

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

Abertawe Bro Morgannwg  
University Health Board,

### **Court Road Dental Practice**

19 January 2016

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## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	5
	Quality of the Patient Experience .....	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	13
5.	Next Steps .....	14
6.	Methodology.....	15
	Appendix A .....	17

## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Court Road Dental Practice at 4, Court Road, Bridgend, CF31 1BN on 19 January 2016.

HIW explored how Court Road Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Court Road Dental Practice provides services to patients in the Bridgend area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

Court Road Dental Practice is a mixed practice providing both private and NHS dental services

The practice staff team includes four dentists (including the practice owner), three dental nurses, a dental technician and two reception staff (one of whom is also the practice manager). At the time of our inspection a trainee dental nurse was also working at the practice.

### 3. Summary

Court Road Dental Practice treats patients with dignity, respect and kindness. Patients who provided comments indicated they were satisfied with the service provided by the practice team. We saw that patients were seen in a timely manner and comments from patients confirmed this.

The practice provides ways for patients to give feedback on their experiences of using the practice's services. A written policy was in place to deal with patients' complaints. This needed to include additional information on the organisations patients could go to for help and advice.

The practice had systems in place with the aim of providing patients with safe and effective care. The practice premises were visibly well maintained and measures were in place to safely store and dispose of waste produced by the practice. We saw fire fighting equipment was available and had been serviced in the last twelve months. Staff had access to equipment and had received training on dealing with a patient emergency (collapse).

We identified improvement was needed to ensure the practice was fully complying with national guidance on the decontamination of dental instruments. We sought immediate written assurance from the practice owner on this and are assured that suitable arrangements have been put in place to address the improvement needed.

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

We identified improvement was needed around aspects of record keeping within patients' dental records and have asked the dentists working at the practice to address this.

The practice had effective management systems in place. Clear lines of communication and accountability were described and demonstrated. Staff told us they felt well supported by senior practice staff and the wider team and that they had opportunities to attend relevant training.

## 4. Findings

### *Quality of the Patient Experience*

**Court Road Dental Practice treats patients with dignity, respect and kindness. Patients who provided comments indicated they were satisfied with the service provided by the practice team. We saw that patients were seen in a timely manner and comments from patients confirmed this.**

**The practice provides ways for patients to give feedback on their experiences of using the practice's services. A written policy was in place to deal with patients' complaints. This needed to include additional information on the organisations patients could go to for help and advice.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, 22 completed questionnaires were returned. Patient comments included:

*'Staff are always polite and helpful, the surgery itself is spotlessly clean.'*

*'Great service, friendly dentist.'*

*'A car park would be a nice added bonus.'*

*'Good service across the practice.'*

*'A very efficient and friendly dental practice.'*

### Dignified care

We found people visiting the practice were treated with dignity and respect. Patients who provided comments told us that they felt they were provided with sufficient information about their dental treatment.

The practice team presented as being friendly and we saw them being polite and courteous to patients. Patients who provided comments confirmed that the practice team had made them feel welcome when visiting the practice. Some patients provided their own comments indicating that the staff had made them feel very welcome.

The practice provided both NHS and private dental services. Information on NHS and private dental costs was clearly displayed. This meant patients had access to information on how much their treatment may cost.

Copies of a patient information leaflet were available for patients to take away with them. This meant that patients had access to key information about the practice that could be kept for future reference.

### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner.

The majority of patients who provided comments told us they had not experienced a significant delay in being seen by a dentist. On the day of our inspection we saw patients being called soon after arriving for their appointment. Staff described a process for keeping patients informed, should their dentist be running late or unexpectedly absent, so that alternative arrangements could be made depending on the patient's wishes.

Information for patients on how to access urgent dental treatment when the practice was closed was made available via a variety of means. The majority of patients who returned completed questionnaires confirmed they knew how to access out of hours dental services.

### Staying Healthy

Without exception, all patients who returned completed questionnaires told us they felt they had been given enough information about their dental treatment. Some patients reinforced their comments and indicated that dentists had been helpful and informative.

### Individual Care

The practice had made efforts to make its services accessible to people. The practice made information available to patients on how they could raise a concern (complaint) and had a system in place for patients to provide feedback.

Arrangements were in place for patients with mobility problems and those who use wheelchairs to access the practice building. A surgery was available on the ground floor and this could accommodate wheelchairs. We were told the dentists worked flexibly so that patients who could not manage stairs could be seen in the ground floor surgery.

A suggestion box was located within the waiting area so patients could provide, on an ongoing basis, individual suggestions on how they felt the service could be improved. We recommended that the practice formalise the system in place to demonstrate that feedback received had been considered by the practice team and acted upon as appropriate.



The practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. This was displayed in the waiting room and met the requirements of the regulations for private dentistry. To comply with *Putting Things Right*, the arrangements for dealing with concerns (complaints) about NHS care in Wales, the procedure needed to include the contact details of the local health board and the local Community Health Council (CHC). This is so patients are informed of their right to refer their concern (complaint) to the health board under the above arrangements and that help and advice is available to them from the CHC.

***Improvement needed***

***The practice's procedure for handling concerns (complaints) about NHS treatment needs to include the contact details of the local health board and Community Health Council.***

The majority of patients who returned completed HIW questionnaires confirmed they knew how to make a complaint about dental services they receive.

The practice manager maintained a written log of all concerns (complaints) received together with the outcome. The manager was receptive to our suggestion to include more detail to demonstrate how concerns (complaints) have been dealt with, the timescale for responding to them and any learning identified for audit purposes.

## ***Delivery of Safe and Effective Care***

**The practice had systems in place with the aim of providing patients with safe and effective care. The practice premises were visibly well maintained and measures were in place to safely store and dispose of waste produced by the practice. We saw fire fighting equipment was available and had been serviced in the last twelve months. Staff had access to equipment and had received training on dealing with a patient emergency (collapse).**

**We identified improvement was needed to ensure the practice was fully complying with national guidance on the decontamination of dental instruments. We sought immediate written assurance from the practice owner on this and are assured that suitable arrangements have been put in place to address the improvement needed.**

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

**We identified improvement was needed around aspects of record keeping within patients' dental records and have asked the dentists working at the practice to address this.**

### **Safe Care**

We found the practice had systems in place to protect the safety and well being of staff working at and people visiting the practice. Written policies were readily available to guide staff with the aim of providing safe care to patients.

The practice building appeared visibly well maintained both internally and externally. Security measures were in place to protect the building against unauthorised access. During a tour of the practice we saw all areas were clean and tidy and free from obvious hazards. Fire fighting equipment was placed in strategic locations around the practice and we saw this had been serviced within the last 12 months.

Arrangements were in place for the safe storage and transfer of hazardous and non hazardous waste produced by the practice. Amalgam separators were installed so amalgam (containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

We found arrangements were in place to protect people from preventable healthcare associated infections. Examples included the following:

- written policies and procedures to reduce cross infection were available to staff
- personal protective equipment (PPE) was readily available for staff to use
- designated hand washing and drying facilities were provided
- there was a separate decontamination room and agreed process for the cleaning and sterilisation (decontamination) of dental instruments used at the practice
- surgeries were visibly clean and furnished to facilitate effective cleaning

Cleaning and sterilising equipment being used was visibly in good condition and autoclave<sup>1</sup> equipment had up to date safety inspection certification confirming it was safe to use. We identified improvement was needed to fully comply with the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)<sup>2</sup>. This related to the recording of checks on autoclave equipment and storage of some dental instruments.

Daily checks on equipment were being conducted and logbooks had been maintained to demonstrate this process. However these did not contain the level of detail recommended by the WHTM 01-05 guidance document. Specifically we found more detail needed to be recorded to demonstrate validation of the sterilisation cycles of the autoclaves.

Dental instruments stored within surgeries appeared visibly clean and in good condition. Packed (i.e. using specialist sealed bags) and unpacked instruments were being stored in drawers. Packaged instruments had the date of processing and the date by which they had to be used or reprocessed by as recommended by the WHTM 01-05 guidance document. Whilst in drawers, unpacked instruments were not being stored in covered trays.

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<sup>1</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

<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.

We informed the practice owner of our findings who provided a verbal assurance that corrective action would be implemented. In accordance with HIW's process, we requested immediate written assurance from the practice owner on the action taken.

***Improvement Needed (Requiring Immediate Assurance Plan)***

***The practice owner must make suitable arrangements to ensure the practice complies with guidance set out within the WHTM 01-05 (Revision 1) guidance document in respect of:***

- ***The maintenance of records associated with the checking and validation of sterilising equipment used at the practice.***
- ***The storage and reprocessing of unpacked dental instruments used at the practice.***

The practice owner provided an immediate assurance plan within the timescale we agreed. We are assured that suitable arrangements have been put in place to address the improvement needed.

We found that the practice had arrangements in place for patients to receive the right medication and treatment in the event of an emergency. Resuscitation equipment and emergency drugs were available. Staff had access to a series of flowcharts describing the action to take should a patient emergency be identified. These were stored in plastic wallets, together with the drugs to be used to facilitate easier access in an emergency. We saw training records that indicated staff training in cardiopulmonary resuscitation (CPR) was up to date.

We checked the emergency drugs and found these to be within their expiry dates. Emergency equipment was in good condition and working. A system was described to regularly check emergency drugs and resuscitation equipment. We advised that the practice review this arrangement so that a written log is maintained to demonstrate checks are performed in accordance with guidance issued by the Resuscitation Council (UK)<sup>3</sup>. The practice manager agreed to do this and had commenced a log before the end of our inspection visit.

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<sup>3</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.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or at risk. Training records we saw indicated that staff had completed training around safeguarding issues. Staff we spoke with confirmed they felt comfortable raising any work related concerns they may have with senior practice staff.

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. The training certificates we saw indicated clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council (GDC).

### Effective Care

Discussions with senior practice staff demonstrated they were committed to making efforts to continually improve the service provided to patients visiting the practice.

At the time of our inspection, work was ongoing to provide a new surgery on the ground floor. We were told the practice had moved premises during the last year and this had provided an opportunity to upgrade the practice's facilities. We saw that an infection control audit had been conducted and that the image quality of X-rays was audited. These would identify areas for improvement where needed.

Paper recording systems were being used and we reviewed a random sample of 12 patients' dental records to assess the quality of record keeping. This sample included records that had been completed by all of the dentists currently working at the practice. We found that the quality of record keeping varied between the dentists. All contained details of assessment and the treatment provided but we identified improvement was needed overall. The records did not always demonstrate:

- patients' medical histories had been updated at each course of treatment and that the dentist was aware of any changes that may affect treatment options
- a social history (including alcohol and tobacco use) had been taken and whether health promotion advice was indicated or offered
- basic periodontal examinations (BPE) had been performed regularly to monitor and identify gum disease
- patients' ongoing consent to treatment

- the reason for taking X-rays and the dentists' findings from them as required by the Ionising Radiation (Medical Exposure) Regulations 2000

***Improvement needed***

***The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping.***

## *Quality of Management and Leadership*

**The practice had effective management systems in place. Clear lines of communication and accountability were described and demonstrated. Staff told us they felt well supported by senior practice staff and the wider team and that they had opportunities to attend relevant training.**

A practice manager was responsible for the day to day running of the practice and worked closely with the practice owner.

Conversations with staff, working on the day of our inspection, indicated they felt well supported in their roles by senior practice staff and the practice team. Staff were able to describe their individual roles and responsibilities and we found clear lines of reporting and accountability were in place.

We saw training certificates that indicated staff had attended training on topics relevant to their role. Staff also confirmed they had opportunities to access training. We saw that staff at the practice had received an appraisal of their work within the last year with objectives set and training needs identified.

Staff told us they felt communication amongst the practice team was effective and that regular practice meetings were held. We saw written minutes of meetings, which showed that relevant matters were discussed with action points agreed.

We found that clinical staff were registered with the General Dental Council (GDC) to practise and had indemnity insurance cover in place. Records were available that demonstrated staff had received immunisation against Hepatitis B to protect their own and patients' safety in this regard.

Dentists working at the practice provided private dental services and their HIW registration certificates were prominently displayed as required by the regulations for private dentistry. All dentists had Disclosure and Barring Service (DBS) certificates that had been issued during the previous three years as required by the above regulations.

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Court Road Dental Practice will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.



## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Court Road Dental Practice**

**Date of Inspection: 19 January 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
7	The practice's procedure for handling concerns (complaints) about NHS treatment needs to include the contact details of the local health board and Community Health Council.	Standard 6.3	The practice patient information poster had been updated to include this information, however the practice policy had not been updated. This will now be done so that the information that practice staff access reflects the same information as that which patients have access to.	Andrew Turpy	February 2016
<b>Delivery of Safe and Effective Care</b>					
10	The practice owner must make suitable arrangements to ensure the practice complies with guidance set	Standard 2.4	Time/ Steam/ Temperature autoclave validation tests will be performed for each cycle of the SES	Andrew Turpy	Immediate (implemented 20 <sup>th</sup> Jan

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>out within the WHTM 01-05 (Revision 1) guidance document in respect of:</p> <ul style="list-style-type: none"> <li>• The maintenance of records associated with the checking and validation of sterilising equipment used at the practice.</li> <li>• The storage and reprocessing of unpacked dental instruments used at the practice.</li> </ul> <p>(The Welsh Health Technical Memorandum 01-05 (Revision 1): Chapter 2, Chapter 4 and Appendix 3)</p>		<p>2010 autoclave and the testing strips dated, signed and retained in logbook as evidence of the tests.</p> <p>Daily Bowie/ Dick tests and weekly vacuum tests of the Melag autoclave will continue to be performed and the relevant evidence recorded and retained.</p> <p>The records from the data logger of each autoclave will be downloaded and checked weekly, and this data verified against the data recorded in the daily tests. This procedure will also be recorded in the logbook.</p> <p>These instruments will be bagged after sterilisation before being transferred to the surgery for use.</p> <p>They will be stored in bags in the surgery drawers, any instruments unused at the end of each clinical session will be removed and re-sterilised. New packs of sterilised instruments will be started for each clinical session.</p> <p>Changes in practice autoclave</p>		2016)

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			testing and recording procedures have been implemented as above to ensure compliance. Changes in instrument handling and storage procedures have been implemented as above.		
12	The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping. (General Dental Council Standards for the Dental Team: Standard 4)	Standard 3.5	The comments made by the inspection team on clinical record keeping have been discussed within the practice and will be addressed by the individual dentists.	Andrew Turpy, Sarah Hamilton. Gareth Cooper, Judith Bater	
<b>Quality of Management and Leadership</b>					
	No improvement needed identified.				

**Name (print):** ....Andrew Turpy.....

**Title:** ....Principal Dentist.....

**Date:** ....23/ 02/ 2016.....