

**General Dental Practice  
Inspection (Announced)**  
Betsi Cadwaladr University  
Health Board, Abergele  
Dental Practice

15 July 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Abergele Dental Practice at Groes Lwyd, Abergele, Conwy, LL22 7TA within the area served by Betsi Cadwaladr University Health Board on 15<sup>th</sup> July 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

Abergele Dental Practice provides services to approximately 3,000 patients in the Abergele and surrounding area of Conwy County. The practice forms part of dental services provided within the geographical area known as Betsi Cadwaladr University Health Board.

Abergele Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes one dentist (who is the individual practice owner/provider), one hygienist, two dental nurses and a practice manager.

A range of services are provided. These include:

- Routine check ups and examinations
  - Fillings
  - Crowns and bridgework
  - Dentures
  - Extractions
  - Teeth whitening
- Consultation and referrals for specialist treatments

## 4. Summary

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

Overall, patients who responded to HIW's questionnaire were satisfied with the services provided. Patients confirmed that they received enough information about their treatment and other aspects of the service, such as how to make a complaint and how to access the out of hours service.

We have advised the practice to implement systems for obtaining patient feedback in order to learn and, where possible, improve their services further.

We found that there were systems in place to promote safe working practices and the dental health of patients. Plans were already underway to create a new, much improved, decontamination room and to replace the flooring in one of the surgeries with a better non-slip alternative.

The quality of record keeping by the dentist and hygienist was very good. We reminded the practice that, to comply with General Dental Council recommendations, dentists should undertake IRMER (The Ionising Radiation (Medical Exposure) Regulations 2000) training every five years.

Overall, we saw that the practice was being effectively managed by the dentist and practice manager. Positive steps were being taken to invest and improve overall facilities. However, we advised that more formal systems should be implemented to promote staff learning and development.

A disclosure and barring services (DBS) check was available for the dentist, however we reminded him that it must be renewed every three years, in line with private dentistry regulations. We advised that DBS checks should also be considered for all the staff working with adults and children.

Overall, we found that the facilities were satisfactory and the premises were fit for purpose to use as a dental practice. However, when the next refurbishment work is due, we advised the practice to consider the suitability of the type of flooring and furniture used in the waiting areas, to prevent potential hazards that could occur.

## 5. Findings

### *Patient Experience*

**Overall, patients who responded to HIW's questionnaire were satisfied with the services provided. Patients confirmed that they received enough information about their treatment and other aspects of the service, such as how to make a complaint and how to access the out of hours service.**

**We have advised the practice to implement systems for obtaining patient feedback in order to learn and, where possible, improve their services further.**

HIW received 15 completed questionnaires from patients. Their responses were analysed and indicated that information about key aspects of the service was readily available to them. During the inspection we observed that written information, which included a patient information leaflet, the charges for NHS and private services, complaints procedures and the out of hours contact details (for NHS and private patients) were displayed in the reception and/or waiting rooms.

Three of the patients added other complimentary comments which have been included below with their consent:

*"Always smiling and helpful. Always make a fuss of children too.*

*Lovely practice. Staff all very helpful. You are treated like part of 'a family'".*

*"I always receive a very thorough service in every respect".*

*"Very friendly and helpful staff".*

Five of the patients had experienced delays on the day of their appointment. However they all commented to indicate that delays were a rare occurrence or for a few minutes only.

We found that the practice did not have a formal system for obtaining patient feedback. We advised that a system be developed for this purpose so that the practice knows what they are doing well and what might need to be improved.

### ***Improvement needed***

***The practice should implement processes for assessing and evaluating the patients' experience. Patient feedback should be used to influence/drive changes to the service provision.***

Although, overall, the provision of written information was good, we suggested that the practice considers providing more information in the Welsh language (to take into account the needs of Welsh speaking patients who come into the practice). We were informed that the hygienist could converse in Welsh and that some of the staff understood but would be unable to respond fluently in Welsh.

We also suggested that consideration be given to other communication needs. For example, we saw that the writing on one of the notices, 'Practice Quality Policy' was very small which may not be suitable for patients who have a visual impairment. The practice manager agreed to take our suggestions above into account.

## *Delivery of Health and Care Standards*

**We found that there were systems in place to promote safe working practices and the dental health of patients. Plans were already underway to create a new, much improved, decontamination room and to replace the flooring in one of the surgeries with a better non-slip alternative.**

**The quality of record keeping by the dentist and hygienist was very good. We reminded the practice that, to comply with General Dental Council recommendations, dentists should undertake IRMER (The Ionising Radiation (Medical Exposure) Regulations 2000) training every five years.**

We saw valid maintenance checks and certificates for the radiograph (x-ray) machine in use at the practice. Whereas we saw that staff had received radiograph and radiation protection training in the last five years, the dentist last undertook training under The Ionising Radiation (Medical Exposures) Regulations 2000 in March 2009.

### ***Improvement needed***

***To comply with the General Dental Council 'Continuing Professional Development' standards, dental professionals are reminded to undertake at least five hours radiography and radiation protection training in every five year CPD cycle.***

Staff had access to emergency equipment and medication and we saw that these were stored securely within the premises. There was a system to replace items in accordance with their expiry date.

Contracts were in place for the disposal of hazardous and non-hazardous waste. We observed that general, clinical waste and sharps were being disposed of in the appropriate colour coded receptacles, in accordance with health care waste guidelines.

At the time of our inspection, work was underway to create a new decontamination room (for cleaning and sterilising instruments and equipment) in one of the existing spacious store rooms, with an anticipated completion time of approximately three weeks. We looked at the plans for this room and found that the proposed facilities were consistent with the Welsh Health Technical Memorandum (WHTM) 01-05 decontamination guidelines for dental practices.

Currently, the practice was using a smaller room for decontaminating instruments. Whilst this room did not have the recommended WHTM 01-05 facilities, additional measures had been taken to minimise the risk of cross

contamination, which were adequate pending the completion of the new improved facilities.

There were three spacious surgery rooms at the practice and we saw that, overall, they were well stocked and in good condition. One of the surgery rooms contained modern fitted storage facilities. However part of this room was carpeted, which is not advised in a clinical or decontamination area (Welsh Health Building Note 00-09). We were informed that plans were already in progress to replace the flooring in this room, at the same time as the new decontamination area, with a more suitable non-slip easy to clean flooring. The different non-slip flooring samples were shown to us as evidence. As completion was anticipated in the next few weeks, we did not include this as part of our improvement plan on this occasion.

We looked at a sample of five records each per dentist and hygienist. Computer records were backed up on a daily basis. We found that the quality of record keeping was very good, providing comprehensive details of discussions and treatments provided. We saw evidence of discussions regarding oral health promotion. The dentist and practice manager were not familiar with and did not have a copy of the 'Delivering Better Oral Health' toolkit. However, the practice manager printed this document while we were there and agreed to familiarise themselves with the information contained in this.

## ***Management and Leadership***

**Overall, we saw that the practice was being effectively managed by the dentist and practice manager. Positive steps were being taken to invest and improve overall facilities. However, we advised that more formal systems should be implemented to promote staff learning and development.**

**Disclosure and barring services (DBS) checks was available for the dentists, however we reminded that it must be renewed every three years, in line with private dentistry regulations. We advised that DBS checks should also be considered for all the staff working with adults and children.**

The principal dentist took over the practice many years ago, acquiring the business from his father who had also been a long serving practice owner and dentist. Apart from one of the nurses, who commenced employment in October 2013, all the staff had worked in the practice for many years. A new dentist was due to commence in post during August 2015.

We looked at the induction programme which covered, in good detail, relevant information and key practice policies. A disclosure and barring service (DBS) check was available for the dentist, however the last disclosure was issued in 2009 and therefore outside of the three year timescale required under the Private Dentistry (Wales) Regulations 2008.

### ***Improvement needed***

***Dentists who provide dental services for private patients must have an enhanced DBS of which less than three years have elapsed since it was issued, in line with the Private Dentistry (Wales) Regulations 2008.***

It is not mandatory for practice staff to have DBS checks. However, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment. We discussed this with the practice and found that no DBS checks were available for any other staff members.

### ***Improvement needed***

***Although not mandatory, the practice should consider obtaining periodic employment (DBS) checks for all the staff working at the practice. This practice would also be consistent with the adults and children safeguarding guidelines for dental practices.***

We saw that staff members were up to date with mandatory training, including child and adult safeguarding and cardio pulmonary resuscitation.

Whilst there was evidence of staff appraisals for one staff member we were informed that a more informal approach was exercised with other staff. This approach was similar for team discussions, in that there was no documentary evidence for any discussions or meetings held.

### ***Improvement needed***

***More formal systems should be available to enable staff to learn and develop to their full potential, for example:***

- ***Ensuring that staff members receive an annual staff appraisal and a personal development plan.***
- ***Ensuring that staff have access to opportunities to develop collaborative practice and team working. For example, team meetings should be documented and be used as a tool to learn and develop from.***

We looked at a sample of the well organised practice policies and procedures, which had been adapted to the practice team. The complaints procedures were consistent with the NHS 'Putting Things Right'<sup>4</sup> arrangements and included the contact details for patients receiving NHS and private dental treatments. We were informed that there were no ongoing complaints and, in fact, the staff could not recall the last complaint they received, either formal or informal. Staff attributed this factor to them running a small practice with mostly long standing staff and patient population.

From our discussions with staff we were informed that clinical and peer audits had been undertaken. One of these was an infection control audit undertaken during 2014 which we saw. We suggested that the practice utilise the Welsh version of the tool, available through the dental postgraduate department at the Wales Deanery, in future and that documentary evidence of any other internal audits undertaken is maintained.

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<sup>4</sup> NHS 'Putting Things Right' are the arrangements for dealing with and responding to complaints about NHS, which includes dental, services.

## *Quality of Environment*

**Overall, we found that the facilities were satisfactory and the premises were fit for purpose to use as a dental practice. However, when the next refurbishment work is due, we advised the practice to consider the suitability of the type of flooring and furniture in the waiting areas, to prevent potential hazards that could occur.**

Abergele Dental Practice moved to its current location in 1986, after being converted from a residential property. Rooms were generally spacious and we found that there was sufficient storage and staff facilities within the premises. There was no designated car parking facilities for patients. However up to three hours free parking was available in the supermarket immediately at the back the property and there was unrestricted on street parking to the front.

The practice was suitable for wheelchair access and there was level access to all the ground floor areas, which included the reception, a waiting area and two surgery rooms. There was another surgery room and waiting area on the first floor.

Although we were informed that no incidents had been witnessed or reported by patients and visitors as a result of trips or falls, we noticed a few potential environmental hazards. The waiting areas, stairs and corridors were fitted with carpet tiles which, at the time of the inspection, looked securely fitted. However, as part of the practice's future refurbishment plans, we suggested that alternative joint-less flooring is considered, to prevent potential gaps and trip hazards from wear and tear.

Elsewhere, tape had been stuck to the arms of a couple of the settees, where they had worn. The type of another couple of other settees meant that the material was trailing on the floor, which could potentially be a trip hazard if a person accidentally caught their foot or mobility aid on this. Also, there was a gap between the seat and back of some of the chairs and, because the surface was not non-slip, there could be a potential hazard if used by young children or less mobile persons. Therefore, when the next refurbishment work was due in these areas, we suggested that the type of furniture be considered in terms of their suitability for a dental practice.

### ***Improvement needed***

***As part of the practice future refurbishment plans, consideration should be given to the suitability of furniture and fittings, to minimise potential hazards.***

All the areas inspected were clean on the day of the inspection. We were informed that a cleaner comes in twice weekly and that this task is shared between staff at all other times. We saw that the cleaning materials were colour coded, in accordance with infection control guidelines, to differentiate between clinical and non-clinical areas.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. 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 Abergele 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: Abergele Dental Practice, Groes Lwyd, Abergele, LL22 7TA**

**Date of Inspection: 15 July 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
6-7	<p><b><i>The practice should implement processes for assessing and evaluating the patients' experience. Patient feedback should be used to influence/drive changes to the service provision.</i></b></p> <p>[Health and Care Standard 6.3]</p>	Patient feedback forms have now been created and will be issued to patients on a regular basis	Rachel Sheldon	Presently ongoing
<b>Delivery of Health and Care Standards</b>				
8	<p><b><i>To comply with the General Dental Council 'Continuing Professional Development' standards, dental</i></b></p>	The dentist referred to is in the middle of his current 5 years CPD cycle and did undertake his required radiography training in his last cycle. He is booked on the next available IRMER course.	Dr Francis	As soon as possible

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p><b>professionals are reminded to undertake at least five hours radiography and radiation protection training in every five year CPD cycle.</b></p> <p>[Health and Care Standards 2.9 and 6.3]</p>			
<b>Management and Leadership</b>				
10	<p><b>Dentists who provide dental services for private patients must have an enhanced DBS of which less than three years have elapsed since it was issued, in line with the Private Dentistry (Wales) Regulations 2008.</b></p> <p>[Health and Care Standard 7.1]</p>	<p>A DBS certificate has been applied for through Mayflower Disclosure Services Ltd.</p>	Dr Francis	As soon as possible
10	<p><b>Although not mandatory, the practice should consider obtaining periodic employment (DBS) checks for all the staff working at the practice. This practice would also be consistent with the adults and children safeguarding guidelines for dental practices</b></p> <p>[Health and Care Standard 7.1]</p>	<p>Procedure put in place for new staff</p> <p>Due consideration will be given to the matter, should DBS certificates become mandatory then we will immediately ensure these are obtained</p>	Rachel Sheldon	Ongoing

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
11	<p><b><i>More formal systems should be available to enable staff to learn and develop to their full potential, for example:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Ensuring that staff members receive an annual staff appraisal and a personal development plan.</i></b></li> <li>• <b><i>Ensuring that staff have access to opportunities to develop collaborative practice and team working. For example, team meetings should be documented and be used as a tool to learn and develop from.</i></b></li> </ul> <p>[Health and Care Standard 7.1]</p>	Annual staff appraisal and updates will be formalised. We will also document team meetings and follow up when required.	Rachel Sheldon	Ongoing
<b>Quality of Environment</b>				
12	<p><b><i>As part of the practice future refurbishment plans, consideration should be given to the suitability of furniture and fittings, to minimise potential hazards.</i></b></p> <p>[Health and Care Standard 2.1]</p>	Your comments noted. When practice refurbishments are deemed to be necessary we will bear them mind.	Dr Francis	As and when practice budget will allow

**Practice Representative:**

**Name (print): Miss Rachel Sheldon**

**Title: Practice Manager**

**Date: 18<sup>th</sup> August 2015**