

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

Hywel Dda University  
Health Board,

My Dentist Dental Practice,  
Lampeter

4 August 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to My Dentist Dental Practice, The Barn, Market Street, Lampeter SA48 7DS, (part of the IDH group) within the area served by Hywel Dda University Health Board on 4 August 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

My Dentist Dental Practice provides services to patients in the Lampeter region. The practice forms part of dental services provided within the geographical area known as Hywel Dda University Health Board.

My Dentist Dental Practice provides predominantly NHS with some private dental services.

The practice employs a staff team, which includes three dentists; four nurses; two receptionists and a practice manager. The practice offered a bilingual Welsh / English service.

A range of services are provided. These include:

- Routine dentistry
- Fillings, crowns and bridges
- Dentures
- Cosmetic treatments
- Tooth whitening
- Denture Excellence
- Airflow treatment
- Implants will commence soon.

## 4. Summary

HIW explored how My Dentist dental practice met the standards of care set out in the Health and Care Standards April 2015.

Patients told us they were satisfied with the service they received from the dental practice and that they had been given enough information about their treatment. Feedback from the HIW patient questionnaires was positive. Patients can receive a fully bilingual (Welsh / English) service.

Although we were assured that the clinical facilities and the care and treatment was planned and delivered in line with relevant standards; we found that there were some improvements needed in clinical record keeping. Appropriate arrangements were in place for radiographic equipment, emergency drugs and waste disposal. There was a dedicated decontamination room which met the standards of Welsh Health Technical Memorandum 01-05 (WHTM 01-05)<sup>4</sup>.

We found a committed staff team who told us they felt supported in their roles. There were robust systems to ensure clear guidance for staff, although the private complaint policy and procedure needed refinement.

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

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<sup>4</sup> The HTM 01-05 is guidance intended to raise the quality of decontamination work in primary care dental services.

## 5. Findings

### *Patient Experience*

**Patients told us they were satisfied with the service they received from the dental practice and that they had been 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 three 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. Six patients stated however that they had experienced a delay “occasionally”; “dim ond cwpwl o minidau” [only a couple of minutes];” only by 15-20 minutes.”

Patient comments included the following:

*“More than satisfied. I have been cured completely of my dental phobia which I had suffered for the last twenty years.”*

*“Yes thank you, very satisfied.”*

*“Yes, excellent service.”*

More than three quarters of patients who completed a HIW questionnaire said they knew how to access out of hours dental services. There was a sign outside the practice with the emergency contact number and 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 contact 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 no practice information leaflets available because the practice had recently had a change of branding name. HIW were sent an example of the proposed leaflet and made suggestions to ensure they met with the required standards.

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

The practice had a system for regularly gaining patient views and we saw questionnaires in the reception area.

When asked about making complaints, almost a quarter of the patients who completed a questionnaire told us they did not know how to make a complaint. We saw that both the private and NHS complaint policies were displayed in the practice.

An example of some of the comments made by patients are;

“Very satisfied with all aspects of my dentist”

“...without a doubt the nicest dentist I have ever been to...the treatment we always receive is superb”

“...Staff are all extremely pleasant and the dentists are excellent. Well done!”

“Pawb yn gyfeillgar iawn! Coeso cynned pob tro!” [Everyone is very friendly! A warm welcome every time!].

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

**Although we were assured that the clinical facilities and the care and treatment was planned and delivered in line with relevant standards; we found that there were some improvements needed in clinical record keeping. Appropriate arrangements were in place for radiographic equipment, emergency drugs and waste disposal. There was a dedicated decontamination room which met the standards of WHTM 01-05.**

### **Radiographic Equipment/Documentation**

We found suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. Relevant documentation, including safety checks, maintenance and testing records were available. All staff, who were required to, had undertaken on-line ionising radiation training. Although this meets the required training hours, it would be beneficial if staff attended the training provided by the Deanery.

The practice had followed all appropriate procedures to inform the Health and Safety Executive (HSE) that they were using radiographic (X-ray) equipment and had carried out quality assurance audits on this equipment. This meant they had systems in place to ensure the safe use and ongoing monitoring of X-ray equipment. However there were gaps in the information required in the Radiation Protection File and we discussed this with the practice manager who agreed to ensure all areas were completed in a timely manner.. Radiograph documentation in patient records needs improvement in the following area;

- There should be increased use of bitewing X-rays (an x-ray for looking at a particular part of the mouth)

### ***Improvement needed***

***The practice needs to ensure that bitewing X-rays are offered in line with current guidelines.***

## **Resuscitation and First Aid**

Staff were knowledgeable about what to do in the event of a medical emergency and there was a current resuscitation policy in place to clearly outline each staff member's roles and responsibilities.

There was a member of staff appointed as first aider on site who had completed the relevant training. Staff had access to appropriate, well organised resuscitation equipment in the event of medical emergencies (collapse). At the time of the inspection all staff had completed resuscitation training within the last year, as recommended by the Resuscitation Council (UK). This meant that staff had been offered the opportunity to learn how to manage medical emergencies.

## **Emergency drugs**

Emergency drugs were organised and stored securely in a well positioned and safe location. There was a robust system in place for monitoring the expiry dates of drugs. 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 a policy and procedure in place for the safe handling of mercury.

## **Decontamination of instruments and compliance with WHTM 01-05 (revision 1)<sup>1</sup>**

The practice had a single dedicated room for the cleaning and sterilisation of dental instruments which met with the standards set in the WHTM 01-05 (revision 1) guidance. We saw the use of clearly labelled sealed boxes to carry used and clean instruments to, and from, the decontamination room.

All instruments were bagged following sterilisation and dated with a processing date. All instruments checked were within date and an in house system was in place for checking that instruments were used, within specified timeframes. This meant suitable processes were in place to protect patients from cross infection in this regard.

We found that staff conducting decontamination procedures had received training on that topic.

We saw that logbooks for cleaning equipment were appropriately maintained. This included standard checks performed at the start and end of each day.

We saw that the practice had recently conducted the Welsh Deanery audit of infection control. This meant that there were systems in place to monitor ongoing compliance with infection control requirements and to ensure equipment was clean and safe for patient use.

### **Clinical facilities**

We looked at the clinical facilities in each of the surgeries and found them to be clean, well equipped and well organised including relevant equipment for the safety of patients and staff.

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 for patients and staff to wear during treatment session.

We saw documentation that showed that the compressor (device to supply clean air to power dental hand pieces and various other dental tools) was maintained and inspected in line with requirements. However we were concerned for safety reasons that it was stored within a stair well. We discussed this with the practice manager who assured us that she had also raised concerns with the relevant authorities and had been advised by them that there were no issues. 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.

### **Patient records**

We looked in detail at a sample of patient records. The standard of record keeping was good and only required improvement in two areas; more individualised recording with less use of templates; and more detail in the written entries.

## *Management and Leadership*

**We found a committed staff team who told us they felt supported in their roles. There were robust systems to ensure clear guidance for staff, although the private complaint policy and procedure needed refinement.**

### **Staff**

The practice offered predominantly NHS dental treatment with some private treatment. There was a practice manager who oversaw the day to day running of the practice. Individuals had dedicated roles and worked seamlessly as a team. The staff we spoke with were committed and told us they felt supported in their work.

The dentist and dental nurses were registered with the General Dental Council (GDC) and had contracts of employment. All staff had Disclosure and Barring Service (DBS) certificates dated within the last three years, in line with the regulations for private dentistry. This is noteworthy practice because the regulations only require that dentists hold DBS certificates.

We saw that the dentists' certificates were on display at the practice, confirming registration with HIW, as required through the Private Dentistry (Wales) Regulations 2008.

We saw Hepatitis B immunity records for all clinical staff. The practice manager told us that the practice was not aware of the occupational health service offered by the health board but would look into it as a matter of urgency. The dentists had individual indemnity insurance cover but all other staff were covered by IDH group's corporate cover for clinical practice.

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role. We saw an induction file which contained the relevant information for staff new in post.

There were formal recorded staff meetings which were held monthly. The records showed us examples of lessons learned and also relevant sharing of information, such as changes in policy or procedures and the outcomes from the practice managers meetings.

There was a system in place for formal appraisals, and we saw the last one was in June 2015. Appraisals are an important way of formally supporting staff to reflect on their work and identify support and professional development needs.

## **Child and Adult Protection**

We found that all staff had completed training in child protection. A child protection policy was in place which included local contact details should the staff need to make referrals. This was noteworthy practice because it ensured safe and timely processes were in place to protect vulnerable children.

Staff had also completed a protection of vulnerable adults training (POVA) course. There was a policy in place and again we saw contact details for safe and timely referrals should they be needed.

## **Complaints**

There was a complaints procedure available covering the arrangements for NHS patients. We saw that both the private and NHS complaint policies were displayed in the practice.

Complaints were held centrally, separate to patient records. Verbal comments and concerns were being electronically recorded. This enables trends to be highlighted at an early stage.

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

## **Policies and Procedures**

Overall, we found the practice had a range of relevant policies and procedures available. The policies and procedures had been reviewed and updated to ensure staff were working to the most up to date information. Maintenance certificates and records were also in place.

## *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 centre of Lampeter town. The practice was set over two floors. It was not accessible to patients with mobility difficulties. There were three working surgeries at the time of our inspection visit. There was no private parking area at the premises but there was a car park nearby.

We found the practice to be adequately maintained internally, with appropriate lighting, heating and ventilation. Externally the practice was well maintained.

There was useful patient information on display both externally and internally. There was clear signage outside the practice with the names and qualifications of the dentists working in the practice. Emergency numbers for patients' use were visible from the outside. Price lists were displayed on the reception desk.

There were separate staff and patient toilets, which were visibly clean and contained suitable hand washing facilities to prevent cross infection.

The waiting area was a suitable size for the number of surgeries. The waiting room contained reading materials and a small amount of health promotional posters.

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

We saw that patients' paper correspondence and records were stored securely.

## 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 My Dentist 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: My Dentist Dental Practice, Lampeter**

**Date of Inspection: 4 August 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
	No improvement needed.			
<b>Delivery of Health and Care Standards</b>				
Page 8	<p>The practice needs to ensure that bitewing X-rays are offered in line with current guidelines.</p> <p>[Health and Care Standards 3.3, 3.5; General Dental Council Standard 3.2, 3.3, 3.5, 5.1].</p>	<p>The Clinical Support Manager had identified this issue upon reviewing the xray audit completed in July and also on an observation visit on 30<sup>th</sup> July 2015. This matter was discussed at that visit with the Dentists and guidelines were reviewed.</p> <p>She has asked for another xray audit to be completed after 3 months which the Practice Manager will ensure takes place at the end of October.</p>	<p>Practice manager Dentists Clinical Support Manager</p>	<p>Audit to take place before 30<sup>th</sup> October To arrange Revisit from Clinical Support Manager in November 2015</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		All dentists have had a meeting with the Manager to discuss Vital Signs. The Clinical Support manager will arrange a revisit in November to review and discuss the audits		
<b>Management and Leadership</b>				
	No improvement needed.			
<b>Quality of Environment</b>				
	No improvement needed.			

**Practice Representative:**

**Name (print):** Cindy Edwards

**Title:** Practice Manager

**Date:** 30<sup>th</sup> September 2015

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