

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

St David's Dental Care Ltd, Hywel  
Dda University Health Board

Inspection date: 14 December  
2017

Publication date: 17 April 2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

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

Or via

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

## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
3.	What we found .....	7
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	13
	Quality of management and leadership .....	17
4.	What next?.....	19
5.	How we inspect dental practices .....	20
	Appendix A – Summary of concerns resolved during the inspection .....	21
	Appendix B – Immediate improvement plan .....	22
	Appendix C – Improvement plan .....	24

**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of St David's Dental Care Ltd at 34a New Street, St Davids, Haverfordwest Pembrokeshire SA62 6SS, within Hywel Dda University Health Board on the 14 December 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that St David's Dental Care Ltd provides safe and effective care to their patients in a pleasant well maintained environment with friendly and professional staff. We found the practice to have good leadership and clear lines of accountability. Robust systems were in operation to ensure patients received a high quality service.

This is what we found the service did well:

- Provided safe and effective systems in order to promote patient care and treatment
- Patients' clinical records were of a standard
- The staff team were friendly and committed to providing a high standard of care and treatment for their patients
- Clinical facilities were well equipped and maintained to a very high standard
- Safe arrangements were in place for the effective use of X-rays
- Provided on going support and training for staff.

This is what we recommend the service could improve:

- Increase and improve the utilisation of Welsh language resources
- Infection prevention and control processes
- Treatment planning and radiograph justification
- Evidence that all staff are aware of core policies and procedures
- Provide feedback to patients regarding improvements implemented as a result of suggestions / comments received

## 3. What we found

### **Background of the service**

St David's Dental Care Ltd provides services to patients in the St David's and surrounding localities. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes three dentists, a hygienist, a practice manager, dental nurses and reception / administration staff.

The practice provides a range of NHS and private general dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found clear evidence that St David's Dental Care Ltd provides safe and effective care to their patients in a professional and comprehensive manner. The internal environment was of a very high standard and all aspects of maintenance within the building was also maintained to a high standard.

The feedback we received confirmed that patients were very happy with the service they received.

Before our inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. We received an excellent response, with 98 patient questionnaires completed and given to us to review on our inspection. The majority of questionnaires were completed by long term patients at the practice (those that had been a patient for more than two years). Overall, patient feedback provided in the questionnaires was very positive. Patient comments included:

*"Everything at the practice is run very well and I receive the best care possible"*

*"Very well run practice. Very high standards. Always a pleasure to come here"*

*"I've always felt well looked after by the whole team. I always recommend St David's Dental Care to anyone"*

*"This is a very happy practice where we receive the best care possible. Everyone is so professional and also friendly"*

Patients were asked in the questionnaires how the dental practice could improve the service it provides. The majority of patients told us that the service couldn't be improved, but a few suggestions from patients included:

*"Very happy with the service, but maybe an extra dental surgery on Saturday would help"*



## **Staying healthy**

All but two of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

There was a good range of health promotion / education resources available within the waiting room and within the surgeries. Information was also freely available in regards to other organisations which could provide additional health information, advice and support. For example, leaflets were available in relation to mouth cancer and contact details of specialist support organisations. Information and guidance was also available in relation to health education such as smoking cessation support networks and organisations. No smoking signs were strategically located inside the building which demonstrated an emphasis was being placed on compliance with smoke free premises legislation.

## **Dignified care**

Without exception, all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice. Comments provided by patients in the questionnaires that praised the staff included:

*“Staff always polite and informative and friendly and keen to help when you phone up with an emergency”*

*“When I visit the staff are always very polite and pleasant. The nurses and dentists are extremely caring and attentive of my needs”*

*“All the staff, the dental team and those working in the office, are really friendly and helpful. They have always gone out of their way to arrange emergency appointments for me”*

There was space available for staff to have private conversations away from other patients, if required for the purpose of maintaining patient confidentiality. There were staff rooms and a meeting room available where staff could discuss patients and their care and treatment. During our visit we observed that doors to the dental surgeries, (where patients were receiving care), remained closed in order to maintain and promote privacy and dignity.

## Patient information

Almost all patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and that they had received clear information about available treatment options.

Of those patients that had received treatment at the practice, the majority said in the questionnaires that the cost of their treatment was always made clear to them, and that they understood how the cost of their treatment was calculated.

We noted that the opening times of the practice were displayed in conspicuous locations and the contact telephone number for emergency advice and treatment was also displayed. This information was detailed on the practice information leaflet and was also given on the answer phone message. Information relating to the practising dentists was displayed appropriately.

## Communicating effectively

Around a quarter of the patients that completed a questionnaire considered themselves to be a Welsh speaker; the majority of these patients told us that they were always able to speak to staff in their preferred language, with only a small number of patients saying that they could only sometimes speak to staff in their preferred language. All non-Welsh speaking patients told us that they were always able to speak to staff in their preferred language.

We evaluated the written resources and information available at the practice and generally it was of a good standard. However we did note that there was limited Welsh language literature available. For example the practice leaflet was only available through the medium of English. We recommend that the practice evaluate this area of practice and promote the utilisation of the Welsh language at every opportunity.

### Improvement needed

The practice must ensure that Welsh language resources are evaluated and promoted within the practice.

## Timely care

The majority of patients that completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. We observed and were informed by staff that they made every effort to ensure care and treatment was provided in a timely way.

## **Individual care**

### **Planning care to promote independence**

Every patient that completed a questionnaire agreed that the dentist enquires about their medical history before undertaking any treatment. All patients also confirmed that they were always involved as much as they want to be in any decisions made about their individual treatment.

Patients records sampled as part of the inspection process evidenced medical histories were reviewed and updated at each appointment. There was clear signage to the toilet facilities within the practice. Patients' toilets also included access to a unisex disabled toilet facility. All toilet facilities were maintained to a high standard and were hygienically clean.

### **People's rights**

The practice had equality and diversity policies in operation which were valid and appropriate. Access to the building was via the ground floor with all surgeries located on the ground floor. All doorways and access to the toilets were accessible for wheelchair users. The practice had its own car park which provided ample parking spaces for patients.

### **Listening and learning from feedback**

The practice had policies and procedure in operation in relation to complaints management. There were complaints policies and procedures which covered NHS and private treatment. We saw evidence that the practice was actively informing people of their complaints procedures because these key documents were promoted within the waiting area.

Less than a quarter of patients that completed a questionnaire told us that they wouldn't know how to raise a concern or complaint about the services they receive at the dental practice if they needed to.

More than three quarters of patients that completed a questionnaire told us that they have been asked by the dental practice for their views on the service provided there, for example, through patient questionnaires.

We noted that the practice had one policy in place for whistleblowing and underperformance. We recommended to the practice that they have separate policies in place for whistleblowing and underperforming as this may make imply that if a member of staff whistleblows, underperformance may be associated with making that disclosure.

We noted that the practice took complaints seriously and utilised them as a means of learning and service improvement. The practice had a comments / suggestions box available for patients to complete and provide feedback on the practice and its services. At present these comments / suggestions were only utilised by the practice for improvements. We recommend that the practice evaluates all the comments received and utilise the findings in an annual quality report which will promote openness and transparency. The quality report will demonstrate the issues that have been raised and the methods in which they have been addressed and resolved.

#### Improvement needed

Ensure the separation of policies in relation to whistleblowing and underperformance.

The practice is recommended to develop an annual quality report, which should be made available to patients registered with the practice.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

Overall, we found evidence that patients were provided with safe and clinically effective dental care. The practice had a comprehensive range of policies and procedures in operation to ensure and promote effective care and treatment.

The practice had comprehensive processes in operation to ensure the safe and effective cleaning and sterilising of dental instruments.

A range of emergency resuscitation equipment and drugs were available at the practice in the event of a patient becoming seriously unwell and requiring emergency treatment.

Some improvements were noted in relation to infection prevention and control practices in operation.

### Safe care

#### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of patients and staff working at the practice. No concerns were noted by patients in relation to the cleanliness of the dental practice; almost every patient that completed a questionnaire felt that the dental practice was very clean. We observed that the internal and external premises was of a high standard and maintained accordingly.

As previously mentioned patient toilet facilities were signposted and hygienically visibly clean. However, no sanitary disposal bins were available.

Contracts were in place for the safe disposal of hazardous waste. Fire extinguishers were strategically placed around the practice in the event of a fire. Equipment in use within the practice was monitored and maintained accordingly.

### Improvement needed

Ensure sanitary disposal bins are provided.

### Infection prevention and control

Overall, cleanliness within the practice was of a very high standard. Surgeries were clean, neat and tidy. Floor surfaces within the surgeries were easy to clean in order to reduce the likelihood of cross infection.

All equipment was organised in a structured manner. However we did identify that the practice should ensure that dental equipment trays are locked in boxes when transporting the trays from room to room. This will reduce the potential of cross contamination and improve infection prevention and control.

We also identified that a bin in the waiting room was not foot operated. This posed a risk of potential for infection.

The decontamination room was evaluated and overall we identified safe and effective practice. Decontamination equipment in operation within the practice were being checked at regular intervals and documented accordingly. We observed that there was an ample supply of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection. The practice had a system in place to manage waste appropriately and safely.

Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

### Improvement needed

The practice to evaluate and improve the current practice of transporting dental trays from room to room to reduce cross contamination.

All bins in utilisation should promote best practice and reduce the potential of cross infection.

### Medicines management

The practice had designated policies and procedures in place identifying how to respond to patient medical emergencies. We saw records that indicated that the

staff team had received appropriate training. The emergency drugs were stored in a location which ensured that they were available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the emergency drugs to ensure they remained in date and ready for use. Medicines were stored in a safe and appropriate manner.

### **Safeguarding children and adults at risk**

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies. Records also viewed identified that all staff had received appropriate training which was up to date.

During our evaluation of staffing recruitment processes we identified that all staff has received an appropriate Disclosure and Barring Service (DBS) check. We also confirmed that all relevant staff were registered with the General Dental Council (GDC).

Procedures in operation at the practice enabled staff to raise concerns with management and these concerns would be taken seriously and acted upon in a diligent manner.

### **Medical devices, equipment and diagnostic systems**

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. In accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2000) all appropriate staff had completed the required training.

Clinical equipment at the practice were of a high standard and maintained accordingly.

## **Effective care**

### **Safe and clinically effective care**

We were informed that the practice was continuously striving to improve the service provision provided at St David's Dental Care Ltd. Records of these meetings were documented and maintained.

Audits were undertaken at regular intervals and actions implemented if necessary. Records of these audits were maintained and stored appropriately.

## Quality improvement, research and innovation

Discussion with clinical staff identified that peer reviews were undertaken regularly. In addition, regular staff meetings were also held, which enabled staff to discuss new topics / features such as updated local and national guidance. Minutes of those meetings were documented accordingly.

The practice had utilised the Deanery Matrix previously back in 2008. We were informed that it was their intention to undertake this process in the near future.

## Information governance and communications technology

We noted that the storage of patient files was safe and secure. Computers screens were strategically located in order to promote privacy and confidentiality of patients' information in order to reduce the possibility of information being seen. St David's Dental Care Ltd also had data protection policies and procedures in operation in order to safeguard information.

## Record keeping

We reviewed a sample of patients' records completed by the dentists. Overall, records viewed were completed to a good standard. However we did identify some improvements were necessary, practitioners need to expand on options offered to patients at treatment planning phase, to including risks and benefits. In addition the rationale for undertaking x-rays and their reporting needs to be consistently documented in patients records

### Improvement needed

Expand on options offered to patients at treatment planning phase, to including risks and benefits.

Ensure radiograph justification and reporting is consistently recorded in patients' records.



## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

Overall St David's Dental Care Ltd, is a well managed, organised service with clear lines of accountability. There are clear and robust measures in operation for the benefit of patients and staff. Induction processes requires evaluation in order to make it more robust and comprehensive. All staff receive a timely annual appraisals.

St David's Dental Care Ltd have devised and developed a good range of comprehensive and relevant policies and procedures. These documents provide clear guidance and support to staff to ensure that their performance promotes best practice. Staff had received the necessary training and support in order to undertake their roles in an inclusive and informed manner.

### **Governance, leadership and accountability**

We found the practice to have good leadership and clear lines of accountability. The practice manager oversees the day to day management of the practice with guidance and support from the principle dentist.

There was a wide range of policies and procedures in place to ensure the safety of both patients and staff. We saw some evidence to identify that staff had read and understood some policies and procedures but we advise that a more formal approach is undertaken to ensure that all staff are fully aware of key policies and procedures and that this is formally recorded.

#### Improvement needed

Develop a formal approach to demonstrate all staff have read and understood key policies and procedures and that this is documented accordingly.

## Staff and resources

### Workforce

We saw evidence in some staff files in relation to the induction process. We identified that this aspect required evaluation in order to make it a robust and standardised process. We noted that some staff had signed some aspects of their induction, but this was not completed in a comprehensive manner. Records identified that formal annual appraisals were on going.

During the course of the inspection we spoke to a range of staff. All staff noted that they felt enabled to raise any concerns / anxieties with management. Staff spoke highly of the dedicated staff team and the collaborative ethos in operation at the practice. We viewed a sample of staff training records and found that clinical staff had completed training in areas recommended by the General Dental Council.

All clinical staff were registered with the General Dental Council. The dentists HIW certificates were on display as required by the Private Dentistry (Wales) Regulations 2008 and we evidenced that indemnity cover was present. Staff records were reviewed during the inspection and clear evidence was shown which demonstrated all clinical staff had received immunisation against Hepatitis B in order to protect patients and themselves.

### Improvement needed

Induction processes to be robust and applied consistently for all new members of staff.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

## Appendix B – Immediate improvement plan

**Service:** St David's Dental Care Ltd

**Date of inspection:** 14 December 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified at this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**



## Appendix C – Improvement plan

**Service:** St David's Dental Care Ltd

**Date of inspection:** 14 December 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice must ensure that Welsh language resources are evaluated and promoted within the practice.	3.2 Communicatin g effectively	J Johnson has evaluated Welsh language resources and improvements have begun. All notices will be translated into Welsh. The Practice Leaflet will be available in Welsh as soon as the English version has been approved by HIW Registration.	J Johnson	31/05/2018
The practice is recommended to develop an annual quality report, which should be made available to patients registered with the practice	6.3 Listening and Learning from feedback	J and E Johnson have completed an annual quality report for 2017 based on patient surveys and the suggestion box. It has now been placed in the waiting	J Johnson	Completed 26/03/18



Improvement needed	Standard	Service action	Responsible officer	Timescale
Ensure the separation of policies in relation to whistleblowing and underperformance.	The General Dental Council Standard 2.1	room. Separate Whistleblowing and Underperformance Policies have now been written, staff have been retrained and a training sheet signed.	J Johnson	Completed 23/03/18
<b>Delivery of safe and effective care</b>				
Ensure that sanitary disposal bins are provided.	2.1 Managing risk and promoting health and safety  Private Dentistry (Wales) Regulations 2008 14 (6)	A sanitary bin has been provided by PHS and added to our contract with them.	J Johnson	Completed 26/03/18
The practice to evaluate and improve the current practice of transporting dental trays from room to room to reduce cross contamination.	2.4 Infection Prevention and Control (IPC) and	The system of transporting trays has been evaluated, Transport boxes have now been provided and staff trained in their use. This training has been	J Johnson	Completed 26/03/18

Improvement needed	Standard	Service action	Responsible officer	Timescale
All bins in utilisation should promote best practice and reduce the potential of cross infection.	Decontamination  Private Dentistry (Wales) Regulations 2008 14 (6)	documented and signed by all clinical staff.  A foot pedal bin was placed in the waiting room on the day of inspection. Now all bins in the practice are foot operated.	J Johnson	Completed 14/12/17
Expand on options offered to patients at treatment planning phase, to including risks and benefits.  Ensure radiograph justification and reporting is consistently recorded in patients' records.	3.5 Record keeping  The General Dental Council Standard 4.1.1	We have now audited all patient records to assess records of treatment planning with risks and benefits and also radiographic justification and reporting. This has established a baseline for training staff which has been done. We will re-audit in 3 months to assess improvements.	J Johnson	Audited 27/03/18  Re-audit 27/06/18
<b>Quality of management and leadership</b>				
Develop a formal approach to demonstrate all staff have read and understood key policies and procedures and that this is documented accordingly.	Governance, Leadership and Accountability	Signed training sheets have now been added for more policies including Safeguarding.	J Johnson	Completed 23/02/18
Induction processes to be robust and applied	7.1 Workforce	A new induction process has been	J Johnson	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
consistently for all new members of staff.		written and used. Staff will sign at each stage as it is completed, with comments as necessary.		05/03/18

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative**

**Name (print): S JANE JOHNSON**

**Job role: Dentist**

**Date: 29/03/2018**