



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

Bethcar Dental Practice/Aneurin  
Bevan University Health Board

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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)**

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**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 Bethcar Dental Practice at 97 Bethcar Street, Ebbw Vale, NP23 6BB within Aneurin Bevan University Health Board on the 30 April 2018.

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), the Private Dentistry (Wales) Regulations 2017 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 Bethcar Dental Practice was meeting the standards necessary to provide safe and effective care.

We found that the patients were treated with respect; the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner.

This is what we found the service did well:

- Patients told us they were very happy with their care and treatment
- Patient records were generally comprehensive and well documented
- 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
- Staff told us they felt supported and had good access to training opportunities.

This is what we recommend the service could improve:

- Updates to some patient information, including the statement of purpose and patient information leaflet
- More regular audits of infection control arrangements
- Training for some clinical staff in ionising radiation.

## 3. What we found

### **Background of the service**

Bethcar Dental Practice provides services to patients in the Ebbw Vale area of South Wales. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes six dentists, two hygienists, one therapist, eight dental nurses (one of whom is a trainee), two reception staff and a practice manager.

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

One dentist is able to offer sedation.

## 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.*

We saw that patients were treated with dignity, respect and kindness by the whole practice team. Patients who provided comments indicated that they were very satisfied with the service offered by the practice. We found the practice to be delivering care and treatment in a very patient focussed manner.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 37 were completed. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years. Patient comments included the following:

*"My practice is perfect. Although an NHS practice the standard is on par with a private practice"*

*"Myself and my family have always received excellent care at the practice. We are always informed of any care/treatment that we require and this is explained in a manner that is understood. The practice has a warm welcome at all times and appears well organised and professional."*

*"Great team from reception to dental team. Always friendly and helpful."*

*"Excellent care and service."*

*"I have a phobia of the dentist but I am always made to feel comfortable and calm by all the staff at this practice."*

## Staying healthy

Within the practice, we saw that there was a variety of health promotion information available to patients to help promote the need for them to take care of their own oral health and hygiene. We saw that TV screens were available in



patient waiting areas that also displayed health promotion information and advice.

Without exception all patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

## **Dignified care**

We observed staff speaking to patients in a respectful and professional manner. The staff presented as a friendly team and we saw polite and courteous interactions with patients. Without exception, all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice confirmed that patients could speak to the dental team in private and away from other patients, in order to help maintain their privacy and dignity.

## **Patient information**

The practice provided a range of private and NHS dental treatments. Information on costs for NHS treatments were clearly displayed in the reception area, meaning that patients had information about how much their NHS treatment may cost. We were told that prices for private dental treatments would be discussed with patients and information was available from the dentist on request. The registered manager must ensure that prices for private dental treatments are displayed for patients to see.

The vast majority of patients that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment, and that they understood how the cost of their treatment was calculated. All but one of the 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 said that they had received clear information about available treatment options.

### **Improvement needed**

The registered manager must display prices for private dental treatments.

## **Communicating effectively**

All but one of the patients that completed a questionnaire told us they have been able to speak to staff in their preferred language.

## **Timely care**

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed on the outside the practice, within a patient information leaflet, on the website and also on the answer phone message. The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

## **Individual care**

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

The majority of patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options. We considered a sample of patient records and found that there were detailed recordings of treatment planning and options noted for each patient. This meant that patients were able to make an informed decision about their proposed treatment.

The vast majority of patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

### **People's rights**

We noted that the practice had a dedicated equality and diversity policy in place. This meant that the practice was committed to ensure that everyone had access to the same opportunities and to the same fair treatment.

The practice was accessed via steps, meaning that patients with mobility difficulties or those using wheelchairs would not be able to access their setting. The practice information leaflet made this clear to patients potentially wishing to use the service.

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

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed for patients to see. The majority of patients that completed a questionnaire told us they knew how to raise a concern or make a complaint about the service. The registered manager must update the complaints procedure to ensure that it includes the contact details for HIW. The registered manager agreed to make this change.

Whilst the practice had only received a very small number of complaints, we found that there was an appropriate process in place to record and address both verbal and written complaints.

We found that the practice had a process in place for obtaining patient feedback about the services and care received through patient questionnaires. We saw that the practice considered the information received and provided feedback to patients about the outcome of the questionnaires, which were displayed on the TV screens in the waiting areas. Most patients that completed a questionnaire confirmed that they are asked for their views on the dental practice.

#### Improvement needed

The registered manager must ensure that the complaints procedure includes the contact details for HIW.

## Delivery of safe and effective care

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

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

Patients' records were generally 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.

A plan is required to ensure that flooring in all clinical areas meets with national guidance.

More regular audits of infection control arrangements were needed.

We recommended that the process for recording patient medical histories needed to be improved.

## Safe care

### Managing risk and promoting health and safety

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

We found the practice to be very well maintained both inside and outside, and all surgeries were clean, tidy and well organised. There were no concerns expressed by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months to make sure they were working properly.

Portable appliance testing (PAT) of electrical equipment within the practice had been carried out within the last 12 months, to help ensure equipment was safe to be used.

Suitable arrangements were 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 waste contractor. Amalgam separator equipment was installed so amalgam (a form of dental filling containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Non hazardous (household) waste was collected through arrangements with the local council.

There was a health and safety policy in place. We saw appropriate data and information on Control of Substances Hazardous to Health (COSHH) were available to staff and that COSHH substances were kept securely.

### **Infection prevention and control**

The practice had a designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>1</sup> policy and guidance document. A dedicated hand washing sink was available within the decontamination room.

Decontamination equipment and cabinets were visibly in good condition. Work surfaces and the floors within the decontamination room were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

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<sup>1</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

The practice had the use of four autoclaves<sup>2</sup> and we saw inspection certification showing they were safe to use. We saw that daily checks were being carried out and a logbook maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on infection control and decontamination. The practice had a good system in place allowing for the safe transfer of dirty and clean instruments in clearly labelled boxes, meaning staff were clear about the process.

We found that an audit of the infection control arrangements had last been carried out in 2015, the registered manager was reminded that more regular audits must be conducted in line with the requirements of WHTM 01-05. The registered manager agreed to address this.

We found that flooring in the majority of surgeries did not meet the current standards outlined in WHTM 01-05. We found that whilst the flooring was laminate, it had small groves which could potentially inhibit effective cleaning.

#### Improvement needed

The registered manager must ensure that regular audits of infection control arrangements are conducted in line with the requirements of WHTM-01-05.

The registered manager should ensure that flooring within all clinical areas meets the standards set out within WHTM-01-05.

#### Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse) and were well organised and easily accessible. The drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use.

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<sup>2</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

We saw records to show that the majority of staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, we found that training was out of date for one member of staff. The registered manager told us that training had already been arranged for the individual in line with the rest of the practice following the inspection.

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

The practice had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. The registered manager must update the procedures to include the contact details for the safeguarding teams at the local council. The registered manager agreed to do this.

We saw certificates confirming that staff had completed training on child and adult protection.

#### **Improvement needed**

The registered manager must update the child and adult safeguarding policies to include the contact details for the appropriate safeguarding teams at the local council.

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

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 the dentists were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council (GDC). Whilst we saw certificates for some other members of clinical staff, we were unable to see that all clinical staff had attended relevant ionising radiation training. The registered manager was reminded to ensure that all staff attend relevant training in line with the guidance set by the GDC.

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.

### Improvement needed

The registered manager must ensure that all clinical staff attend ionising radiation training commensurate with their role in line with the recommendations of the General Dental Council.

## Effective care

### Safe and clinically effective care

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. Areas audited included radiographs, waste management and patient records. We recommended that the registered manager consider implementing a wider range and a more structured programme of audit activity to help identify areas for improvement and to ensure meeting best practice guidelines in a wide range of areas. The registered manager agreed to do this.

### Quality improvement, research and innovation

The registered manager told us that as a group of dentists they have regular reviews and discussions to help ensure that clinical staff are kept up to date with best practice.

### Information governance and communications technology

We found that there was good provision to maintain the security of patient records, to help prevent unauthorised access.

### Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes made were mostly detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

We found however that patient medical histories were not consistently signed and dated by both the patient and the dated each time a new medical history was required. The registered manager agreed to address this issue.



### Improvement needed

The registered manager must ensure that patient medical histories are signed and dated by both the dentist and patient every time a new medical history is required.

## 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.*

We found that Bethcar Dental Practice had systems and processes in place which ensure the practice and the staff are supported to providing a high quality service.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported in their roles and that they had the opportunity to attend relevant training to develop their skills and knowledge.

Updates were required to the statement of purpose and patient information leaflet to ensure compliance with the regulations.

## Governance, leadership and accountability

Bethcar Dental Practice is owned by two principal dentists and they are supported by a wider team of clinical and non clinical staff. One of the principal dentists is also the registered manager, and is supported on a day to day basis by the practice manager. We found the practice team to be organised and very proactive in their approach to providing safe and effective care to their patients. Clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the registered manager acted promptly and demonstrated a willingness and commitment to address any issues and suggestions.

We reviewed the service's statement of purpose and patient information leaflet, both of which were required to be updated to ensure they contained all the relevant information as required by the regulations. The statement of purpose did not include details of the most recent dentist employed, and it also needed to include the organisational structure of the practice. The patient information

leaflet needed to be updated to include details of all staff, including nurses and administrative staff, and additional information about the complaints procedure.

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. We saw that regular staff meetings were held, and meeting minutes produced and shared with those not able to attend the meeting. The practice had also recently introduced an updates and comments book for staff to use to share information across the practice.

We saw that there was a comprehensive range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We saw that all policies were reviewed and dated, so all staff knew they had access to the most up to date policy.

#### Improvement needed

The registered manager must update the statement of purpose and patient information leaflet to ensure they include all relevant information as required by the regulations. Copies must be provided to HIW.

## Staff and resources

### Workforce

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 were told that all staff receive an appraisal of their performance on an annual basis, and personal development plans identified as a result of their appraisals.

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.

The practice was registered with HIW to provide private dental services, and we saw the relevant HIW registration certificate displayed in the reception area. We

saw up to date Disclosure and Barring Service (DBS) certificates for staff working at the practice.

## 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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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 during the inspection.			

## Appendix B – Immediate improvement plan

**Service:** Bethcar Dental Practice

**Date of inspection:** 30 April 2018

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 improvements identified during the 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:** Bethcar Dental Practice

**Date of inspection:** 30 April 2018

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 registered manager must display prices for private dental treatments.	Health and Care Standards 4.2 Patient Information Regulation 6(3)	Private Fees are on display on front reception	R Morgan	Achieved
The registered manager must ensure that the complaints procedure includes the contact details for HIW.	Health and Care Standards 6.3 Listening and	HIW details have been added to our complaints procedures and policy	R Morgan	Achieved

Improvement needed	Standard	Service action	Responsible officer	Timescale
	Learning from feedback Regulation 21 (4)(a)			
<b>Delivery of safe and effective care</b>				
<p>The registered manager must ensure that regular audits of infection control arrangements are conducted in line with the requirements of WHTM-01-05.</p> <p>The registered manager should ensure that flooring within all clinical areas meets the standards set out within WHTM-01-05.</p>	Health and Care Standard 2.4 Infection Prevention and Control (IPC) and Decontamination Regulation 16 (1)(a)(b) Regulation 22 (2)(a)(c)	<p>Annual Audit Programme introduced including Waste Audit, Infection control and Disinfection Audits</p> <p>Flooring to be replaced during a program of surgery upgrading</p>	R Morgan	Achieved  Over next 3 years
<p>The registered manager must update the child and adult safeguarding policies to include the contact details for the appropriate safeguarding teams at the local council.</p>	Health and Care Standards 2.7 Safeguarding	<p>Local Safeguarding leads and key persons along with a flowchart of contact numbers and procedures have been added to our Child and Adult</p>	R Morgan	Achieved

Improvement needed	Standard	Service action	Responsible officer	Timescale
	children and adults at risk Regulation 14 (1)(c)	Safeguarding File		
The registered manager must ensure that all clinical staff attend ionising radiation training commensurate with their role in line with the recommendations of the General Dental Council.	2.9 Medical devices, equipment and diagnostic systems Regulation 17 (3)(a)	All staff to undergo IRMER training in accordance with GDC standards	R Morgan	2 Months
The registered manager must ensure that patient medical histories are signed and dated by both the dentist and patient every time a new medical history is required.	Health and Care Standards 3.5 Record keeping Regulation 20 (a)(i)(ii)	We have added to our digital medical history record keeping by introducing written medical history that is completed by all patients and signed by the individual and the reviewing dentist	R Morgan	Achieved
<b>Quality of management and leadership</b>				
The registered manager must update the	Health and	Both have been updated and uploaded	R Morgan	Achieved

Improvement needed	Standard	Service action	Responsible officer	Timescale
statement of purpose and patient information leaflet to ensure they include all relevant information as required by the regulations. Copies must be provided to HIW.	Care Standards Governance, Leadership and Accountability  Regulation 5 (1) Schedule 1 (5)(6)  Regulation 6 (1) Schedule 2 (1)(b)(f)	to our website as required by regulations		

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): Rhys Morgan**

**Job role: Principal**

**Date: 14/06/2018**