

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

Cwm Taf University Health  
Board, Paul Edwards  
Dental Practice

18 December 2014

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Paul Edwards Dental Practice at 23 Gelliwasted Road, Pontypridd within the area served by Cwm Taf University Health Board on 18 December 2014.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales<sup>1</sup>.

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 medical records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website

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<sup>1</sup> Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1<sup>st</sup> April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. [www.weds.wales.nhs.uk/opendoc/214438](http://www.weds.wales.nhs.uk/opendoc/214438)

- 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 will be 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.

### **3. Context**

Paul Edwards Dental Practice provides services to mainly NHS and some private patients in the Pontypridd area of Rhondda Cynon Taf. The practice forms part of dental services provided within the geographical area known as Cwm Taf University Health Board. The practice employs a staff team which includes one dentist, one practice manager (who also works on reception), one hygienist, one nurse, and one trainee nurse on temporary placement.

A range of general dentistry services are provided, including hygienist services.

## 4. Summary

HIW explored how Paul Edwards Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was very positive.

Overall, we found care and treatment was planned and delivered safely to patients. However, we found some single use instruments were being kept and re-used on the same patient at a later date. These instruments are not designed to be re-used as it may make them unsafe. This was addressed by the practice to our satisfaction in an immediate assurance improvement plan in Appendix A.

We felt the practice was generally well run. In speaking to staff at length throughout the day, we found staff were highly motivated, worked well together and provided an open, positive environment at the practice. We made a number of recommendations relating to improving the administrative processes at the practice.

We found the practice was generally clean and tidy and provided a safe environment for patients to receive treatment.

## 5. Findings

### *Patient Experience*

**Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was very positive.**

Fifteen patient questionnaires were completed prior to the date of inspection. Three patients were also spoken to on the day of inspection. Patient feedback was very positive. All patients said they were satisfied with the care they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any significant delay in being seen by the dentist.

The staff team were well established and had been working at the practice for many years. As a result, patients were familiar with the staff and had the continuity of care of being able to see the same dentist.

A sample of patient comments included the following:

*“Excellent practice extremely satisfied!”*

*“All staff at the practice are very kind and friendly. Even when I broke my hip and found difficulty with crutches they were helpful and I was able to have my appointment in a more accessible consultation room.”*

*“I am very happy with my dentist. Been to a few and feel more at ease at this one.”*

*“Very happy, always had a fab service at this practice. I would not go anywhere else.”*

*“...Staff have always offered a professional and flexible service, often accommodating urgent requests for help or advice at very short notice. Follow up treatment and advice is always excellent. But beyond that, the friendly and very natural manner that is at the core of the practice encourages genuine confidence - a precious aspect in dentistry I imagine...”*

The majority of patients said they knew how to access ‘out of hours’ dental services. We saw a sign in the practice window with the emergency contact

number and we confirmed there was a contact number provided on the practice's answer phone message.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients. This was recorded in patient notes. We saw detailed informed consent forms for different types of treatment available at reception. We were shown examples of treatment plans given to patients, staff told us these were signed (by patients and the dentist) and filed.

Staff told us patients who smoked were given smoking cessation information and contact details for the NHS stop smoking service. We were also told the dentist performed mouth cancer screening at each routine appointment. We saw evidence of this in patient records.

There was a suggestions box in the upstairs waiting room with patient feedback questionnaires which included space for other comments. We saw a sample of responses from these feedback questionnaires which were generally positive. Staff told us the feedback questionnaires were reviewed regularly and anything of significance was discussed at staff meetings. We suggested the practice could remind patients on a regular basis about the availability of these feedback questionnaires so that more could be completed.

We saw an example of how the practice considered individual patient needs by displaying a poster by the door of the main surgery which encouraged patients to tell staff about their preferences, such as listening to the radio and the position of the dental chair.

Staff told us they occasionally used a language translation service for patients who could not speak English. A copy of this was available in reception for staff to give to patients. This meant patients whose first language is not English could successfully communicate their needs to staff via a translator.

Practice information was displayed in the patient waiting room and leaflets were printed for patients on request. The practice had a single web page which provided the address, contact details and location of the practice. If a full website is developed in future, it would need to include additional information, such as details of the complaints procedure, according to the General Dental Council guidelines for advertising.

## *Delivery of Standards for Health Services in Wales*

**Overall, we found care and treatment was planned and delivered safely to patients. However, we found some single-use instruments were being kept and re-used on the same patient at a later date. These instruments are not designed to be re-used as it may make them unsafe. This was addressed by the practice to our satisfaction in an immediate assurance improvement plan in Appendix A.**

We looked in detail at a sample of eight patient records. Overall, these records were detailed, clear and concise, with good evidence of communication with patients. The practice had a suitable system for checking patient medical histories and gaining informed consent. We also found x-rays taken were of good quality, meaning patient exposure to radiation from x-rays was minimised. However, we saw one of the patient x-rays was misfiled in another patient's notes.

### ***Recommendation***

***The practice should ensure patient information is filed correctly.***

We found suitable arrangements were in place for the safe use of radiographic equipment. All relevant documentation, including safety checks, maintenance and testing were available and up-to-date. We also saw evidence that staff had received appropriate training about the safe use of radiographic equipment.

Staff had access to appropriate resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. Staff had also received training on how to deal with medical emergencies. We found there was a suitable system to replace expired medication. We noticed glucagon (a drug used for patients with diabetes) was being stored separately from the rest of the emergency medication, in the ground floor refrigerator. The guidance on the packaging indicated the drug could also be stored at room temperature. We recommended to the practice, where possible, all emergency medication should be stored together to avoid any delay in treating patients in an emergency.

### ***Recommendation***

***The practice should consider arrangements for storing all emergency medications together to avoid any delay in treating patients.***

The practice had suitable arrangements in place for the handling, storage and disposal of hazardous waste. A current clinical waste disposal contract was in

place. This means waste is disposed of in a timely and appropriate manner at the practice.

We looked at the clinical facilities of each surgery within the practice and these contained relevant equipment for the safety of patients and staff. We found some drawers in the surgeries were in need of cleaning and we highlighted this to the practice.

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. Appropriate hand washing facilities and disposable items were available to reduce the risk of cross infection. We looked at the arrangements for the decontamination of instruments and found in general they were satisfactory. However, we have made the following recommendations regarding aspects of the decontamination process and instrument/material storage:

1) We identified some issues in the maintenance of equipment used for cleaning and sterilising instruments at the practice, such as the need for daily checks on equipment.

***Recommendation***

***See Appendix B for recommendation regarding the maintenance of cleaning and sterilisation equipment.***

2) Next to the clean area in the decontamination room, the practice was using the worktop to lay out clean instruments and materials used each day. In accordance with Welsh Health Technical Memorandum (WHTM 01-05)<sup>2</sup> guidelines, instruments should not be stored on open work surfaces and these materials should be kept covered to avoid any contamination.

***Recommendation***

***The practice should ensure clean instruments and materials are protected from contamination and stored appropriately.***

3) We found evidence of previous infection control audits, but the last audit was conducted over one year ago. In accordance with WHTM 01-05 guidelines, infection control audits should be conducted at least annually.

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<sup>2</sup> The Welsh Health Technical Memorandum 01-05 is a set of guidelines intended to raise the quality of decontamination (cleaning and sterilisation) work in primary care dental services

***Recommendation***

***The practice should conduct annual infection control audits.***

4) We found some single-use instruments were being kept and re-used on the same patient at a later date. These instruments are not designed to be re-used as it could make them unsafe. This was addressed by the practice to our satisfaction in an immediate assurance improvement plan in Appendix A.

***Recommendation***

***See Appendix A for immediate assurance recommendation regarding single-use instruments and the action taken by the practice to address this.***

The practice had a plan in place for progression to best practice for cleaning and decontamination. We suggested a future plan could include considerations for the storage and set-up of instruments and materials.

## ***Management and Leadership***

**We felt the practice was generally well run. In speaking to staff at length throughout the day, we found staff were highly motivated, worked well together and provided an open, positive environment at the practice. However, we made a number of recommendations relating to improving the administrative processes at the practice.**

The practice provides services to mainly NHS patients, with a small number of private patients. The practice is well run by an experienced practice manager. We felt the practice manager and principal dentist provided good management and leadership to the staff team. In speaking to staff at length throughout the day, we found staff were highly motivated, worked well together and provided an open, positive environment at the practice. We saw staff talking to patients in a friendly and professional way.

All clinical staff were registered with the General Dental Council and had contracts of employment, with the exception of the hygienist who was self-employed. Names of clinical staff members and associated registration numbers were displayed in the upstairs waiting room, together with a certificate confirming the dentist is registered with HIW to provide private dentistry.

We found the practice had a range of relevant policies, procedures and maintenance certificates. However, the practice did not have a clear system to ensure policies and procedures were regularly updated and for making staff aware of them. We found some policies did not have review dates, and others had last been reviewed several years ago. Some policies contained recent dates and staff signatures to demonstrate their awareness, but this was not consistent.

### ***Recommendation***

***The practice should develop a robust system for ensuring all policies and procedures are current and staff are aware of them.***

Staff told us they had been supported with training and continued professional development. We looked at a sample of staff training records which confirmed staff had access to a range of training opportunities relevant to their role. Continued professional development had not been undertaken by the practice manager. The practice manager explained they planned to decrease hours in preparation for retirement. We suggested the staff files could be more clearly organised.

We found some evidence of annual staff appraisals, although the notes for these were very brief and were not clear as to which staff member they related to. This was addressed by the practice on the day of inspection. Appraisals had not been conducted for the principal dentist and hygienist.

***Recommendation***

***Annual personal appraisals should be conducted for all staff working at the practice.***

Staff meetings were conducted approximately every three months. Staff told us a range of topics were discussed. We were given examples of learning from these meetings, for example the need to ensure all patients were given consistent price information. Daily meetings were held between the practice manager and nurse and we felt there was good communication between staff at the practice. However, we suggested the practice should formalise their communication, such as improving the notes from staff meetings, so clear records of discussions could be seen.

The practice had an induction programme for new staff, but not temporary/agency staff. Staff told us agency staff had only been used many years ago and the practice no longer engages agency staff.

***Recommendation***

***The practice should have arrangements in place to ensure the suitability of all staff (including temporary staff) working at the practice.***

The practice had a safeguarding policy for children and vulnerable adults. We were told all staff had completed training in child protection and the practice was planning to book adult protection training in the near future.

We saw some evidence of hepatitis B vaccinations and immunity records within staff files. Occupational health guidance for the recommended vaccine 'booster' had recently lapsed for the principal dentist. Immunity records for the nurse were unclear and we were not able to locate records for the hygienist. The practice informed us the hygienist was declared fully immune to hepatitis B, although confirmation of this status was not available.

***Recommendation***

***The practice should ensure all clinical staff have necessary vaccinations.***

The practice had separate complaints policies for NHS and private patients and posters were displayed in the upstairs waiting room. We found the complaints process was compliant with the NHS procedure known as 'Putting Things

Right'<sup>3</sup>. However, the private patient complaints policy needed to include the details of HIW. We noticed the complaints policies displayed in the waiting room were written in small text, which would be difficult for patients to see from a distance. Five patients told us they did not know how to make a complaint.

***Recommendation***

***The private patient complaints policy must include the contact details for HIW.***

***The practice should consider making the complaints policy more visible to patients.***

Staff told us any verbal complaints received were recorded in a daily ledger, read by all staff, and put on the agenda for the next staff meeting. We were told there were no outstanding complaints to date and only a very small number of complaints had been received. We saw evidence of complaints records which showed the practice had a suitable system in place for recording complaints. Staff told us how learning from complaints had been acted upon, for example, providing greater detail in patient records and informed consent forms.

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<sup>3</sup> 'Putting Things Right' are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

## *Quality of Environment*

**We found the practice was generally clean and tidy and provided a safe environment for patients to receive treatment.**

The practice is located in the centre of Pontypridd close to the main shopping area. The practice has three surgeries and two waiting areas located over two floors. A reception area, a patient waiting room and one surgery are situated on the ground floor. There is a staff car park at the back of the building. The practice told us this was made available as disabled parking for patients.

Access to the building and ground floor surgery was suitable for people with mobility difficulties. However, there was a small step to the front door and the access to the ground floor surgery past the reception area was quite narrow, which may pose difficulties for larger wheelchairs.

The practice recently experienced flood damage which mainly affected the patient waiting room on the ground floor. At the time of inspection, this room was closed to patients as the practice was waiting for confirmation from their insurers before re-decoration could be carried out. Despite this, the practice had made suitable space behind the reception area available to be used as a temporary ground floor waiting area. Both waiting areas were spacious and a suitable size for the number of surgeries.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally, with the exception of the flood damage mentioned above. Fire exits were clearly signposted and fire extinguishers recently inspected.

Appropriate security measures were in place to prevent unauthorised access to the building. We found there were suitable arrangements to ensure patient records were stored securely and electronic records were backed-up daily onto an off-site server. This means the practice has taken measures to ensure the safety and security of patients and their information.

The practice had a unisex staff toilet and unisex patient toilet on the ground floor. These were visibly clean and contained suitable hand washing facilities to prevent cross infection. The patient toilet was not signposted from the corridors or from the ground floor waiting room. This means patients less familiar with the practice may not be able to locate the toilet easily.

There was a large patient noticeboard located in the upstairs waiting room containing relevant health promotion information about diet, smoking cessation, mouth cancer, teeth brushing and flossing. Information leaflets were also

available. We saw the noticeboard had a large number of posters on display and many had small text that was difficult to read from a distance. We suggested the practice reduce the number of posters on display, so relevant information is more visible to patients.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete two improvement plans in respect of the recommendations in this report. The details of this can be seen within Appendix A and Appendix B of this report.

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

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

*Appendix A*

**Dental Practice Inspection: Immediate Assurance Plan**

**Practice:** Paul Edwards Dental Practice

**Date of Inspection:** 18 December 2014

Recommendation	Practice Action	Responsible Officer	Timescale
<b>Delivery of Standards for Health Services in Wales</b>			
The practice should ensure that all endodontic reamers and files are treated as single-use in all cases in accordance with WHTM 01-05 guidelines section 2.18 and 2.25, as their re-sterilisation and re-use may make instruments unsafe to use.	The practice no longer uses endodontic files or reamers for multiple visits for the same patients.  All endodontic files/reamers are now single use.	Paul Edwards	Immediate

## Appendix B

**General Dental Practice: Improvement Plan**

**Practice: Paul Edwards Dental Practice**

**Date of Inspection: 18 December 2014**

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	-			
	<b>Delivery of Standards for Health Services in Wales</b>			
8	The practice should ensure patient information is filed correctly.	All information filed into record cards will be cross referenced with unique reference number before being filed.	Gill Penny	Immediate
8	The practice should consider arrangements for storing all emergency medications together to avoid any delay in treating patients.	Glucagon is now being kept in the medical box along with other medications instead of the fridge.	Alex Jones	Immediate
9	The practice should ensure suitable arrangements for performing and recording of routine testing and maintenance on all	We now have separate log books for all equipment and data logger is being backed up on to computer weekly. Also we have a schedule of	Alex Jones	Immediate

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	cleaning and sterilisation equipment. This should include daily checks on equipment, separate log books for each piece of equipment and ensuring autoclave maintenance data is recorded effectively in accordance with WHTM 01-05 guidelines.	testing in place.		
9	The practice should ensure clean instruments and materials are protected from contamination and stored appropriately in accordance with WHTM 01-05 guidelines.	Treatment trays are now kept in closed cupboards and items for use are stored in sealed containers.	Alex Jones	Immediate
10	The practice should conduct annual infection control audits in line with WHTM 01-05 guidelines.	The practice will conduct a cross infection control audit every April.	Dentist	April 2015
10	See Appendix A for immediate assurance recommendation regarding endodontic instruments and the action taken by the practice to address this.	The practice no longer uses endodontic files or reamers for multiple visits for the same patients. All endodontic files/reamers are now single use.	Paul Edwards	Immediate
	<b>Management and Leadership</b>			
11	The practice should develop a robust system for ensuring all policies and procedures are current and staff are aware of them.	All policies and procedures to be updated yearly.	Gill Penny	April 2015
12	Annual personal appraisals should be conducted for all staff working at the practice.	Practice will continue to have staff appraisals every year, including Lisa Railton (Hygienist),	Gill Penny	April 2015

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
		Paul Edwards will be leaving 31/3/2015		
12	The practice should have arrangements in place to ensure the suitability of all staff (including temporary staff) working at the practice.	We have instituted with immediate effect a policy for induction of temporary staff.	Gill Penny	Immediate
12	The practice should ensure all clinical staff have necessary vaccinations.	Whereas all staff are vaccinated staff are updating records from occupational health.	Paul Edwards	April 2015
13	The private patient complaints policy should include the contact details for HIW in accordance with Private Dentistry Regulations.	Details places as requested.	Gill Penny	Immediate
13	The practice should consider making the complaints policy more visible to patients.	Policy now more visible.	Gill Penny	Immediate
<b>Quality of Environment</b>				
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**Practice Representative:**

**Name (print):** [Gillian Penny].....

**Title:** [Practice Manager].....

**Signature:** [Submitted Electronically].....

**Date:** [27.01.15].....