

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

Cymmer Dental

Surgery/Swansea Bay University

Health Board

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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 receive good quality healthcare**

## **Our values**

**We place patients at the heart of what we do. We are:**

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

## **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 Cymmer Dental Surgery, The Health Centre, Station Road, Cymmer, Port Talbot, within Swansea Bay University Health Board on the 14 October 2019.

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

HIW explored how the service met the Health and Care Standards (2015) 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 The Health Centre General Dental Service was providing safe and effective patient centred care.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service they received as very good or excellent.

The clinical facilities were clean and well organised and suitable arrangements were in place for the decontamination of dental instruments.

This is what we found the service did well:

- Staff were polite, respectful and professional
- Patient records were being maintained to a good standard
- Patients were being provided with the right information to make informed decisions about their treatment.
- The clinical area was very clean and well maintained
- Emergency equipment was kept in line with national guidelines

This is what we recommend the service could improve:

- More information is needed on how the service improves as a result of patient feedback
- Decommissioned equipment needs to be removed by the health board
- Clinical records need to include ongoing consent.

## 3. What we found

### **Background of the service**

The Health Centre General Dental Service provides services to patients in the Cymmer area. The practice forms part of dental services provided within the area served by Swansea Bay University Health Board.

The practice has a staff team which includes one dentist and one dental nurse.

The practice provides a range of NHS 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 that the Cymer Health Centre General Dental Service had suitable processes in place to ensure patients received a positive experience while at the practice.

The majority of patients rated the care provided by the dental service as 'excellent' or 'very good' and told us that they were able to get an appointment when they needed it.

A good range of written information on maintaining good oral hygiene for both adults and children was available in the waiting room.

The practice could benefit from making more practice specific literature available in the waiting area.

Prior to our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 35 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice from one year to more than two years.

Overall, patient feedback was positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Patient comments included:

*"I have always had a fear of the dentist, but more I am made to feel relaxed and calm"*

*"The dental practice is of a very high standard and the staff are very helpful, reassuring and very good at their job"*

*"The service was excellent and I couldn't wish for better"*



Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were very happy with the service provided, one patient commented:

*"It's great as it is"*

## **Staying healthy**

### **Health promotion protection and improvement**

We saw that a suitable range of written information on preventative care and good oral hygiene for both children and adults was available within the waiting room for patients to read and take away, including information on smoking cessation.

All but one of patients who 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 professional staff conduct throughout the inspection. Every patient who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We saw that staff had access to various policies that outlined how patients' privacy and personal information should be protected.

We were told that the door remained closed when treatments were in progress. The windows were covered with blinds to maintain patient confidentiality.

We noted that the 9 Principles developed by the General Dental Council (GDC) were not available on the day of the inspection. The GDC require that the principles are displayed in an area where they can easily be seen by patients so they are aware of the standards of care they can expect to receive from dental professionals.

### **Improvement needed**

The practice must display the 9 Principles developed by the GDC in an area where they can easily be seen by patients.

## **Patient information**

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

We saw that charges for NHS treatment were displayed for patients in the waiting area. The majority of the patients also said the cost was always made clear to them before they received any treatment.

We saw that the names and relevant qualifications of the dental team were displayed in the waiting room in accordance with professional guidelines.

### **Communicating effectively**

We saw that most patient information was available for patients in English and Welsh. All but one of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

Staff at the service were Welsh speaking and if patients wanted to converse in any another language this could be arranged through a translation service. There was a policy available to support arrangements for bilingualism at the service. However, there was no information displayed regarding these arrangements. We advised that the service display this information in the waiting area where it is clearly visible to patients.

### **Timely care**

All of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it. We were told that patients make appointments in person or by calling the dentist's main practice. Staff told us that patients are informed about any delays to their appointment times on arrival, or as soon as they occur.

We were told that emergency appointments were made available throughout the usual working hours. Patients requiring emergency care out of hours are directed to the out of hours emergency number. We saw information informing patients how they can access treatment out of hours displayed in the waiting room. The majority of patients who 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**

During the inspection we reviewed a sample of patient records to check they were being maintained in line with professional guidelines. We saw evidence of written treatment plans that included notes of the costs and of treatment options discussed during appointments. This was in line with best practice and meant that patients were provided with information to make informed choices about their treatment.

Every patient who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We saw evidence during our review of patient records that confirmed that these were being documented appropriately by the dentist.

### **People's rights**

The General Dental Service is situated on the first floor of a building used by other health services provided by Swansea Bay University Health Board. There was no lift in the building and therefore was not accessible for wheelchair users or patients with mobility difficulties.

We noted that staff had access to a range of equality policies developed by the service that set out the principles to follow to ensure everyone has access to the same opportunities and to the same fair treatment.

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

We saw that patient questionnaires were available for patients to provide feedback about the service provided. We were told that patient comments are usually dealt with at the time they are made and these are recorded in a folder and reviewed annually to identify any recurring themes.

We could not see any information displayed within the practice to demonstrate to patients that the practice acts on and learns from patient feedback. We recommend that the practice considers how best to inform patients of any actions they have undertaken to improve services as a result of patient feedback.

We saw the 'Putting Things Right'<sup>1</sup> poster was displayed in the waiting area to inform patients how they can raise a complaint or concern. The complaints procedure was outlined for staff in a complaints policy developed by the service.

We were told that all complaints would be logged in a file and discussed with the practice at team meetings or raised directly with the dentist during the appraisal process.

#### Improvement needed

The practice must consider how best to inform patients of any actions they have undertaken to improve services as a result of any patient feedback.

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<sup>1</sup> Putting Things Right is the process for managing patient concerns about care and treatment in NHS Wales.

## 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 being provided with safe and effective dental care.

The clinical facilities were in good condition, well equipped, and arrangements were in place for the safe use of x-rays equipment.

We saw a range of policies and procedures in place that outline arrangements for safe and effective patient care.

### Safe care

#### Managing risk and promoting health and safety

The dental clinic was situated on the first floor of a purpose built health centre that also housed a GP surgery and Health Visitor clinic as well as a shared dental surgery.

The building appeared well maintained internally and we found all areas of the dental clinic to be clean and tidy. There were no concerns given by patients over the cleanliness of the dental practice; all of the patients who completed a questionnaire felt that, in their opinion, the dental practice was 'very clean'. However, we saw that decommissioned furniture was being stored under the stairs where patients access the dental clinic. Despite signs requesting that the area is not used for storage. We recommend that the furniture is removed from this area to avoid potential hazard.

No smoking signs were displayed throughout the building to remind staff and patients of the smoke free premises legislation<sup>2</sup>. A Health and Safety poster was

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<sup>2</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.

also displayed to inform staff how they can best protect their own health and safety within the workplace.

Staff could change in the toilets which had a lockable door to protect their privacy and dignity. A locked office was also available for staff to safely store their personal possessions.

We found that arrangements were in place to adequately protect staff and people visiting the premises in the event of a fire:

- Regular fire risk assessments had been undertaken and remedial actions had been implemented
- Fire extinguishers were available throughout the dental practice which had been serviced within the last twelve months to ensure that the equipment worked properly
- Weekly fire alarm tests and regular fire drills were undertaken by the health board
- Emergency exits were appropriately signposted
- Staff had received up to date formal training in fire safety.

### **Infection prevention and control**

We looked at the infection prevention and control measures in place at the practice to check that the cleaning and sterilisation (decontamination) of dental instruments was in line with the Welsh Health Technical Memorandum (WHTM) 01-05<sup>3</sup> guidance. Two separate dedicated decontamination rooms were located next to the surgery, one clean room and one dirty room. Both rooms were visibly clean, tidy and free from clutter. However, we saw that decommissioned equipment had not been removed from the decontamination room and recommend the health board arrange that this equipment is removed.

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<sup>3</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections.

We saw evidence that confirmed staff had been undertaking and documenting daily checks to ensure that the autoclave (sterilisation equipment) was functioning correctly.

We saw evidence that all clinical staff had kept their skills and knowledge on disinfection and decontamination up to date in line with the General Dental Council (GDC) requirements.

An infection control policy was in place that outlined the arrangements for achieving high standards of infection control in relation to areas such as hand hygiene and effective cleaning regimes. However, we recommended having a dedicated log book to validate the manual cleaning of instruments.

Appropriate arrangements were in place to deal with any sharps injuries. We saw evidence that all clinical staff had an acceptable Hepatitis B immunisation status which meant that measures were being taken to help protect patients and staff from this blood borne virus.

We saw hazardous (clinical) waste was being stored securely and appropriately and saw that the health board had a contract with a professional waste management company for the safe transfer and disposal of such hazardous waste.

#### Improvement needed

The health board must remove decommissioned equipment from the decontamination room.

The service should have dedicated log book to validate the manual cleaning of instruments.

#### Medicines management

We found that the practice had effective procedures and arrangements in place in relation to the handling, safe-keeping and disposal of medicines.

A policy was in place for resuscitation and managing medical emergencies which we noted was in line with national guidelines for resuscitation. We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Emergency drugs and emergency resuscitation equipment were available that were in line with the Resuscitation Council (UK) guidelines<sup>4</sup>. The service had a colour coded system for the organisation of the equipment which gave easy access in the event of a medical emergency.

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

We found that procedures were in place at the practice to promote and protect the welfare and safety of children and adults who are vulnerable or at risk.

Up-to-date policies for the protection of children and vulnerable adults developed by the service were available to staff which contained the procedures to follow in the event of any safeguarding concerns. However, we recommended adding the local contact information for adult safeguarding to the policy. Staff could also request advice and guidance on any safeguarding issues from a number of identified safeguarding leads within the health board.

All clinical staff had completed training in the protection of children and vulnerable adults. We saw evidence that all staff working at the practice had a valid Disclosure and Barring Service (DBS) certificate and were registered with the General Dental Council.

#### **Improvement needed**

The service need to add contact details for the local adult safeguarding team to the safeguarding policy.

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

We inspected the clinical facilities at the dental practice. The dental surgery was in good condition as it had been recently refurbished and we found it was well stocked with equipment, instruments and materials.

We found that the arrangements in place at the practice for the safe use of radiographic (X-ray) equipment met the guidance set out by the General Dental

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<sup>4</sup> <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>



Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.  
This is because:

- clinical staff had received up to date ionising radiation training
- a radiation policy was in place and local rules were displayed by the X-ray equipment that set out the safe working procedures for staff to follow
- the X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

## **Effective care**

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

The practice has undertaken, and continues to conduct, a range of clinical audits to help monitor and contribute to the delivery of safe and effective care provided to patients. We saw evidence of audits for WHTM 01-05 decontamination best practice guidelines, record keeping, radiographs and smoking cessation.

We saw that the arrangements for clinical audits and quality improvement were outlined in a policy developed by the service.

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

We were informed that the service uses the Health Education and Improvement Wales (HEIW) Maturity Matrix Dentistry (MMD) practice development tool which aims to help the dental team to work together to identify key areas for improvement based on professional guidelines and on legislative requirements.

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

Staff at the service had access to a number of policies that set out the procedures to follow to appropriately protect patient information and safely manage patient records in ways that comply with the General Data Protection Regulations (GDPR).

Patient records were electronic and we were told that regular copies of the data are made and kept off site so that the original data can be restored should something happen to the premises or system and staff could no longer access them.

### **Record keeping**

We reviewed a sample of patient records and found them to be of a high standard and supported the service to deliver quality patient care. This is because the patient records we reviewed:

- were clear, legible and documented discussions held with patients about the costs, risks and benefits associated with available treatment options
- contained comprehensive radiography documentation that followed Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) guidelines
- contained clearly documented justification for the reasons why X-rays were or were not being taken.

However, we recommend the service records ongoing verbal consent in patient records in line with professional guidelines.

#### Improvement needed

The service needs to record ongoing verbal consent in the patient records in line with professional guidelines.

## 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.*

Effective governance arrangements had been implemented by the service which included annual staff appraisals.

A range of policies and procedures were available to support staff in delivering safe and effective care.

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.

There were processes in place to ensure the General Dental Service was appropriately staffed at all times.

## Governance, leadership and accountability

The dental practice forms part of the General Dental Service provided by Swansea Bay University Health Board. The overall service is supported by a variety of senior management roles at the health board.

Staff had access to a wide range of policies and procedures developed by the service. These were maintained and managed by the General Dental Service and we saw that staff had to sign to say they have read and understood each policy and any updates.

Staff were clear about their roles and responsibilities and were observed working well with members of the Community Dental Service with whom they share the surgery.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place.

## Staff and resources

## Workforce

Staff run the General Dental Service two days per week as part of a contract with Swansea Bay University Health Board. Members of staff had a contract of employment and a job description setting out their roles and responsibilities and these were managed centrally.

We were told that annual appraisals take place in the staff members usual place of work taking into account their role at the General Dental Service.

We saw evidence that staff had a Personal Development Plan (PDP) in place and that staff had attended training on a range of topics relevant to their roles to help meet their CPD requirements.

We were told that the General Dental Service is staffed appropriately as one dentist and one dental nurse consistently work at the service. We were told that a second dental nurse has been made familiar with the service in case of any unplanned absence.

As previously mentioned in the report, we saw evidence that DBS clearance checks had been carried out for all staff working within the department. The health board is responsible for ensuring that any new staff members recruited to work for the General Dental Service are suitably qualified and protected to work with patients.

## 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, measurable, 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 2017](#) 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 at this inspection			

## Appendix B – Immediate improvement plan

**Service:** The Health Centre

**Date of inspection:** 14 October 2019

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 were found				

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:** The Health Centre

**Date of inspection:** 14 October 2019

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 display the 9 Principles developed by the GDC in an area where they can easily be seen by patients.	General Dental Council Requirements	A poster will be produced and displayed in the waiting area outlining the 9 GDC principles.	R Coles	16/12/2019
<b>Delivery of safe and effective care</b>				

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>The health board need to remove decommissioned equipment from the decontamination room.</p> <p>The service need to have a dedicated log book to validate the manual cleaning of instruments.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>A request has been sent to Swansea Bay University Health Board requesting the removal of decommissioned equipment as soon as possible.</p> <p>Log book produced and positioned in decon room to record water temperature, length of time spent and detergent used for manual cleaning prior to sterilisation.</p>	<p>R Coles /Swansea Bay UHB</p> <p>R Coles</p>	<p>A request has already been sent to SBUHB to complete this action.</p> <p>Immediately.</p> <p>This has already been implemented.</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
The service need to add contact details for the local adult safeguarding team to the safeguarding policy.	2.7 Safeguarding children and adults at risk	The contact details for SBUHB Adult Services Intake Team for Swansea, Neath & Port Talbot including contact details for the Emergency Duty Teams have now been included in our safeguarding policy. Staff will be advised that these details are now available within the policy documents.	R Coles	Immediately. The policy has already been amended.
The service needs to record ongoing verbal consent in the patient records in line with professional guidelines.	3.5 Record keeping	We shall include the sentence 'verbal consent given' (VCG) in patient's clinical records to acknowledge the patient's consent, where it has been given.	R Coles	Immediate. This action has already been implemented.
<b>Quality of management and leadership</b>				
No improvement needed				

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** **Dr Rachel Coles**

**Name (print):** **Rachel Coles**

**Job role:** **Practice Principal / General Dental Practitioner**

**Date:** **29/11/2019**