

**General Dental Practice  
Inspection (Announced)**  
Aneurin Bevan University  
Health Board, Llantarnam  
Dental

16 June 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Llantarnam Dental at Llantarnam Road, Cwmbran, NP44 3BH within the area served by Aneurin Bevan University Health Board on 16 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

Llantarnam Dental provides services to patients in the Cwmbran area of Newport. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board

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

The practice employs a staff team which includes four dentists (one principal, one orthodontist, one implant surgeon and one dentist completing their post qualifying foundation training), three dental nurses, one receptionist and one practice coordinator.

A range of services are provided. These include:

- General dentistry
- Tooth whitening
- Teeth implants
- Cosmetic dentistry
- Orthodontics

## 4. Summary

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

Overall patients told us they were very satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.

Overall, we found care and treatment was planned and delivered with the intention of delivering a safe, high quality service to patients. We found particularly well organised emergency medicines and clean, well presented clinical facilities. Overall appropriate arrangements were in place for radiographic equipment, waste disposal and resuscitation and first aid. Patient records were maintained to a high standard. We found improvement was needed in the practice's decontamination procedures, two aspects of which we asked the practice to resolve as immediate actions. We received sufficient assurance that these aspects had been addressed following the inspection. The practice must improve its decontamination procedures to minimise the risk and spread of infection.

We found a committed, enthusiastic, patient-centred staff team who told us they felt well supported in their roles. We found complaints arrangements were particularly clear, well organised and managed. Appropriate arrangements were in place for staff checks, child and adult protection arrangements and practice policies and procedures. There were robust monitoring and administrative systems in place.

We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.

## 5. Findings

### *Patient Experience*

**Overall patients told us they were very satisfied with the practice and the standard of care and treatment. Patients told us staff were welcoming and gave them detailed information about their treatment. The practice invited patient feedback to improve services.**

We sent patient questionnaires to the practice and 18 patients had completed these prior to our inspection. The patients had been registered at the practice between three to 25 years.

All patients who completed questionnaires told us they were satisfied with the treatment they had received at the practice and they were made to feel welcome by staff. The overwhelming majority of patients told us they did not experience a delay in being seen by the dentist. A sample of patient comments included the following;

*“Over 25 years I have received excellent care from this practice, also my husband feels the same. The team here are very professional, I definitely would not change”*

*“Very happy with dental practice”*

*“We could not have received better treatment anywhere else”*

*“My treatment has always been excellent. Staff always friendly and reassuring. Always a good experience”.*

*“Always found (dentist) and staff to be courteous and efficient and friendly”*

*“...very friendly receptionist”*

When we asked patients about treatment information, all patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

*“(Dentist) explains any procedures”*

*“Always fully informed”*



All patients stated they knew how to access out of hours services. We checked the practice's answerphone message outside of office hours and found that out of hours information was recorded for patients' information. This information was also provided for patients in the practice information leaflet.

The practice offered both routine and emergency appointments. The practice was open Mondays to Thursdays from 9am to 5pm (closing for one hour over lunch at 1pm) and Fridays from 9am to 4pm (closing for half an hour from 12.15pm).

The majority of patients indicated on questionnaires that they knew how to make a complaint, should the need arise. We saw that the complaints procedure was clearly displayed in the waiting area and some complaints information was available in the patient information leaflet.

The practice carried out ongoing patient satisfaction surveys which asked about patients' experience of the practice. We saw the practice had analysed this feedback to enable them to resolve any issues and make improvements based on patient feedback. Staff also recorded informal feedback from patients as another way to respond to patients' views and needs.

There was a wide range of health promotional material available in the reception/waiting area. Practice information leaflets were available and gave a summary of useful information about the practice. The practice had an informative website which fully met the guidance set out by the General Dental Council. This meant patients could access information about the practice through a variety of methods.

## ***Delivery of Health and Care Standards***

Overall, we found care and treatment was planned and delivered with the intention of delivering a safe, high quality service to patients. We found particularly well organised emergency medicines and clean, well presented clinical facilities. Overall appropriate arrangements were in place for radiographic equipment, waste disposal, resuscitation and first aid and patient records were maintained to a high standard. We received sufficient assurance that these aspects had been addressed following the inspection. We found improvement was needed in the practice's decontamination procedures, two aspects of which we have asked the practice to resolve as immediate actions. The practice must improve its decontamination procedures to minimise the risk and spread of infection.

### **Radiographic Equipment/Documentation**

Overall we found suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available and staff had attended ionising radiation training.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic equipment. Quality assurance audits were carried out to monitor image quality which meant checks were in place to ensure the ongoing safe use of radiographic equipment.

### **Resuscitation and First Aid**

We found there was a general flowchart in place which provided staff with information about how to deal with medical emergencies. Conversation with staff demonstrated that they were knowledgeable about what to do in the event of a medical emergency. However, the practice did not have a resuscitation policy in place to clearly outline each (new or existing) staff member's roles and responsibilities.

#### ***Improvement needed***

***The practice should ensure a written resuscitation policy is in place so that staff roles and responsibilities in the event of a medical emergency are formalised and clear.***

One member of staff was the appointed First Aider on site. Staff had access to appropriate resuscitation equipment in the event of medical emergencies

(collapse). We found that disposable airways were out of date and we advised the practice to ensure they checked expiry dates for emergency equipment.

***Improvement needed***

***The practice must ensure they check expiry dates for emergency equipment and replace this where needed.***

All staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK).

**Emergency drugs**

Emergency drugs were stored securely in a well-positioned and safe location and were well organised for ease of access. There was a system in place for monitoring the expiry dates of drugs and all drugs checked were in date. Prescription pads were also stored securely to avoid unauthorised access. There was a system in place for responding to, and reporting, adverse reactions to drugs.

**Handling, storage and disposal of hazardous and non-hazardous waste**

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was an up to date policy and procedure in place for the safe handling of mercury.

**Decontamination of instruments and compliance with WHTM01-05 (revision 1)**

Overall we found that people were at increased risk of harm because the practice was not compliant with Regulation 14(6), and Standard 2.4 of the Health and Care Standards. This is because suitable arrangements were not in place at the practice to minimise the risk of infection and the spread of infection. Specific issues in this respect are set out below.

The practice had a single room for the cleaning and sterilisation of dental instruments and staff then transported instruments to surgeries for bagging. Staff demonstrated the decontamination procedures they followed to allow us to assess how these worked in practice.

We found that all staff conducting decontamination procedures had received appropriate training to demonstrate competency in their duties. Dedicated hand washing sinks were available in surgeries and appropriate personal protective equipment for staff was available.

We found the decontamination room was mixed use, also being used as the staff kitchen and food storage area. Situated within the 'dirty' zone there were cupboards storing staff food. Cupboards were closed and food sealed but staff accessed food cupboards through the day. There was also a kettle and fridge where staff stored food and made hot drinks within the decontamination room. We asked the practice through an immediate assurance letter to ensure food and kitchen equipment was kept and stored separately to the decontamination room to reduce the risk of cross contamination and we received sufficient assurance that this had been addressed.

We found logbooks for cleaning equipment were not in use to record start and end of day checks for the autoclave. This meant there was no evidence of daily checks being carried out to ensure equipment was in working order. We asked the practice through an immediate assurance letter to ensure daily checks are carried out and recorded in line with Welsh Health Technical Memorandum (WHTM) 01-05<sup>4</sup> and we received sufficient assurance that this had been addressed.

We found the practice used a back door which they opened to provide the decontamination room with ventilation. Other doors in the decontamination room were also opened to aid air flow to and from other areas of the practice. This meant 'dirty' air was not being appropriately ventilated as specified in WHTM 01 05 and could increase the risk of processed (clean) instruments becoming contaminated.

### ***Improvement needed***

***The practice should take steps to ensure airflow within the decontamination room is from the clean to the dirty area as set out within WHTM 01-05.***

Following decontamination, staff transported instruments to surgeries in sealed containers to bag them in surgeries. We suggested the practice consider creating more clean space within the decontamination room to enable them to finish the processing of instruments within this area, further minimising the risk of cross infection to patients.

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<sup>4</sup> **WHTM 01-05** provides updated guidance specifically for acute services and primary care decontamination of medical devices in Wales.

We saw that processed instruments were being stored in a cupboard to dry by air sometimes up to one hour before being transported to surgeries to finish the process of bagging. WHTM 01 05 specifies that instruments should be dried with a lint free cloth as soon as cooled.

***Improvement needed***

***The practice should ensure it complies with WHTM 01 05 to ensure where non-vacuum sterilizers (type N) are used, post-sterilization drying using disposable non-linting cloths are carried out before the packing of instruments.***

All instruments were bagged following sterilisation and the packaging dated with a processing and expiry date. All instruments checked were within date and we were told there was an informal system in place for nurses to check expiry dates when they cleaned surgeries. To reduce the risk of using instruments beyond their expiry dates we advised the practice to formalise the process of checking expiry dates.

***Improvement needed***

***The practice should use a formalised process for checking expiry dates to reduce the risk of using instruments past their expiry dates.***

We observed staff using the same sink for manual cleaning and rinsing.

***Improvement needed***

***The practice must ensure they use two separate sinks (or a sink and bowl), one for washing and cleaning of the instruments, the second for rinsing to reduce the risk of recontamination when cleaning instruments.***

We saw that the practice had not conducted an overarching audit of its infection control requirements in line with WHTM 01 05 guidelines. This meant infection control requirements under WHTM 01 05 had not been identified.

***Improvement needed***

***The practice should audit its decontamination procedures to assess compliance with WHTM 01 05 as baseline guidance and make improvements as necessary depending on the audit findings.***

**Clinical facilities**

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised with all relevant equipment for the

safety of patients and staff. Overall we found clinical facilities to be of a high standard.

There were sufficient numbers of dental instruments and equipment, all in good condition, stored safely within surgeries. We found sufficient supplies of disposable items and protective equipment.

We saw documentation that showed that the compressor (a mechanical device that compresses air for storage and is used in handpieces and other air-driven dental tools) was maintained and inspected in line with requirements. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

We saw there were fabric sofas within two of the surgeries, within the contamination zone of the operating chair. This meant there was a risk of the sofas becoming contaminated and due to the fabric and not being waterproof, they were not able to be fully decontaminated. We advised the practice to remove the sofas from surgeries to reduce the risk to patients of cross infection.

### ***Improvement needed***

***The practice must ensure seating within surgeries can be fully decontaminated.***

### **Patient records**

We looked in detail at a sample of patient records. Overall, the patient records at the practice were good, with sufficient recording of patient care and treatment.

We found that dentists took written medical histories from new patients which were signed by the patient and dentist. Thereafter, at each visit, records showed that dentists verbally checked with patients whether their medical histories had changed but did not record a full updated medical history in records or ask for signatures. We advised the practice it would be best practice to obtain an updated written medical history for each new course of treatment or upon learning of significant new medical events to ensure there is full evidence of dentists updating patient's medical needs.

We found the visiting orthodontist attached to the practice was not recording baseline charting and soft tissue examinations on the practice software. This meant there was not full patient information available in these cases, should there be the need to access this.

***Improvement needed***

***All dentists should record baseline charting and soft tissue examinations in patient records to ensure recording is sufficiently detailed.***

We found that dentists obtained and recorded patients' consent to treatment. We also found dentists recorded treatment planning and treatment options consistently.

We saw that patients' social histories were taken into account and, where appropriate, dentists offered smoking cessation advice. Dentists made appropriate referrals to other health professionals when needed.

## *Management and Leadership*

**We found a committed, enthusiastic, patient-centred staff team who told us they felt well supported in their roles. We found complaints arrangements were particularly clear, well organised and managed. Appropriate arrangements were in place for staff checks, child and adult protection arrangements and practice policies and procedures. There were robust monitoring and administrative systems in place.**

### **Staff**

The practice opened in 1987. The practice provided both NHS and private services. A practice coordinator was responsible for the day to day running of the practice. The staff we spoke with were enthusiastic, committed, patient-centred and told us they felt well supported.

All dentists were registered with the General Dental Council (GDC) and we saw a sample of contracts of employment held by employees. We found all clinical staff held indemnity insurance cover for their clinical practice.

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We saw that staff had made applications to update their DBS where required.

We saw that certificates for each of the dentists, confirming their registration, were on display at the practice, as required through the Private Dentistry (Wales) Regulations 2008. We advised the practice that two dentists required updated certificates to ensure HIW address was current, which they agreed to organise.

We saw hepatitis B immunity records for all clinical staff.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role.

We saw minutes from team meetings and staff told us that meetings were held regularly. We saw that a range of relevant topics were discussed and team members brought their own concerns and topics to be considered. We saw examples of how some practices had changed as a result of discussions in team meetings. This meant the team had a more formal place to raise concerns and learning happened as a result, to improve the practice.



Staff members told us they had regular appraisals and we saw records which confirmed this. This meant staff had access to formal meetings for support and professional development.

### **Child and Adult Protection**

We found that staff had completed training in child and adult protection. A child and adult safeguarding policy was in place and local contact details were displayed for ease of access, should staff need to make a referral.

### **Complaints and Quality Assurance**

We looked at the complaints procedure in detail and found it was compliant with 'Putting Things Right'<sup>5</sup> NHS requirements. There was a separate complaints procedure covering the separate arrangements for private patients which was compliant with the Private Dentistry (Wales) Regulations 2008.

We saw that complaints were recorded clearly with good detail about the actions the practice had taken to address complaints. Complaints were held centrally, separately to patient records. Verbal comments and concerns were also recorded.

Staff told us they were comfortable in raising concerns with management and directly with dentists. There was a whistleblowing policy in place which staff could use to formally raise and escalate concerns.

The practice was a member of the British Dental Association (BDA) best practice (quality assurance) programme. We saw that peer reviews and audits had taken place at the practice. This meant the practice had systems in place to monitor the quality of services they provided to ensure continual improvement.

Staff used a calendar management tool to keep track of when aspects of the practice required updating, such as policies and expiry dates for medicines. We found this helped the practice to be particularly organised in monitoring ongoing arrangements.

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<sup>5</sup> **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

## **Policies and Procedures**

Overall, we found the practice had a range of relevant policies, procedures and maintenance certificates in place which had been reviewed and updated.

## *Quality of Environment*

**We found the practice provided a safe, accessible and welcoming environment for patients to receive treatment.**

The practice was located in the Cwmbran area of Torfaen. The practice was set over the ground floor and had three surgeries. An onsite car park was available.

The practice was wheelchair accessible and had a fully accessible patient toilet.

We found the practice to be satisfactorily maintained internally and externally and had been refurbished in 2011 providing a modern, comfortable environment. Internally the environment was appropriately lit, heated, ventilated, clean and tidy.

There was useful patient information on display both externally and internally. There was a sign outside the practice with the names and qualifications of all dentists, opening hours and emergency numbers for patients' use. Price bands for NHS treatment and a price list for private treatment were clearly displayed in the reception area.

There were appropriate and sufficient staff facilities available with a separate staff toilet.

Toilets were visibly clean and contained suitable hand washing facilities to reduce cross infection.

The waiting area was a suitable size for the number of patients attending on the day of our inspection. Reception staff were aware of how to maintain patient confidentiality. The waiting room contained reading materials, health promotional posters and leaflets.

The fire exit was signposted and fire extinguishers had undergone inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

Patient records were securely locked away and electronic records were automatically backed up. This meant the practice took suitable precautions to protect patient information.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the findings as outlined in this report. 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 Llantarnam 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: Llantarnam Practice**

**Date of Inspection: 16 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	None identified			
	<b>Delivery of Health and Care Standards</b>			
8	The practice should ensure a written resuscitation policy is in place so that staff roles and responsibilities in the event of a medical emergency are formalised and clear. [GDC Standards 6.6]	Will agree with CPR trainer at next Training Day Jan 2016	Tim Harker	Jan 2016
9	The practice must ensure they check expiry dates for emergency equipment and replace this where needed.	Will add to drugs list & check monthly	Tim Harker	Immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
10	The practice should take steps to ensure airflow within the decontamination room is from the clean to the dirty area as set out within WHTM 01-05.  [WHTM 01 05, 6.44]	Extractor Fan with vent to be installed along with building work to separate kitchen/decontamination area	Tim Harker	Jan 2016
11	The practice should ensure it complies with WHTM 01 05 to ensure where non-vacuum sterilizers (type N) are used, post-sterilization drying using disposable non-linting cloths are carried out before the packing of instruments.  [WHTM 01 05 2.4 j (i)]	Lint free cloths purchased	Tim Harker	Immediate
11	The practice should use a formalised process for checking expiry dates to reduce the risk of using instruments past their expiry dates.  [WHTM 01 05 ]	Expiry dates Added to list of current Decontamination audits done 3 monthly	Tim Harker	Immediate
11	The practice must ensure they use two separate sinks (or a sink and bowl), one for washing and cleaning of the instruments, the second for rinsing to reduce the risk of recontamination when cleaning instruments.  [WHTM 01 05 2.4 r]	2 sinks. Now in use	Tim Harker	Immediate
11	The practice should audit its decontamination	Audits; Already being done 3 monthly. Will do	Tim Harker	October 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	procedures to assess compliance with WHTM 01 05 as baseline guidance and make improvements as necessary depending on the audit findings. [WHTM 01 05 2.23]	Post Grad Decontamination Audit in next academic cycle		
12	The practice must ensure seating within surgeries can be fully decontaminated. [Health and Care Standards, Standard 2.4]	Seating will be changed as part of building modifications	Tim Harker	31st Jan 2016
12	All dentists should record baseline charting and soft tissue examinations in patient records to ensure recording is sufficiently detailed. [Health and Care Standards, Standard 3.5]	Now being done	Toni-Marie Davies	Immediate
<b>Management and Leadership</b>				
	None identified			
<b>Quality of Environment</b>				
	None identified			

**Practice Representative:**

**Name (print):** .....Tim Harker.....

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

**Date:** .....4<sup>th</sup> August 2015.....