatment had been planned to promote patient safety and well being.**

**A thorough process for cleaning and sterilising dental instruments was demonstrated.**

**Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.**

**We saw that checks on emergency drugs and equipment, whilst being carried out, needed to be done more regularly.**

### **Safe care**

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

The building appeared to be well maintaining internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

We saw that fire safety equipment was available at different locations around the practice and we saw evidence that the practice had a contract in place for annual servicing of the equipment to ensure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the past 12 months, to ensure equipment was safe to be used.

We saw that the practice had a gas boiler, although the annual service of this was out of date. This was brought to the attention of the practice manager who provided verbal assurance that the matter would be addressed. On the day of inspection the practice manager arranged for a same day service of the boiler and we saw certification to show that it was safe to use.

We saw that detailed written risk assessments had been completed that identified potential hazards and actions to reduce risk.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely whilst waiting to be collected by the contractor company. Non hazardous (household waste) was collected through arrangements with the local county council. Amalgam separator equipment was 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.

Whilst the practice had suitable facilities for the disposal of feminine hygiene waste in the staff toilet, the same facility was not available in the patient toilet. We recommended that the practice consider the guidelines<sup>2</sup> to ensure they are compliant with best practice. The practice agreed to do this.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy. Floors and surfaces within surgeries were easily cleanable to reduce cross infection. We did see that one small area on the side of one cabinet was damaged and in need of fixing. We were told that this had already been identified by the practice and would be replaced shortly.

A separate decontamination room was set up and met the principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>3</sup> guidance document. Decontamination equipment appeared in good condition on inspection. One autoclave<sup>4</sup> was in use and installation/inspection certification was available showing it was safe to use. We saw that daily checks were being carried out and records maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show it remained safe to use.

We found that the practice manually cleaned dental instruments prior to processing through the autoclave machine. Staff demonstrated a thorough decontamination process and we saw certificates showing staff had attended training on decontamination.

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<sup>2</sup> <https://www.gov.uk/guidance/healthcare-waste>

<sup>3</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>4</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

Whilst manual cleaning is an acceptable method of cleaning dental instruments, we recommended that the practice may wish to consider introducing an automated cleaning method as recommended in WHTM 01-05.

Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments must be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05.

The practice had recently conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity.

We saw that equipment and drugs were available for use in a patient emergency (collapse). We also saw records showing that the drugs and equipment were being checked on a monthly basis. We recommended to the practice owner that weekly checks should be undertaken on emergency drugs and equipment in accordance with the Resuscitation Council (UK)<sup>5</sup> guidelines. The practice manager confirmed that this would be implemented. We did see that some of the emergency equipment, specifically syringes, were out of date. We informed the practice manager of our findings who provided verbal assurance that corrective action would be taken. On the day of our inspection we were provided with confirmation that replacement syringes had been ordered.

### ***Improvement Needed***

***The practice must make suitable arrangements to ensure that:***

- ***a full emergency kit is available at the practice, and***
- ***regular checks are being conducted on the emergency drugs and equipment in accordance with the quality standards set out by the Resuscitation Council (UK)***

We saw that the emergency drugs and the emergency equipment were located in different parts of the practice. We suggested that the practice may wish to consider storing both the emergency drugs and equipment together for ease of access in the case of emergency. The practice agreed to consider doing this.

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<sup>5</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.

We saw training records that showed staff were up to date with cardiopulmonary resuscitation (CPR) training.

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. We saw training certificates demonstrating that all staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

The practice had a procedure in place to promote and protect the welfare of children and adults who were vulnerable or at risk. All staff had completed training on child and adult protection and we saw training certificates that demonstrated this.

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**

We found that the practice team were committed to providing safe and effective care to patients.

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included clinical audits to identify areas for improvement and checks on equipment to make sure it was working effectively. We were assured that a range of audits were being undertaken by the practice.

We considered a sample of patient dental records to assess the quality of record keeping. This sample considered records made by dentists and hygienist working at the practice. Patient records were in electronic format. The notes made were very detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

In accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, the reason for taking X-rays and the dentists' findings from them had been recorded.

## *Quality of management and leadership*

**The dental practice was efficiently managed and operated by the practice manager, and a small team of motivated staff. A management structure with clear lines of reporting and accountability was demonstrated. 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.**

St James Dental Practice is an established dental practice and forms part of the larger United Dental group of dental practices found in South Wales. The practice manager had overall responsibility for the day to day management of the practice and was supported by a wider management team. Where we identified areas for improvement, the management team demonstrated a willingness and commitment to address those promptly.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good, and informal discussions were held everyday between staff. Formal practice meetings were held less frequently, as the staff team did not feel the need for them to be held more often. Staff told us they felt able to discuss any issues with colleagues and managers during the informal discussions.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We saw that the practice had a process in place to ensure that staff had read and understood the policies.

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. We saw certificates to evidence that all clinical staff had completed training in areas 'highly recommended' by the General Dental Council.

We saw that the practice had recently implemented an appraisal system for all staff, and that there were plans in place to ensure this was conducted on an annual basis.

We found that dentists and nursing staff were registered with the General Dental Council 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. We recommended to the practice that they should retain the outcomes of staff

immunisation to ensure records are complete. The practice agreed to do this. Occupational health advice and support was available from the health board.

One of the dentists working at the practice provided private dental services. Their HIW registration certificates were displayed as required by the regulations for private dentistry. We saw up to date Disclosure and Barring Service (DBS) certificates for the dentists working at the practice. These had been issued within the last three years as required by the 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 St James 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>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:** St James Dental Practice

**Date of Inspection:** 13 March 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
<b>Quality of the patient experience</b>					
	No improvement identified				
<b>Delivery of safe and effective care</b>					
Page 10	The practice must make suitable arrangements to ensure that: <ul style="list-style-type: none"><li>a full emergency kit is available at the practice, and</li><li>regular checks are being conducted on the emergency drugs and equipment</li></ul>	Health and Care Standards April 2015 Standard 2.9  The Private Dentistry (Wales) Regulations	Confirmed in place.  Regular checks were in place on monthly basis, have now started weekly to follow current relevant	Chris Wills-Wood	Done

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
	<p>in accordance with the quality standards set out by the Resuscitation Council (UK)</p> <p><i>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary Care</i></p>	<p>2008 (as amended)</p> <p>Regulation 14(2)</p>	guidance.		
<b>Quality of management and leadership</b>					
	No improvement identified				

**Practice Representative:**

**Name (print):** Chris Wills-Wood

**Title:** Clinical and Governance Director

**Date:** 7/04/2017