

# General Dental Practice Inspection (Announced)

Pont Steffan Dental

Inspection date: 1 May 2018

Publication date: 2 August 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 .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	13
	Quality of management and leadership .....	18
4.	What next? .....	20
5.	How we inspect dental practices .....	21
	Appendix A – Summary of concerns resolved during the inspection .....	22
	Appendix B – Immediate improvement plan .....	23
	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 Pont Steffan Dental at North Road, Lampeter, SA48 7HZ on the 1 May 2018.

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

HIW explored how the practice complied with 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 Pont Steffan Dental was working hard to provide a high quality experience to their patient population.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained. The environment had been renovated and provided good quality facilities for staff and patients.

The patient records we reviewed were comprehensive and current. Infection control procedures were aligned to the necessary guidance and audit tools. We saw evidence that regular checks of the equipment and decontamination processes were taking place.

The policy and procedure files were neat and easy to use, enabling staff to obtain information to help them with their day to day work.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

This is what we found the service did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients unanimously rated the service provided at the practice as excellent
- Staff we spoke to were happy in their roles and understood their responsibilities
- Relevant audits were being undertaken which were comprehensive and provided evidence of a practice continually looking to improve their services
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently

- The environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy
- The dental practice had facilities situated on the ground floor enabling it suitable to treat patients with mobility issues.

There were no areas of non compliance identified at this inspection.

# What we found

## **Background of the service**

Pont Steffan Dental is a private only dental practice.

The practice staff team includes four dentists, four dental nurses, three receptionists, one marketing co-ordinator and one practice manager.

A range of general private dental services are provided.



## 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 that this practice was working hard to provide a high quality experience to their patient population. We found relevant information displayed in the reception and waiting areas, in both English and Welsh. Feedback we received via HIW questionnaires, confirmed that patients rated their experience at this practice as excellent.

The practice was supported by systems that ensured any complaints and comments were captured consistently. This information was regularly reviewed and where applicable, changes had been made to improve patient experience at the practice.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. A total of 24 questionnaires were completed. Patient comments included the following:

*"I have always been a nervous patient in the past, thus foregoing regular check ups. The staff here, are friendly and put you at ease. As a result, I always feel confident in attending regular check ups and as a result both the condition of my teeth and gums have much improved"*

*"Since attending Pont Steffan my 'dentist phobia' has disappeared. The staff are calm, caring and you are made to feel relaxed. You are not a number"*

*"The care and service is the best I have ever received compared to other practices I have been with in the past"*

*"Helpful and professional. Out of hours service great"*

## Staying healthy

Health promotion information was available in the reception/waiting areas, including information leaflets and a TV displaying different forms of treatments and preventative information. We also saw there was information available in both English and Welsh.

A price list was displayed in the reception/waiting area regarding private treatment costs.

A sign displaying No Smoking was displayed on the door leading to the reception which confirmed the emphasis being placed on compliance with smoke free premises legislation<sup>1</sup>.

## **Dignified care**

We saw evidence that patients were provided with care in a dignified and respectful manner. The practice had a dedicated room to have conversations with patients in private, as well as being able to use the dental surgeries for that purpose, as required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was also very positive. All patients told us that they were treated with respect when they visited the practice.

## **Patient information**

All patients who completed a HIW questionnaire told us that they felt involved as much as they wanted to be in any decisions about their treatment, and had received clear information about available treatment options. In addition, all patients said that the cost of any treatment was always made clear to them before they received any treatment.

We also found evidence of treatment planning within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

---

<sup>1</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

The practice had its own patient information pack for patients to take away. The pack contained a dental health form, payment plan information and practice information leaflet, with information about dental emergencies, complaints procedure and contact details.

### **Communicating effectively**

All patients who completed HIW questionnaires told us that they were always able to speak to staff in their preferred language. Six of the patients that completed a questionnaire considered themselves to be a Welsh speaker and told us they were always able to speak to staff in Welsh. There were staff working at the practice able to speak with patients in English and Welsh and we observed this during the visit.

### **Timely care**

The practice tried to ensure that dental care was always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients who completed a HIW questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem.

An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number for the practice was displayed outside of the practice. This enabled patients to access the answer phone message which contains the out of hours telephone number.

### **Individual care**

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

Feedback from the patients who completed our questionnaire confirmed that the dental team had discussed with them about how to keep their mouths and teeth healthy, and that they were involved as much as they wanted to be in any decisions about their treatment.

#### **People's rights**

We noted that the practice had a dedicated equal opportunities 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.

Entry to the premises was suitable for anyone with a mobility difficulty. The practice had undergone extensive renovations to make facilities as accessible as possible. This included the provision of dental surgeries on the ground floor and a public toilet.

The public toilet was signposted and the amenities were clean and provided hand washing and drying facilities. The toilet facility also had a handrail to provide support for anyone with mobility difficulties.

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

The practice had a complaints policy and procedure in place. This was displayed in the reception/waiting area, as well as on the practice's website and in the patient information leaflet. In addition, the practice also had a system in place to capture informal/verbal comments.

There were systems in place to record, monitor and respond to any complaints received. Very few complaints had been received, but we saw the complaint log used by the practice. All correspondence relating to each complaint was evident within the file. Staff told us that they regularly analysed comments and/or complaints to identify any themes or trends. This was, with a view to making improvements to patient's services.

The practice had systems for obtaining patient feedback. Comment cards were available in the waiting area, with a box to post replies anonymously. Patients could submit feedback electronically via the practice's website. Patient surveys were also carried out every other year. The results of the 2016 survey were published and available in the waiting room and on the website. The survey results showed the actions taken by the practice to improve their service based on patient feedback.

## 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 that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice had been renovated with facilities that provided a quality environment for staff and visitors. We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the necessary guidance and audit tools. We also saw evidence that regular checks of equipment and decontamination processes were taking place.

The patient records we reviewed were comprehensive and current. There were also checklists in place for various tasks which provided reassurance that tasks were being completed consistently.

### Safe care

There were no immediate assurance issues identified during this inspection visit.

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

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored

appropriately. Collections by the local council were in place for the disposal of non hazardous (household) waste.

The practice facilities were located over two floors. The practice had been purchased by the current dentist in 2012 and the building had been extensively renovated, providing a good quality environment for staff and visitors. The building was visibly well maintained both internally and externally and all areas within the practice were clean, tidy and free from trip hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice. In addition, all patients who completed a HIW questionnaire stated that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Emergency exits were visible and a Health and Safety poster was displayed within the practice.

### **Infection prevention and control**

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was new and in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection.

We saw evidence that regular infection control audits take place using recognised audit tools, including the Wales Deanery audit tool which is aligned

to the Welsh Health Technical Memorandum (WHTM) 01-05<sup>2</sup> guidance. We recognised this as good practice due to the comprehensive content the audit covers. The infection control audit had been completed and had no actions/recommendations to follow up on.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave<sup>3</sup> and we saw evidence that start and end of the day safety checks were taking place.

### **Medicines management**

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. The practice did not have portable suction equipment available at the time of our visit, but this was ordered immediately when raised with staff. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>4</sup>.

The practice had a named, appointed first aider.

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

---

<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.

<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> [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 found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults in place. The policies had details of the local safeguarding team and a flowchart that would assist staff of the actions required should a safeguarding issue arise.

We saw that all staff had up to date training in adult and child protection. One staff member needed to complete refresher training in child protection training. Following our visit evidence has been provided to show this has been completed.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have and were confident those would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service<sup>5</sup> (DBS) checks for all staff.

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

We looked at the dental surgeries within the practice, and noted that they were clean and tidy. Floors and surfaces within the surgery were easily cleanable to reduce the risk of cross infection. We found that the dental instruments within the surgery were in good condition and sufficient in number.

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 had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

---

<sup>5</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).



We saw that image quality audits of X-rays had been completed 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.

## **Effective care**

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

It was evident that the practice was seeking to continuously improve the service provided. For example, we were able to see the programme of audits the practice undertake and saw some audits that had been completed by the practice.

### **Quality improvement, research and innovation**

From discussions with staff, we were informed that there was an informal peer review system in place. A peer review system is an evaluation of professional work by others in the same field. This method is to help maintain standards of quality and improve performance where applicable. We suggested the informal process be made formal to provide evidence of this process and how it contributes to the quality and safety of care provided to patients.

### **Information governance and communications technology**

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and access to computer screens was secure and discreet. Paper records were kept locked in filing cabinets. A data protection policy was in place to guide staff about what was required of them.

### **Record keeping**

We looked in detail at a sample of 10 patient records at the practice and we found they were appropriate and sufficiently detailed with information about each patient's treatment.

We found medical histories present in all the records we reviewed. Appropriate oral hygiene instruction had been given, in line with national guidance.

In all cases, the records we reviewed were individualised for that patient and contained appropriate patient identifiers, previous dental history and reason for attendance.

## 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 Private Dentistry Regulations and relevant professional standards.*

We found evidence of systems and processes in place which ensured the practice and the staff were supported and committed 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. The policies and procedures had issue and review dates and evidence that staff had read and understood their responsibilities.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas which helped to ensure they had up to date skills and knowledge to assist them with their work.

## Governance, leadership and accountability

The current owner of Pont Steffan Dental has been providing services in the current accommodation since 2012.

We found the practice had good leadership and clear lines of accountability. All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist, or an alternative, appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We saw evidence showing staff had signed the policies and procedures to confirm they

had read them and understood their responsibilities. All policies and procedures contained an issue and review date. This ensured that policies were reviewed regularly to confirm practices were up to date.

## **Staff and resources**

### **Workforce**

There was evidence of an induction programme for new members of staff. We saw that all staff had accessed a variety of training, with certificates kept on staff files.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Documented, annual appraisals were carried out for all staff and these were kept on staff files.

There was evidence of formal and minuted monthly staff meetings taking place. An agenda was kept on the computer system so staff could add items they wanted to be included. The monthly meetings took place on different days each month to ensure all staff had an opportunity to attend one. In addition, due to the size of the staff team, daily discussions take place and staff were satisfied that they were kept up to date with practice matters.

All staff, where applicable, were registered with the General Dental Council. The dentist's HIW certificate was on display as required by the Private Dentistry (Wales) Regulations 2008 and we saw confirmation of indemnity cover.

### 3. 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.

## 4. How we inspect dental practices

Our dental practice inspections are usually announced. Dental practices will receive up to 12 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.

The practice is subject to the provisions of 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 details about how HIW inspects [dental practices](#) and [independent healthcare services](#) 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 this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Pont Steffan Dental

**Date of inspection:** 1 May 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	Regulation/ Standard	Service action	Responsible officer	Timescale
No immediate assurance issues identified.				

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:** Pont Steffan Dental

**Date of inspection:** 1 May 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	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
No areas for improvement identified during this inspection.				
<b>Delivery of safe and effective care</b>				
No areas for improvement identified on this inspection				
<b>Quality of management and leadership</b>				



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
No areas for improvement identified on 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:**