

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

Hywel Dda University  
Health Board,

Deintyddfa'r Capel Dental  
Practice.

28 July 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Deintyddfa'r Capel Dental Practice Mansel Street, Carmarthen SA31 1QX within the area served by Hywel Dda University Health Board on 28 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 any relevant professional standards and guidance.

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

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records

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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 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

Deintyddfa'r Capel Dental Practice provides predominantly private, with a small amount of NHS services to patients in the Carmarthen area of Carmarthenshire. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

The practice employs a staff team which includes two dentists (practice owners), one hygienist, one therapist, five nurses, one practice manager and two receptionists.

A range of services are provided. These include:

- Diagnosis and prevention
- Restorative treatment
- Veneers
- Crowns and Bridges
- Dentures
- Prescription and supply of dental medicines
- Cosmetic treatment

## 4. Summary

HIW explored how Deintyddfa'r Capel Dental Practice met the standards of care set out in the Health and Care Standards April 2015.

Overall, 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 positive. Patients can receive a fully bilingual (Welsh / English) service.

We found care and treatment was planned for, and delivered safely to, patients. We found that all dental surgeries were visibly clean, tidy and well-organised. We saw written information which indicated that the care provided was of a satisfactory standard.

The practice had relevant policies and procedures in place which aimed to ensure that staff had access to guidance on the provision of safe care to patients. However these needed reviewing and updating. The practice was not being as efficiently run as possible and there were a considerable amount of improvements identified in terms of management and leadership. Staff however worked effectively together as a cohesive team.

We found in most areas the practice was clean, modern and appropriately maintained to provide a safe environment for patients to receive treatment. There was very good access throughout the building.

## 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 positive. Patients can receive a fully bilingual (Welsh / English) service.**

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. 25 patient questionnaires were completed (a mixture of Welsh and English) prior to the date of inspection. One patient declined consent for us to use their comments in this report. We also spoke to two patients on the day of inspection. Patient feedback was consistently positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. Most patients told us they had not experienced any delay in being seen by the dentists. One patient stated however that they had experienced a delay “occasionally”.

Patient comments included the following:

*“Excellent service!”*

*“Staff always professional and accommodating with appointments.”*

*“Practis croesawgar sy’n rhoi gofal manwl i’r teulu cyfan.” [A welcoming practice that gives meticulous care to all the family].*

*“Tim croesawgar sydd yn gwneud yr ymweliad i’r deintydd dipyn gwell!” [A welcoming team that makes the visit to the dentist a little better!].*

*“Have been with the practice for many years and always received very good prompt service. No complaints.”*

*“I am very satisfied with the practice, all staff are polite and friendly. Very efficient team.”*

More than two third of patients who completed a HIW questionnaire said they knew how to access out of hours dental services. There was no sign outside the practice with the emergency contact number and we discussed this with the



principal dentist, who stated that there were limitations on the use of signage as the practice operated from a graded II listed building. We also read the out of hours information on the patient leaflet and found that it did not contain the emergency/out of hours contact number; however there was a hand out available at the reception desk which offered hours of opening and telephone numbers, including emergency contact details. We confirmed there was a contact number provided on the practice's answer phone message. We were therefore satisfied that patients had a number of ways to access emergency information.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis, enabling patients to be seen quickly if required.

There were practice information leaflets available in the reception area. However these needed to include the complaint process and contact details for the local Community Health Council (CHC) and HIW.

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

***The contact details for complaints should be included in the practice leaflet in accordance with NHS Putting Things Right arrangements and the Private Dentistry (Wales) Regulations.***

The practice had a range of health promotion information leaflets available in the waiting areas, including smoking cessation and mouth cancer awareness.

The practice did not have a system for regularly gaining patient views. However discussion with the senior nurse indicated that they were intending to review the findings of the HIW questionnaire in three months time.

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

***The practice must have a process for obtaining patients views and acting upon them.***

When asked about making complaints, half of the patients who completed a questionnaire told us they did not know how to make a complaint. We saw that a complaint policy was displayed in the practice, however it neither met with the NHS concerns process nor the private dentistry process. There needs to be two individual processes available which meet with the relevant timescales and

include the Community Health Council (CHC) contact details (NHS) and HIW contact details (private).

***Improvement needed***

***The complaints policies need to be developed to reflect both the NHS and Private Dentistry processes.***

## *Delivery of Health and Care Standards*

**Overall, we found care and treatment was planned for, and delivered safely to, patients. We found that all dental surgeries were visibly clean, tidy and well-organised. We saw written information which indicated that the care provided was of a satisfactory standard.**

### **Clinical facilities**

We looked at the clinical facilities of all four surgeries at the practice (two dental surgeries, one hygienist and one therapist surgery) and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well-organised. All surfaces were free from clutter to enable effective cleaning.

We 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 were told that both compressors (device to supply clean air to power dental hand pieces and various other dental tools) were maintained and inspected in line with requirements.

The practice offered prescription and dispensing facilities; drugs were stored appropriately and were within expiry dates, prescription pads however, need to be stored in a locked environment when not in use.

### **Decontamination of instruments**

We saw that there were suitable processes in place to prevent patients from cross infection. The practice had two dedicated areas for the cleaning and sterilisation of dental instruments; one upstairs and one downstairs. There were excellent facilities in the upstairs decontamination area for transferring used equipment from surgeries and when clean returning them to the surgeries. We discussed the best practice of date stamping both the date of processing and expiry on sterilised equipment packaging and the senior nurse stated this practice would be adopted from the point of this inspection. The areas were suitably laid out to allow instruments to be cleaned effectively.

There was an infection control policy in place. We saw that there were appropriate daily testing and maintenance of cleaning equipment but these were not logged clearly. We suggested the use of recognised log books for equipment and water level checks, which the practice ordered by the end of the inspection.

We saw evidence that staff had completed some training on decontamination and infection control however we discussed the training offered by the Wales Dental Deanery and the senior nurse stated they would access details about the availability of such training as advised. The practice had conducted an infection control audit and had used the audit tool developed by Cardiff University, as recommended by the Wales specific WHTM 01-05 guidelines.

### **Waste disposal**

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

### **Radiographic (X-ray) equipment**

We found that there were adequate arrangements in place for the safe use of radiographic (X-ray) equipment. Relevant documentation including safety checks, maintenance and testing were available. We saw evidence that all qualified clinical staff had conducted appropriate training with regard to the use of ionising radiation. We looked at the radiation protection file, which included details about the X-ray equipment and procedures for staff to follow and it contained all relevant information.

### **Medical emergency equipment and medication**

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. We saw certified evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies. This meant that in the event of a medical incident, staff had the necessary skills and access to life saving equipment and drugs to respond promptly. However we did suggest storing the prescribed algorithms with the relevant medication and to keep emergency equipment and drugs in a central location to enable safe and responsive access in an emergency. Both the dentists were named as appointed first aiders; however neither had undertaken the required initial two day training. We also noted that some equipment (airways) were limited in sizes.

### ***Improvement needed***

***Identified first aiders must receive the required training.***

***The practice must have emergency equipment as set out in the Resuscitation Guidance (UK).***

## **Patient records**

We looked in detail at a sample of ten patient records and found that generally the standard of record keeping was good. Treatment procedures and options were explained to patients verbally as recorded in the patients notes. The practice was not using the NHS treatment plans and this was discussed with the principal dentist. All private patients received treatment plans. The following areas in relation to recording patient consultations needed to be addressed;

- The practice needs to act on Basic Periodontal Examinations<sup>4</sup> (BPE) and record any further investigations in line with recognised guidelines
- There was no dentist countersignature on medical records. HIW sent an immediate assurance letter on 31 July 2015 a satisfactory response was received on 3 August 2015 (See Appendix A).

### ***Improvement needed***

***The practice must act on BPE findings and document any further treatment in patients records.***

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<sup>4</sup> The **Basic Periodontal Examination** is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need

## ***Management and Leadership***

**The practice had relevant policies and procedures in place which aimed to ensure that staff had access to guidance on the provision of safe care to patients. However these needed reviewing and updating. The practice was not being as efficiently run as possible and there were a considerable amount of improvements identified in terms of management and leadership. Staff however worked effectively together as a cohesive team.**

Deintyddfa'r Capel Dental Practice is independently owned by the two dentists currently working at the practice. The day-to-day management was the responsibility of a part time practice manager assisted by a senior nurse who worked in a management role on a part-time basis. Staff we spoke to on the day of inspection said they were happy in their roles, had a clear understanding of their responsibilities and felt supported by the practice manager and especially the senior nurse.

### **Policies and Procedures**

We found the practice had a range of relevant policies and procedures in place however there were some that required development. In addition, all policies needed to be reviewed and updated. Maintenance certificates for equipment used at the practice were in place and there was a suitable system to ensure these certificates were regularly reviewed.

We noted that the storage and filing of staff and practice related documents were not organised and this caused confusion with documents.

### ***Improvement needed***

***Policies and procedures need to be reviewed and updated to ensure staff are working to current legislation and guidance.***

The practice manager told us that staff meetings were arranged twice a year and we saw examples of recent notes which detailed discussions and actions from the meetings. We did not see any learning from the meetings however practice issues were discussed. Staff told us they were encouraged to raise any concerns during these meetings, but would also feel comfortable in raising concerns with the practice manager or senior nurse at any time.

### **Staff files.**

There were no individual staff files in place. This created considerable difficulties when inspecting staff documentation. We suggested developing an improved filing system for individual staff files to assist the practice to monitor staff training and development.

We did not see individual staff contracts although the practice manager confirmed that they were available. Staff confirmed that they had signed contracts.

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

##### ***All staff should have contracts of employment.***

We could not confirm whether staff had received appropriate pre-employment checks as the documentation was not readily available. The practice manager stated that these had been undertaken but not retained after employment commenced.

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

##### ***Staff must have the relevant pre-employment checks prior to commencing work.***

There were no staff appraisals. Staff confirmed that these had not been undertaken for many years.

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

##### ***Staff must receive appraisals to ensure their competency and to identify training or development needs.***

We were told by staff that they were registered with the General Dental Council and had appropriate indemnity insurance. However this could not be confirmed by the practice manager as the practice did not hold copies of the certificates in the practice.

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

##### ***The practice need to be assured that staff employed are currently registered by the GDC and hold appropriate indemnity insurance.***

We could not see examples of personal continued professional development (training) completed by staff at the practice, because these were not kept at the practice. We suggested that the practice obtain copies of certificates to ensure staff are receiving the required training relevant to their role.

### ***Improvement needed***

***The practice needs to be assured that all relevant staff have up to date CPD files.***

At the time of our inspection, we could not be assured that all dentists had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry because the practice do not hold copies of the certificates.

### ***Improvement needed***

***The practice needs to ensure that all dentists have current (within the last three years) DBS certificates.***

The practice had a sample of an induction programme however we could not be assured that these had been implemented because there were no individual staff files.

### **Child and Adult Protection**

We found that not all staff had completed training in child or vulnerable adult protection. A child protection policy was in place but did not include local contact details should the staff need to make referrals. There was no adult protection policy in place. This will also require contact details for safe and timely referrals should they be needed.

### ***Improvement needed***

***All staff must receive training in child and vulnerable adult protection.***

***The practice must have policies and procedures in place to deal with identified protection issues.***

The practice had suitable arrangements for the recording of accidents and incidents. Staff, at present, attended their individual GP surgeries for occupational health support. We discussed with the practice manager, the need to contact the local health board to ensure staff had access to their occupational health services. We saw records to show that all clinical staff had received appropriate vaccinations to protect them against blood-borne viruses.

We found that there was a system for recording and responding to formal concerns (complaints) however this did not include dates for responding as set out in the NHS and Private Dentistry complaints guidance. Verbal and informal concerns were not currently being recorded.



***Improvement needed***

***The practice must record formal, verbal and informal concerns in line with the 'Putting Things Right' 2011 guidance<sup>5</sup> and the Private Dentistry (Wales) Regulations 2008.***

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<sup>5</sup> Regulations aimed at streamlining the handling of NHS concerns.

## *Quality of Environment*

**We found in most areas the practice was clean, modern and appropriately maintained to provide a safe environment for patients to receive treatment. There was very good access throughout the building.**

The practice is located in the town centre of Carmarthen. The practice has four surgeries, two on the ground floor and two on the first floor. The practice has dedicated patient car parking to the rear of the building.

There was suitable access to the practice and door frames throughout the ground floor of the practice were wide to enable patients with mobility difficulties to access the premises safely. There was also a passenger lift to the first floor for ease of access.

A tour of the building confirmed the practice was very well maintained internally and externally. The practice was clean, tidy and satisfactorily lit throughout. It provided a very pleasant environment for patients to receive treatment. The reception and waiting areas were of a suitable size for the number of surgeries.

We did however see mould around the sink in the hygienists surgery and spoke to the principal dentist about this. It was agreed that it would be addressed immediately. We also discussed placing caps or covers over two open pipes which ran through the wall from the downstairs surgeries to the outside.

### ***Improvement needed***

***The practice must ensure the general condition of the building is satisfactory.***

The practice had separate male and female patient toilets which were of a very high standard, fully accessible, clean and had suitable hand washing facilities for infection control; however the female toilet required sanitary disposal facilities.

### ***Improvement needed***

***Female toilets must have sanitary disposal facilities.***

The names, qualifications and the General Dental Council (GDC) registration numbers of dentists were displayed outside. There was no list of all staff, their designation and GDC registration visible inside the premises

***Improvement needed***

***The practice needs to display a list of all clinical/dental staff, their names, designation and GDC numbers.***

NHS and private dentistry price lists were displayed in the reception area.

All dentists providing private treatment were registered with HIW In accordance with the Private Dentistry (Wales) Regulations 2008 and their registration certificates were displayed within the practice.

We saw evidence that there were measures and systems in place to protect staff and patients in the event of a fire. The fire exits were signposted and fire extinguishers had been appropriately inspected. We also found there were suitable arrangements to prevent unauthorised access to the building.

Patient records and information were stored securely and electronic records were backed-up daily onto an external device. This meant the practice had taken measures to ensure the safety and security of patients and their information.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of Patient Experience, Standards for Health Services in Wales, Management and Leadership and Quality of Environment. The details of these can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Deintyddfa'r Capel 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: Deintyddfa'r Capel Dental Practice**

**Date of Inspection: 28 July 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
Page 7	The practice must have a process for obtaining patients views and acting upon them.  [Health and Care Standards 6.3; General Dental Council 2.1].	Review HIW questionnaire in three months' time and act upon any relevant information received.	Practice manager and Senior nurse	Three months
Page 7	The contact details for complaints should be included in the practice leaflet.  [NHS Putting Things Right arrangements and the Private Dentistry (Wales) Regulations 2008].	Already implemented	Practice manager	Immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 8	<p>The complaints policies need to be developed to reflect both the NHS and Private Dentistry processes.</p> <p>[Putting Things Right 2011 NHS guidance; The Private Dentistry (Wales) Regulations 2008].</p>	Has been implemented and timescales amended according to reflect both NHs and private dentistry.	Practice manager	Practice manager
<b>Delivery of Health and Care Standards</b>				
Page 10	<p>Identified First Aiders must receive the required training.</p> <p>[Health and Safety Executive 2010].</p>	Senior nurse has been nominated to attend a First Aid course. Also courses for all staff will be scheduled	Practice manager and senior nurse	Immediate
Page 10	<p>The practice must have emergency equipment as set out in the Resuscitation Guidance (UK) guidance.</p> <p>[Resuscitation Guidance UK].</p>	New emergency equipment (airways) have been ordered in sizes 0-5. First aid and emergency equipment has been reorganised and labelled for easier identification and access.	Senior nurse	Immediate
Page 11	<p>The practice must make and keep complete and accurate records/updates including up-to-date medical histories. These must also be</p>	Already being implemented with immediate effect.	All clinicians with immediate effect.	Immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	signed by the patient and should be countersigned / initialled by the dentist.  [Health and Care Standards 3.3, 3.5,4.2; GDC 4.1.1, 4.1.2].			
Page 11	The practice must act on BPE findings and document any further treatment in patients records.  [Health and Care Standards 3.3, 3.5; GDC Standard 4].	BPE done on every exam and discussed with patient. Appropriate treatment discussed with patient and appropriate care and treatment arranged.	Clinician	Immediate
<b>Management and Leadership</b>				
Page 12	Policies and procedures need to be reviewed and updated to ensure staff are working to current legislation and guidance.  [GDC 1.9.1,6.6.7, 6.6.8, 6.6.9].	Meeting with Rhian Parry from Public Health Wales on 26 <sup>th</sup> August 2015 to ensure all Policies and procedures are up to date. Discussed with staff and changes implemented	Senior nurse	Immediate
Page 13	All staff should have contracts of employment.  [Health and Care Standards 7.1].	All staff have contracts of Employment and staff files are now held for all employees.	Practice manager	Immediate
Page 13	Staff must have the relevant pre-employment	Appropriate references are applied for prior to	Practice manager	Immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	checks prior to commencing work.  [Private Dentistry (Wales) Regulations 2008 13.2; GDC 6.1.6]].	commencement of work and records are kept.		
Page 13	Staff must receive appraisals to ensure their training needs are being adequately met.  [Health and Care Standards 7.1; GDC 6.6.1].	Monthly staff meetings will be organised to address any training needs the staff feel they require. Arrangements for individual appraisals are being organised.	Practice Manger and senior nurse	Immediate
Page 13	The practice need to be assured that staff employed are currently registered by the GDC and hold appropriate indemnity insurance.  [Health and Care Standards 7.1; GDC 1.8, 6.6.2].	Each member of staff has a folder and copies of GDC certificates, indemnity insurance details and DBS certificates.	Practice manager	Immediate
Page 14	The practice needs to be assured that all relevant staff have up to date CPD files.  [Health and Care Standards 7.1, GDC 6.1.6, 6.6.5].	All staff informed to bring in copies of CPD certificates from courses they have attended. To be added to their folders which are kept in the practice.	Practice manager and senior nurse	Immediate
Page 14	The practice needs to ensure that all dentists have current (within the last three years) DBS certificates.	Applied for DBS forms.	Practice manager and clinicians	Immediate



Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Private Dentistry (Wales) Regulations 2008].			
Page 14	<p>All staff must receive training in child and vulnerable adult protection.</p> <p>The practice must have policies and procedures in place to deal with identified protection issues.</p> <p>[Health and Care Standards 2.7; GDC 4.3.3, 8.5].</p>	<p>Course booked for 18/03/2016.</p> <p>Policy and procedures in place should the staff need to make referrals. Local contact details and addresses obtained.</p>	Senior nurse	Immediate
Page 15	<p>The practice must record formal, verbal and informal concerns.</p> <p>['Putting Things Right' 2011 NHS guidance; <i>Private Dentistry (Wales) Regulations 2008.</i> ].</p>	A record is kept at reception inline with “putting things right”	Practice manager	Immediate
<b>Quality of Environment</b>				
Page 16	<p>The practice must ensure the general condition of the building is satisfactory.</p> <p>[Workplace (Health, Safety and Welfare) Regulations 1992].</p>	Practice is currently being painted inside and out. The pipes in surgery have been capped.	Clinicians and practice manager	Immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 16	Female toilets must have sanitary disposal facilities. [Health and Care Standards 2.1; Workplace (Health, Safety and Welfare) Regulations 1992].	Contract with PHS already in place	Practice manager	Immediate
Page 17	The practice needs to display a list of all clinical/dental staff, their names, designation and GDC numbers. [GDC 6.6.10].	List displayed in reception.	Practice manager	Immediate

### Practice Representative:

**Name (print):** Patricia James

**Title:** Practice Manager

**Date:** 18/09/2015