

**General Dental Practice  
Inspection (Announced)**  
Abertawe Bro Morgannwg  
University Health Board,  
Glynneath Dental Practice

18 June 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Glynneath Dental Practice at 25, High Street, Glynneath, SA11 5BS within the area served by Abertawe Bro Morgannwg University Health Board on 18 June 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. 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>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</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 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

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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.

### 3. Context

Glynneath Dental Practice provides services to patients in the Glynneath area of Neath Port Talbot. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board. It is a mixed practice providing both private and NHS dental services.

The practice employs a staff team which includes three dentists, a dental therapist, three dental nurses, a receptionist and a practice manager.

Glynneath Dental Practice is also a foundation training practice that supports newly qualified dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer. At the time of our inspection a foundation trainee dentist was working at the practice.

## 4. Summary

HIW explored how Glynneath Dental Practice met the standards of care set out in the Health and Care Standards (April 2015).

When invited to provide comments about their experience, patients who returned completed questionnaires told us they were satisfied with the service provided at the practice.

Information on the services provided was available. We suggested that the practice review the practice information leaflet to make it available in larger print.

We found arrangements were in place for the safe use of X-rays.

Emergency equipment and drugs were available in the event of a patient emergency (collapse) and staff demonstrated knowledge of the action to take in response. We have asked the practice owners to develop an overall resuscitation policy.

We found suitable arrangements were in place for the cleaning and decontamination of dental instruments and the handling, storage and disposal of waste.

Clinical facilities were clean and tidy and contained relevant equipment and instruments. We found that one of the surgeries would benefit from having the seal replaced between the wall and floor to allow for effective cleaning of this area.

Patient dental records had been well maintained, however we did identify an area for improvement around recording oral cancer screening within the notes.

The practice had a manager who worked closely with the practice owners. A range of relevant policies and procedures were in place with the intention of ensuring patients' safety.

The practice premises were visibly well maintained both internally and externally.

## 5. Findings

### *Patient Experience*

**When invited to provide comments about their experience, patients who returned completed questionnaires told us they were satisfied with the service provided at the practice.**

**Information on the services provided was available. We suggested that the practice review the practice information leaflet to make it available in larger print.**

Prior to our inspection visit, we asked the practice manager to invite patients to complete HIW questionnaires. In total we received 23 completed questionnaires that had been completed prior to our inspection visit.

Through our questionnaires we invited patients to provide comments on their experience of using the practice. All patients who returned questionnaires told us they were satisfied with the service they had received from the dental practice. In addition all patients indicated that the practice team had made them feel welcome and that they had been provided with enough information about their treatment. Some patients made additional comments about their experience. These included:

*‘Very helpful and friendly staff.’*

*‘Good service.’*

*‘I have found all the personnel in this practice to be polite friendly and professional.’*

*‘Excellent service...’*

Overall, patients who provided comments within questionnaires told us they were aware of how to contact out of hours dental services. However, there were some (10 patients) who told us they did not know. The emergency contact number was displayed at the practice and we were told it was obtainable via the practice’s answerphone message. However, in light of the responses we received, the practice owners may wish to consider how to further raise patients’ awareness of the procedure to follow.

All patients who returned completed questionnaires told us they had not experienced any delays when waiting to be seen. Staff described a process was in place for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

We were told the practice had conducted a patient survey within the previous 12 months and saw completed questionnaires to evidence the process. We were told a suggestion box was also available for patients to provide feedback on the service provided. This meant patients had the opportunity to provide comments on their experience so these could be considered by the practice team with a view to making service improvements as appropriate.

A practice leaflet was available for patients to take away with them. This provided practical and useful information about the practice team and services offered. Information was also available on the practice's website. Whilst a practice leaflet was available, we found the size of print to be small, which may cause difficulties for patients with sight problems. The practice owners and manager were receptive to our suggestion to review the leaflet to make it available in larger print.

Details of the NHS pricing bands for treatment were displayed together with information on the criteria for receiving free NHS treatment. Prices for private dental services were also available. This meant patients visiting the practice had easy access to information on how much they may have to pay for their dental treatment.

We saw a range of health promotion leaflets was also available. This meant patients had access to information and advice to help them care for their own oral hygiene and health.

## *Delivery of Health and Care Standards*

**We found arrangements were in place for the safe use of X-rays.**

**Emergency equipment and drugs were available in the event of a patient emergency (collapse) and staff demonstrated knowledge of the action to take in response. We have asked the practice owners to develop an overall resuscitation policy.**

**We found suitable arrangements were in place for the cleaning and decontamination of dental instruments and the handling, storage and disposal of waste.**

**Clinical facilities were clean and tidy and contained relevant equipment and instruments. We found that one of the surgeries would benefit from having the seal replaced between the wall and floor to allow for effective cleaning of this area**

**Patient dental records had been well maintained, however we did identify an area for improvement around recording oral cancer screening within the notes.**

### **Radiographic Equipment/Documentation**

We found arrangements were in place for the safe use of radiographic equipment. Relevant documentation and information on the safe use of X-ray equipment used at the practice was available. Safety check certificates for each X-ray machine used at the practice were available and up to date. We saw certificates that indicated staff had attended training on the safe use of X-rays and that this was up to date.

Digital X-rays were used. We found that the image quality of these had been graded, recorded and audited as part of the quality assurance process. The aim of this process was to identify recurring quality issues, with a view to making adjustments as necessary to ensure X-rays were of a suitable quality.

### **Resuscitation and First Aid / Emergency Drugs**

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. A series of flowcharts were available to guide staff on the appropriate steps to take should a patient emergency be identified. Staff we spoke to were aware of their particular roles in the event of a patient emergency.

Whilst a series of flowcharts was available, the practice did not have an overall written resuscitation policy. This should include the arrangements for the safe storage of emergency equipment and drugs (when not being used) and the arrangements for checking these to confirm they are safe to use. We discussed this with the practice owners and the practice manager who agreed to develop a suitable policy.

### ***Improvement needed***

***The practice owners should make suitable arrangements to ensure an overall written resuscitation policy is developed for the practice and shared with relevant members of the practice team.***

On the day of our inspection, a working portable suction unit was not available. The practice owners explained it had been identified as faulty and that a replacement portable suction unit was on order. We received notification from the practice manager within 24 hours of our inspection that the unit had been delivered at the practice.

The practice manager confirmed that all staff had received training in the last 12 months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Training certificates we saw supported this.

A system was in place to identify and replace expired drugs and also to regularly check emergency equipment held at the practice. Prescription pads were securely stored when not being used to prevent unauthorised persons using them.

### **Handling, Storage and Disposal of Hazardous and Non- Hazardous Waste**

Contract documentation was in place for the disposal of hazardous and non hazardous waste. Waste produced by the practice was being securely stored whilst waiting to be collected.

The practice had amalgam separators so amalgam (fillings) particles could be removed from waste water safely. In addition suitable containers were available to store extracted teeth, including those with amalgam fillings whilst waiting to be disposed of safely.

## **Decontamination of Instruments and Compliance with WHTM 01-05 (Revision 1)**

We considered the arrangements for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05<sup>4</sup> (WHTM 01-05) (Revision 1).

We found an appropriate process was in place for the cleaning and sterilisation of instruments. The practice had a separate decontamination room as recommended within WHTM 01-05. This, together with the use of appropriate control procedures should reduce the risk of cross contamination of instruments. Records of checks had been maintained and the equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. An up to date safety inspection certificate for the autoclave machine<sup>5</sup> was available.

We saw that instruments were appropriately packaged to reduce the risk of contamination when stored. Stored instruments had the date they had been processed (cleaned) and the date by which they had to be used by recorded on their packaging.

We saw evidence that an infection control audit had been completed using a recognised tool specifically aligned to WHTM 01-05. This meant the dental team had self-assessed their practice against the policy and guidance set out within it. The practice team had identified areas for improvement as a result of the audit and the records we saw indicated action had been taken to address these. Training certificates indicated staff had received decontamination training.

### **Clinical Facilities**

We looked at each of the clinical facilities within the practice. We found these to be clean and tidy, and overall, furnished to facilitate easy and effective cleaning. We identified one of the surgeries would benefit from having the seal

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<sup>4</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>5</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

replaced between the wall and floor to allow for effective cleaning of this area. The practice owners agreed to address this.

***Improvement needed***

***The practice owners must ensure the seal is replaced between the walls and floor (or make other suitable arrangements) to prevent water, dust and debris from accumulating in crevices between the walls and floor of the surgery identified to the practice owners.***

Equipment and instruments were clean and appeared to be in good condition. Sufficient hand washing facilities and disposable protective equipment was available to reduce the risk of cross infection.

A safety inspection certificate was available for the compressor<sup>6</sup> used at the practice.

**Patient Records**

We considered a sample of 12 patient dental records. This sample included records that had been completed by all of the dentists working at the practice at the time of our inspection.

Overall, the sample of records we considered was comprehensive and demonstrated care had been planned and delivered in a manner to ensure patient safety and wellbeing. However, the records we considered did not contain specific details of oral cancer screening conducted during dental examinations. We informed the practice owners of this who gave an assurance that oral cancer screening was performed and agreed to ensure this element of the examination was clearly recorded within their records.

***Improvement needed***

***The practice owners must make suitable arrangements to ensure patient dental records demonstrate oral cancer screening has been conducted.***

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<sup>6</sup> A compressor pressurises air for use in dental procedures.

## *Management and Leadership*

**The practice had a manager who worked closely with the practice owners. A range of relevant policies and procedures were in place with the intention of ensuring patients' safety.**

A manager was responsible for the day to day running of the practice and worked closely with the practice owners. The practice consisted of a small team of staff who appeared to work well together. Those staff we spoke with were aware of their respective roles and responsibilities. We found the practice to be well run. At the time of our inspection, the practice was a member of the BDA Good Practice<sup>7</sup> programme. This meant that there was an ongoing quality assurance programme in place to ensure standards were monitored.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. These included written policies in respect of vulnerable adult and child protection, handling complaints, waste storage and disposal and infection control. Whilst contact details of local safeguarding teams were available, we suggested that these be included within the adult and child protection policies so that staff could access these more easily. Training records we saw indicated staff had attended training on vulnerable adult and child protection procedures.

The practice manager confirmed all clinical staff working at the practice were registered with the General Dental Council and had indemnity cover in place. We saw documentation to support this. The dentists working at the practice provided NHS and private dental services. They had up to date registration certificates issued by HIW and these were prominently displayed in accordance with the regulations for private dentistry.

Records were available confirming relevant staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their own and patient safety in this regard.

Staff told us they felt well supported in their roles and were able to raise any work related concerns they had. Staff told us practice meetings were held monthly and topics relevant to their work were discussed. Notes from meetings

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<sup>7</sup> BDA Good Practice is a quality assurance programme that allows its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities.

confirmed this arrangement. Staff also explained that daily debriefings were held as another means of maintaining communication within the team.

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). This meant that patients were treated by staff who had appropriate skills and up-to-date training. We saw training certificates that indicated staff had attended training on topics relevant to their roles.

A gas safety installation certificate was available but the practice owners did not have a maintenance contract in place for the gas boiler. We discussed this with the practice owners and recommended that they make suitable arrangements to check on their responsibilities in this regard. They agreed to do this.

The practice provided both private and NHS care and treatment and had procedures in place for patients to raise concerns (complaints). The procedures met the arrangements covering both NHS and private care and treatment. The practice manager had maintained a written log of (concerns) complaints received and we found these had been discussed at team meetings with a view to share any learning identified from them.

Information for patients on how to raise a concern (complaint) was displayed at the practice. However, the print used was small and may not be easily seen by patients with sight difficulties. The practice owners and manager were receptive to our suggestion to review the information displayed to make it easier to read. Information on how patients could make a complaint was also available within the practice leaflet and website. Approximately half the number of the patients who returned completed questionnaires (11 patients) told us they were not aware of the practice's complaints process to follow. Therefore the practice owners and manager may wish to explore how patients' awareness of the procedure can be improved.

## *Quality of Environment*

**The practice premises were visibly well maintained both internally and externally.**

Glynneath Dental Practice is located in the town of Glynneath. We were told the premises had been used as a dental practice for approximately 30 years, with the current owners having taken over ownership in 2012.

Whilst the practice did not have designated car parking available for patients to use, the town's free public car park was located in the vicinity. There was also time restricted parking available along the main road directly outside the practice.

The exterior of the building was visibly well maintained. Whilst the practice was signposted, the practice owners may wish to consider ways to make it easier to identify from the main road. The names of the dentists, together with the opening times and emergency contact number were clearly displayed near the main entrance. This meant that patients visiting the dental practice when it was closed were directed to a number to call should they require emergency dental treatment.

We found access to the building was difficult for wheelchair users attending the practice unaccompanied. This was because there was a low threshold step and a manual door to navigate. We discussed this with practice staff and were told that patients who use wheelchairs were always accompanied by a carer or relative. The practice owners may wish to consider implementing a suitable system so that patients can alert staff in the practice of their presence and to request assistance.

Facilities within the practice were organised over two floors. Observations on the day of our inspection indicated the number and size of waiting rooms was appropriate for the number of patients attending. Staff facilities and office space was located on the first floor. The interior of the building was decorated to a good standard. The practice did not have toilet facilities for patients to use, but this is not mandatory. Toilets for staff were provided. During a tour of the building, we found areas were clean and tidy, adequately lit and ventilated. The toilets contained suitable hand washing and drying facilities to reduce cross infection.

Lockable storage was available to store records securely. Staff access to electronic records was password protected. These meant arrangements were in place to protect patients' personal information held at the practice.

Fire exits were clearly signposted and the instructions to follow in the event of a fire were displayed. Fire fighting equipment was available and maintenance labels indicated these had been serviced within the previous 12 months. This meant that staff and patients had information so they could safely evacuate the building in the event of a fire and suitable equipment was available for staff to use if necessary.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the delivery of health and Care Standards. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Glynneath 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

**General Dental Practice: Improvement Plan**

**Practice: Glynneath Dental Practice**

**Date of Inspection: 18 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
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	<b>Delivery of Health and Care Standards</b>			
9	The practice owners should make suitable arrangements to ensure an overall written resuscitation policy is developed for the practice and shared with relevant members of the practice team.  (The Health and Care Standards, Standard 2.1)	Resuscitation policy has been made in line with recommendations from the inspector	Dharminy Martin	Completed
11	The practice owners must ensure the seal is replaced between the walls and floor (or make other suitable arrangements) to prevent	Seal has been replaced.	Dharminy Martin	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>water, dust and debris from accumulating in crevices between the walls and floor of the surgery identified to the practice owners.</p> <p>(The Health and Care Standards, Standard 2.4; The Private Dentistry (Wales) Regulations 2008, Regulation 14(6))</p>			
11	<p>The practice owners must make suitable arrangements to ensure patient dental records demonstrate oral cancer screening has been conducted.</p> <p>(The Health and Care Standards, Standard 3.5; GDC Standards for the Dental Team, Standard 4.1)</p>	<p>Oral cancer screening was always being carried out but not specifically mentioned in these exact words in the notes. Since the inspection, all clinicians now specifically write this in the notes to show it has been carried out.</p>	Dharminy Martin	Completed
<b>Management and Leadership</b>				
	-			
<b>Quality of Environment</b>				
	-			

**Practice Representative:**

**Name (print):** .....Dharminy Martin.....

**Title:** .....Practice Principal.....

**Date:** .....07/07/15.....