

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

Cwm Taf University Health  
Board, Cyfarthfa Dental  
Centre

2 December 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Cyfarthfa Dental Centre at Rookwood House, Gwaelod y Garth Lane, Merthyr Tydfil on 2 December 2015.

HIW explored how Cyfarthfa Dental Centre met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Cyfarthfa Dental Centre provides services to patients in the Merthyr Tydfil area. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

Cyfarthfa Dental Centre is a mixed practice providing mainly NHS dental services and some private services.

The practice staff team includes one dentist and two nurses.

A range of NHS and private dental services are provided.

At the time of inspection, the practice had recently opened under the new ownership of the principal dentist, since it was previously closed June 2015. The practice had undergone significant refurbishment and there were plans to open a second surgery so that another dentist could join the staff team.

### 3. Summary

We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. The feedback we gained through the HIW patient questionnaires was positive. The practice has plans to regularly seek and review patient feedback as a way of assessing the quality of the service provided. We recommended updates to the practice's complaints policy in order to comply with the relevant regulations.

The practice had been refurbished and modernised to a high standard. Patients commented that they were happy with the improvements that had been made and were pleased that the practice had re-opened.

We found evidence to support the conclusion that patients are provided with safe and effective dental care. In general, we were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We recommended that updates were made to the infection control policy and that an infection control audit should be conducted. We were satisfied that radiographic equipment was used appropriately and safely.

As the practice was within its first few weeks of operation, there were a very limited number of patient records for us to view. The small sample we saw showed that record keeping was appropriate and patient notes were sufficiently detailed.

We found that policies, procedures and management arrangements were new and still in the process of review and development. We recommended some improvements to policies and procedures and the development of a formal induction programme for staff. Overall, we found that there were suitable plans in place to enable effective management of the practice.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. The feedback we gained through the HIW patient questionnaires was positive. The practice has plans to regularly seek and review patient feedback as a way of assessing the quality of the service provided. We recommended updates to the practice's complaints policy in order to comply with the relevant regulations.**

**The practice had been refurbished and modernised to a high standard. Patient's commented that they were happy with the improvements that had been made and were pleased that the practice had re-opened.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Thirteen questionnaires were completed and returned to us. Patient comments included:

*"It is great to see the practice open again, the staff have been great and the changes to the building are a great improvement!"*

*"Lovely practice. As a nervous patient visiting here makes things easier."*

*"The refurbished practice looks amazing. So pleased to be coming back."*

### **Dignified care**

We observed staff speaking to patients in a friendly and professional way. Feedback from the patients who completed the questionnaires was unanimously positive. All patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

We noticed that due to the limited size and space within the practice, voices within the surgery could be heard from the adjacent patient waiting area. This could potentially mean that conversations about patient treatment could be overheard. We were told that music would usually be played in the waiting area which would help with this, but we advised that staff be aware of standing close to the surgery door when speaking to patients. We also recommended that the

practice review this issue as part of protecting the privacy, dignity and confidentiality of patients.

### ***Improvement needed***

***The practice should review the potential for conversations inside the surgery to be overheard from the waiting area, to ensure that patient's privacy, dignity and confidentiality is protected.***

***Following this review, the practice should identify any necessary actions needed to further protect patient confidentiality.***

### **Timely care**

The practice tries to ensure that care is provided in a timely way. We were told that there was a flexible appointment system in place whereby patients could book appointments both in advance and on an emergency basis. Because the practice had recently re-opened, we were told that a larger proportion of emergency appointment slots had been kept free each day for returning patients needing urgent treatment.

All patients told us they did not experience delay in being seen by the dentist and that they knew how to access out of hours dental care. We saw a sign in the entrance of the practice with details of the emergency contact telephone number, so that patients could access emergency dental care when the practice is closed.

### **Staying healthy**

All patients who completed the questionnaires told us they received sufficient information about their treatment. The practice had TV screens in each of the waiting areas which had been loaded with health promotion information. The principal dentist confirmed that they had a number of DVDs with different health promotion information, including information about mouth cancer, gum disease and oral hygiene.

### **Individual care**

Through discussions with staff on the day of inspection we were able to conclude that the practice had considered its responsibilities under equality and diversity legislation.

Discussions with the principal dentist revealed that accessibility had been carefully considered as part of the renovation work on the building. Access to the practice is generally suitable for wheelchair users and patients with mobility



difficulties. The practice had ordered a custom made portable access ramp for the small step outside the practice and one step inside the waiting area. A temporary ramp was also available. The second surgery (currently under development) had a widened doorway to enable easy access for wheelchair users.

We advised the practice to display the following information for patients:

- A private price list (an NHS price list was already displayed)
- The HIW certificate of registration for the dentist in an area that can be easily seen by patients
- Names, roles and General Dental Council (GDC) registration numbers of all staff working at the practice.

### ***Improvement needed***

***The following information should be displayed for patients to see: private price list, HIW certificate of registration, names, roles and GDC numbers of staff.***

We discussed the way in which the practice would regularly seek patient feedback and we were told that there were plans to conduct a six monthly patient questionnaire, as a way of assessing the quality of the care provided. We also saw that there was a suggestions box in the reception area.

The practice had a procedure in place for patients to raise concerns (complaints). However, we found that the following updates were needed in order to comply with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations<sup>1</sup>:

- The timescales for acknowledging and investigating complaints needed to be updated to comply with Putting Things Right (two and thirty days respectively) and the Private Dentistry Regulations (three and ten days)
- Incorrect references of organisations for patients to contact that are only applicable in England (e.g. Parliamentary Ombudsman, Care

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<sup>1</sup> The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

Quality Commission, Primary Care Trusts etc.) needed to be replaced with the correct equivalents in Wales (Public Services Ombudsman for Wales, Healthcare Inspectorate Wales, community health council and the local health board)

- The complaints policy needed to be clearer regarding the procedure and organisations for patients to contact depending on whether they were receiving private or NHS treatment
- The complaints procedure should be displayed so that it can be easily seen by patients.

***Improvement needed***

***The complaints procedure must be updated to comply with both the requirements of Putting Things Right and the Private Dentistry Regulations.***

***The complaints procedure should be displayed where it can be easily seen by patients.***

We were told that there had been no complaints received to date. We saw that there were summary logs for recording both verbal and written complaints and we were told that a complaint file would be created once required.

## *Delivery of Safe and Effective Care*

**We found evidence to support the conclusion that patients are provided with safe and effective dental care. In general, we were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We recommended that updates were made to the infection control policy and that an infection control audit should be conducted. We were satisfied that radiographic equipment was used appropriately and safely.**

**As the practice was within its first few weeks of operation, there were a very limited number of patient records for us to view. The small sample we saw showed that record keeping was appropriate and patient notes were sufficiently detailed.**

### **Safe care**

#### *Clinical facilities*

We found evidence to indicate the practice has taken steps to ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been recently undertaken to help ensure the safe use of small electrical appliances within the practice. The recent renovation work had been undertaken with care in order to provide patients with a safe and pleasant environment in which to receive treatment.

A fire extinguisher was in place and had been newly installed. There were arrangements in place for the disposal of non hazardous and hazardous waste. We noticed that the waste contractor had provided the practice with the incorrect type of sharps container for the intended use. This was addressed by the principal dentist on the day of inspection.

#### *Infection control*

In general, we were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence of effective infection prevention and control

measures in place that are based on the Welsh Health Technical Memorandum 01-05<sup>2</sup> (WHTM01-05) guidelines. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- New cleaning and sterilisation equipment had been recently installed
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- Logbooks for checking equipment were maintained
- Instruments were stored appropriately and dated.

We were told that the process for decontamination of instruments had been changed and improved from the system previously used by the dental nurses at the practice. We were told that although staff were able to clean instruments effectively, they were still getting used to the new system. We recommended that formal decontamination training should be conducted by staff, in accordance with the WHTM 01-05 guidelines.

We also found that the practice had not yet audited their infection control practices and we advised that this be done without delay, in order to identify any improvements needed in the current arrangements. We advised the practice to use the tool developed by the Dental Postgraduate Section of the Wales Deanery, as recommended by the Wales specific WHTM 01-05 guidelines.

***Improvement needed***

***Staff should conduct decontamination training.***

***An infection control audit should be conducted.***

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<sup>2</sup> <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

### *Emergency drugs and resuscitation equipment*

New resuscitation equipment and emergency drugs were available at the practice and there were arrangements in place to help ensure they were safe for use in the event of a patient emergency (collapse). We saw records which indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Although prescription pads were not easily accessible to unauthorised persons, we recommended they should be stored more securely. We also advised that the practice should also ensure that there are staff trained in first aid.

### ***Improvement needed***

***Prescription pads should be stored securely.***

***The practice should ensure there are trained first aiders***

### *Safeguarding*

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults, including local safeguarding contacts. All clinical staff had received training in the protection of children. The dentist had received training in the protection of vulnerable adults. This had not been completed by the dental nurses, but we were told they had booked onto a course in February 2016.

There were arrangements in place for staff to raise any concerns. We also found evidence that the practice undertakes pre-employment checks of any new members of staff, which include Disclosure and Barring Service (DBS) certificates. At the time of our inspection, the dentist had a Disclosure and Barring Service (DBS) certificated dated within the last three years in line with the regulations for private dentistry.

### *Radiographic equipment*

The x-ray machine had been recently installed and we were sent the installation and testing certificate following the inspection which confirmed the equipment was safe to use. We were also able to confirm that all staff involved in taking radiographs had completed training to meet standards for personnel who carry out these procedures. This is in accordance with the requirements of the

General Dental Council<sup>3</sup> and Ionising Radiation (Medical Exposure) Regulations 2000.

We saw that the practice had created an audit log book for radiographs, but we noticed that the information had not been completed at the time of taking the x-rays and some of the grading of image quality had not been included. We advised the practice to improve these arrangements so that effective radiographic audits could be conducted.

***Improvement needed***

***Improvements should be made to the arrangements for quality assurance audits of radiographs.***

**Effective care**

Patients benefit from a practice that seeks to continuously improve the service provided. We were told that the practice had made links with another independent practice in the area and had discussed arrangements for the dentists to conduct appraisals and peer review audits together as a way of ensuring the quality of the care provided. We were told that the dentist is also currently undertaking an additional postgraduate training course through which they also receive support and supervision.

As the practice was newly opened, there were a very limited number of patient records for us to view. The small sample we saw showed that record keeping was appropriate and patient notes were sufficiently detailed.

We found there were suitable arrangements for patients to complete medical history forms via an electronic system, which were then transferred to patient notes.

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<sup>3</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

## *Quality of Management and Leadership*

**We found that policies, procedures and management arrangements were new and still in the process of review and development. We recommended some improvements to policies and procedures and the development of a formal induction programme for staff. Overall, we found that there were suitable plans in place to enable effective management of the practice.**

The practice had recently opened and day to day management of the practice is the responsibility of the principal dentist. We saw a staff team at work who seemed happy and competent in carrying out their roles. We were told that the principal dentist had made links with another independently owned practice in the area for support and collaboration. We commended these arrangements, particularly because the practice had a small staff team who could otherwise become isolated.

We saw an example of records which showed that staff were able to access training relevant to their role and for their continuing professional development (CPD).

We were told that the dentist would conduct appraisals for nursing staff and that the dentist would have an appraisal conducted by dentists at another practice.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, the dentist providing private treatment was registered with HIW.

We saw there were records relating to Hepatitis B immunisation status for all clinical staff working at the practice.

The practice planned to conduct staff meetings on a monthly basis and we saw notes from the first staff meeting. We suggested the practice also clearly record actions from these meetings, so that they could be easily referred to at a later date. As the practice was a small staff team, we were told that there would be regular informal discussions of any arising issues.

As the practice was within its first weeks of operation, we found that policies, procedures and management arrangements were new and still in the process of review and development. We found that the following improvements were needed to the policies and procedures (in addition to those already previously stated within this report):

- Health and safety policy needed to be created

- A policy including the arrangements for the protection of patient's privacy and dignity was needed
- Infection control policy needed to be updated with the correct guidance from the Welsh specific WHTM 01-05 rather than the English version. We noticed that the policy was very lengthy and we advised that a summary or process flow should be created for staff to easily refer to.

***Improvement needed:***

***In respect of practice policies, the following improvements were needed:***

- ***A health and safety policy must be created***
- ***A privacy and dignity policy must be created***
- ***The infection control policy must be updated.***

We were told that the practice intended to employ an additional dental nurse and another dentist, once the second surgery is completed. We discussed the arrangements for induction of new staff and found that a formal induction programme had not yet been developed. Due to the newness of the staff team and plans for further recruitment, we recommended that this be developed as a priority, in order to ensure that staff are appropriately trained and acquainted with their place of work.

***Improvement needed***

***A formal induction programme should be created for all new and any temporary staff.***



## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Cyfarthfa Dental Centre will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



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>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</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

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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
- 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.

**Appendix A**

**General Dental Practice: Improvement Plan**

**Practice: Cyfarthfa Dental Centre**

**Date of Inspection: 2 December 2015**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	The practice should review the potential for conversations inside the surgery to be overheard from the waiting area, to ensure that patient's privacy, dignity and confidentiality is protected.  Following this review, the practice should identify any necessary actions needed to further protect patient confidentiality.	Health and Care Standards 4.1			
7	The following information should be displayed for patients to see: private price list, HIW certificate of	The Private Dentistry Regulations			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	registration, names, roles and GDC numbers of staff.	(2008 and amendment 2011) section 28 (1); General Dental Council Standards section 2.4.1 – 2.4.2; 6.6.1			
8	<p>The complaints procedure must be updated to comply with both the requirements of Putting Things Right and the Private Dentistry Regulations.</p> <p>The complaints procedure should be displayed where it can be easily seen by patients.</p>	Health and Care Standards 6.3; Private Dentistry (Wales) Regulations section 15(4a); General Dental Council 5.1.3			

**Delivery of Safe and Effective Care**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
10	Staff should conduct decontamination training. An infection control audit should be conducted.	WHTM 01-05 guidelines sections 1.8 and 24o			
11	Prescription pads should be stored securely. The practice should ensure there are trained first aiders.	Health and Care Standards 2.1; 2.6; 7.1			
12	Improvements should be made to the arrangements for quality assurance audits of radiographs.	Health and Care Standards 2.9; Ionising Radiation (Medical Exposure) Regulations 2000			
<b>Quality of Management and Leadership</b>					
14	In respect of practice policies, the following improvements were needed: <ul style="list-style-type: none"> <li>A health and safety policy must be created</li> </ul>	Health and Care Standards 2.1; 4.1; 2.4			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<ul style="list-style-type: none"> <li>• A privacy and dignity policy must be created</li> <li>• The infection control policy must be updated.</li> </ul>				
14	A formal induction programme should be created for all new and any temporary staff.	Health and Care Standards 7.1			

**Practice Representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....