

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

**Abertawe Bro Morgannwg  
University Health Board  
Ogmore Vale Dental  
Surgery**

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all 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 at Ogmore Vale Dental Surgery, 14 Commercial Street, Ogmore Vale, Bridgend, Ogmore Valley CF32 7BL on 23 November 2016.

HIW explored how Ogmore Vale Dental Surgery 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

Ogmore Vale Dental Surgery provides services to patients in the Ogmore Vale area of Ogmore Valley. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

Ogmore Vale Dental Surgery is a mixed practice providing both private and NHS dental services.

The practice staff team includes two dentists, two dental nurses and a receptionist.

Ogmore Vale Dental Surgery is owned and run by Mr Stephen Evans.

### 3. Summary

Overall, we found evidence that Ogmere Vale Dental Surgery provides patients with safe and effective dental care.

This is what we found the practice did well:

- Patients stated they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- The dental surgery was neat, tidy and visibly clean

This is what we recommend the practice could improve:

- The arrangements for decontamination and infection control to be improved in line with Welsh Health Technical Memorandum (WHTM) 01-05
- Record keeping needs to be improved by ensuring patient records include signed and dated medical histories, cancer risks/screening is documented and risks and benefits of treatments are routinely discussed and recorded
- Policies and procedures to be updated to reflect the correct organisations and/or appropriate guidance
- A review of staff training is required to ensure everyone has the appropriate skills, knowledge and competence to undertake their roles and responsibilities.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice was committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive and the practice had systems in place as a way of assessing the quality of the service provided**

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients, to obtain their views on the services provided. Twenty-two were completed and returned. All of the patients indicated that they were satisfied with the services received at the practice. Patient comments included:

*“I find this practice very friendly”*

*“I have been very happy with the dental treatment I have received”*

*“The atmosphere in the surgery is always welcoming, the staff are friendly and chatty and always make me feel relaxed”*

#### Dignified care

We found the staff to be approachable and friendly, and we overheard them being polite and courteous to patients. Feedback from the patients who completed questionnaires was positive. All of the patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. All the patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment.

#### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. Staff told us that any delays were verbally communicated to the patient.

An emergency contact telephone number for patients' use was displayed at the entrance to the dental practice. We were told that the emergency number was also provided within the practice's answer phone message, so that patients could access emergency dental care when the practice was closed.

### Staying healthy

There was varied health promotion material available in the waiting areas, with a good range of leaflets on offer regarding different forms of treatments and preventative care. This was recognised as good practice.

'No smoking' were displayed in the reception/waiting areas which confirmed the emphasis being placed on compliance with smoke free premises legislation.

### Individual care

The practice had a complaints policy and procedure in place for both NHS and private treatments. The complaints policy for private treatments needed to be updated to include HIW's contact details. Complaints information was displayed in the reception area. Staff told us that they had not received any complaints, but would try and deal with them straight away if they received one. There was no formal system in place to capture and monitor complaints and/or concerns. Consideration should therefore be given to developing a system to monitor any complaints and/or informal comments/concerns as it would assist the practice to identify recurring themes, or trends. Such knowledge would then assist in making improvements to patient services, as far as possible

Staff meetings took place and we saw evidence of some items discussed.. Staff also told us that informal discussions took place daily between members of the dental team. As the dental team was such a small group, staff confirmed that this type of communication worked well.

The reception/waiting area was open plan. Staff told us that private conversations would take place in a separate room to ensure that patient's privacy, dignity and confidentiality was maintained. Reception staff further told us that they always asked for information from patients, as opposed to stating personal information, when using the telephone. This was to ensure that patients' privacy and confidentiality was preserved.



## *Delivery of Safe and Effective Care*

**Overall, we found evidence that patients were provided with safe and effective dental care.**

**We identified improvements to the decontamination/infection control process that will ensure compliance with the WHTM 01-05 guidelines.**

**We recommended a number of improvements regarding the content of patient records and some attention was required to the clinical facilities to ensure they remain appropriate and hygienic.**

### Safe care

#### *Clinical facilities*

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored in a room behind the downstairs surgery. Non hazardous (household waste) was collected through arrangements with the local county council.

We observed swing top bins being used in the surgeries and recommended that foot pedal bins be used instead to support infection control procedures.

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

***The practice needs to review the use of swing top bins and consider foot pedal bins to ensure infection control procedures are maintained.***

Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months.

Our observations of the two surgeries highlighted that flooring and work surfaces required sealing at their edges. The upstairs surgery was modern and in good condition. The units and cabinets were easily cleanable. The downstairs surgery was dated with some cabinets chipped. The drawers in the

downstairs surgery would be difficult to clean due to the material they were made of. The hand wash ceramic sink was also badly stained. There was evidence of damp in the downstairs surgery and the room behind. The dampness needs to be looked at due to the health issues associated with exposure to mould spores, especially for staff working daily in that environment. A review of the clinical facilities is therefore required to ensure they are hygienic and appropriate for the work carried out in that area of the premises..

### ***Improvement needed***

***The practice needs to review the clinical facilities to ensure they are appropriate and hygienic for their intended use. Specific attention must be given to ensuring flooring and work tops are sealed to their edges.***

### *Infection control*

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the practice was not fully meeting the measures in place based on the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup> guidelines. We observed:

- Decontamination was being carried out in each surgery, but no logbooks were being maintained for the start and end of day checks for the autoclaves (sterilising equipment). The practice had recently started completing a sterilisation log sheet which recorded the temperature and pressure of the autoclaves, but no other checks were in place
- There was no logbook being kept to check on the effective operation of the ultrasonic baths with regard to daily, weekly, quarterly and annual checks, cleaning efficiency and protein residue tests.
- There was no signage indicating dirty and clean areas within the dental surgeries. It was therefore not possible to establish how staff were guided to separate clean from dirty instruments. Neither was it possible to confirm that all measures were being taken to avoid re-contamination of instruments following sterilisation

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<sup>1</sup> <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

- Some staff were unaware of the WHTM 01-05 guidelines. This key guidance would enable staff to recognise good practice and identify areas for improvement.

Discussions and observations did highlight that the practice had an opportunity to utilise some existing space which would improve the facilities for decontamination and move towards best practice.

***Improvement needed***

***The practice must improve the arrangements for decontamination and infection control in line with the guidelines of WHTM 01-05 and consider developing additional space to improve facilities.***

Other arrangements we observed regarding the decontamination process were satisfactory. Examples included the following:

- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored appropriately and dated following sterilisation

We saw evidence that an infection control audit had been completed, however the template used referred to English guidance. It was recommended using and referencing the WHTM 01-05 (Welsh version) and consideration should be given to using an audit tool that is aligned to the WTHM 01-05. The Wales Deanery has an example of such an audit tool.

***Improvement needed***

***Infection control audits need to be aligned to WHTM 01-05 guidance.***

***Emergency drugs and resuscitation equipment***

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice were in the process of acquiring Midazolam<sup>2</sup> to ensure a full range of emergency medication was available.

We recommended that the practice put a system in place to evidence that regular checks were undertaken and recorded to ensure emergency medications are available and expired drugs/syringes are replaced (in accordance with UK resuscitation guidelines which state that this should be done weekly). Consideration should also be given to having a list of the drugs and their expiry dates to help identify when drugs need to be replaced.

### ***Improvement needed***

***The practice must have a system in place to evidence that weekly checks are being carried out to ensure the emergency medications are available, and in date.***

We observed that the practice had in date airways available, but there was also out-of-date airways stored in the same area. It was recommended that the out-of-date airways were removed.

The practice had an appointed, named first aider and a certificate was in place to evidence that their training was up to date.

### ***Safeguarding***

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable, or at risk. For example, there were safeguarding policies and procedures in place for the protection of children and vulnerable adults and staff had undertaken safeguarding training.

The practice told us that pre-employment checks of any new members of staff were carried out before they began their employment. We observed that all dentists had received a Disclosure and Barring Service (DBS), but these had not been renewed. There was no DBS information for the dental nurses.

### ***Radiographic equipment***

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<sup>2</sup> Midazolam is form of sedation.

The practice had X-ray equipment and we saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe for use. We found that the dentists involved in taking radiographs had completed the required training. This is in accordance with the requirements of the General Dental Council<sup>3</sup> and Ionising Radiation (Medical Exposure) Regulations 2000. However, training in ionising radiation had not been completed by the dental nurses.

***Improvement needed***

***Relevant training regarding the use of ionising radiation must be undertaken by the dental nurses.***

We observed that the radiation protection paperwork/information was not kept in a single file. It was therefore recommended that all radiation information was retained in one file to ensure all information is accessible to staff.

On examination of a sample of patient's records we found that further information was required to justify why certain dental X-ray views had been taken. The frequency of radiographs should also be considered, because for one record reviewed, there was no evidence of any radiographs taken since 2012.

The practice had a quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. However, the audit we viewed had no detail of the number of films examined and what the issues and findings were. A detailed audit is required to ensure that good, clear x-rays support decisions about patient care and treatment.

***Improvement needed***

***The audits used to quality assure patient X-rays must be improved to ensure sufficient detail is recorded, monitored and any actions logged to support decisions regarding patient care and treatment.***

The practice developed X-rays chemically. We observed that the process was not being completed in a darkened room and the tanks were not heated. The thermometer was situated next to the tank which was recording the temperature of the room and not the chemicals. The system for processing X-rays was not adequate and the quality of radiographs seen showed issues with processing.

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

Consideration should be given to exploring better options such as automatic processing.

### Effective care

We looked in detail at a sample of ten patient records at the practice. Overall, we found that the majority of records were appropriate and sufficiently detailed with information about each patient's treatment. However we identified issues that needed to be addressed, including:

- Medical histories must be signed and dated by the patient and must be routinely updated
- No social histories were documented, therefore no cancer risk or screening was recorded
- Three records reviewed highlighted that band 3 work had been completed with no full examination recorded
- Treatment planning was not evident for all the patient records we looked at.
- Treatment options need to be considered to help reduce antimicrobial (antibiotic) resistance.
- Risks and benefits of treatment were not being routinely discussed with the patient.
- No signed FP17DC's<sup>4</sup> were available.

### ***Improvement needed***

#### ***Patient records need to be improved by ensuring:***

- ***Medical histories are signed and dated by the patient and routinely updated***

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<sup>4</sup> An FP17DC is the treatment plan which is given to a patient at the start of each course of treatment by the practice. The NHS Contracts Regulations 2005 states that you are required to issue a written FP17DC (treatment plan) to patients who are accepted for treatment under band 2, band 3 or if providing any part of the treatment under private contract, or where the patient requests one.

- ***Cancer risks/screening are recorded***
- ***Full examinations are recorded and undertaken for all band 3 treatments***
- ***Treatment planning is documented***
- ***Treatment options to be considered to reduce antimicrobial resistance***
- ***Risks and benefits of treatment is routinely discussed and recorded***
- ***Signed FD17DC's to be kept***

Patients benefit from a practice that seeks to continuously improve the service provided and we recommend that a review of the audits completed is undertaken to ensure they are sufficient and aimed at improving the patient experience.

There were no formal arrangements in place for staff at the practice to conduct regular internal peer reviews/audits. We advised the practice that learning from peer review and audits would contribute to the quality of care provided.

## ***Quality of Management and Leadership***

**We found evidence of a content staff team who told us they were happy in their roles. We observed kind interactions between staff and patients. A range of policies and procedures were in place, some of which required updating to reflect the correct guidance.**

The practice has been managed by the current dentist since 1997.

We found that the practice was committed to ensuring that patients' care and treatment was delivered safely and in a timely way. This was supported by a range of policies and procedures and we were able to confirm arrangements further by looking at a variety of records and through discussions with members of the dental team.

We identified some policies and procedures that needed updating to reflect the correct organisations and/or appropriate guidance. This included the waste storage and disposal policy.

### ***Improvement needed***

***A review of all policies and procedures needs to be undertaken to ensure the correct organisations and/or appropriate guidance is listed.***

We also saw that the complaints procedure for private treatment needed to be updated to include HIW contact details

We noted that some policies and procedures did not have issue and review dates recorded. To be consistent with the other policies and procedures in place at the practice, we recommended that issue and review dates were added to all documents, so that staff were clear about whether they were looking at the most up to date version. In addition, we recommended that staff signed and dated policies and procedures to evidence that they have read and understood their responsibilities.

### ***Improvement needed***

***All policies and procedures need to be consistent, with version and review dates added to all policy and procedure documents.***

We saw a staff team at work who seemed happy in carrying out their roles. We found there were systems in place to ensure any new staff received an induction and that they were made aware of policies and procedures.



Staff had completed training relevant to their role and for their continuing professional development (CPD), however, we identified that dental nurses would benefit from training in Ionising Radiation Medical Exposure Regulations (IR(ME)R). We also recommended that staff complete regular in-house revision training in relation to decontamination and sterilisation procedures, which should be recorded on their training files.

***Improvement needed***

***A review of staff training needs is required and courses to be attended to ensure staff have the skills, knowledge and competence to deliver safe and effective patient care and treatment.***

There was no system in place for staff to receive an annual appraisal and consideration should be given to providing appraisals for staff to ensure staff have an opportunity to reflect on their work and identify any relevant training they may feel is required.

***Improvement needed***

***A formal, documented appraisal system must be implemented for all staff***

Regular team meetings took place, the notes of which were documented.

We confirmed that all relevant staff were registered with the General Dental Council. The dentists providing private treatment were registered with HIW in accordance with the private dentistry regulations. A photocopy of one HIW certificate was displayed in reception. This needed to be replaced and the original certificate displayed.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. This meant that the practice had a system in place to protect patients and staff from this blood borne virus.

## 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 Ogmores Vale Dental Surgery 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, measurable, 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 inspections of the NHS in 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>5</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>6</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>5</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>6</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: Ogmore Vale Dental Surgery**

**Date of Inspection: 23 November 2016**

<b>Page Number</b>	<b>Improvement Needed</b>	<b>Regulation / Standard</b>	<b>Practice Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
<b>Delivery of Safe and Effective Care</b>					
7	<i>The practice needs to review the use of swing top bins and consider foot pedal bins to ensure infection control procedures are maintained.</i>	Standard 2.4			
8	<i>The practice needs to review the clinical facilities to ensure they are appropriate and hygienic for their intended use. Specific attention must be given to ensuring flooring and work tops are sealed to their edges.</i>	Standard 2.4 2.9			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
9	<b><i>The practice must improve the arrangements for decontamination and infection control in line with the guidelines of WHTM 01-05 and consider developing additional space to improve facilities.</i></b>	Standard 2.4 WHTM 01-05 guidelines Chapter 11			
10	<b><i>The practice must have a system in place to evidence that weekly checks are being carried out to ensure the emergency medications are available and in date.</i></b>	Standard 2.6			
11	<b><i>Relevant training regarding the use of ionising radiation must be undertaken by the dental nurses.</i></b>	Standard 7.1			
11	<b><i>The audits used to quality assure patient X-rays must be improved to ensure sufficient detail is recorded, monitored and any actions logged to support decisions regarding patient care and treatment.</i></b>	Standard 3.3			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	<p><b><i>Patient records need to be improved by ensuring:</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Medical histories are signed and dated by the patient and routinely updated</i></b></li> <li>• <b><i>Cancer risks/screening are recorded</i></b></li> <li>• <b><i>Full examinations are recorded and undertaken for all band 3 treatments</i></b></li> <li>• <b><i>Treatment planning is documented</i></b></li> <li>• <b><i>Treatment options to be considered to reduce antimicrobial resistance</i></b></li> <li>• <b><i>Risks and benefits of treatment is routinely discussed and recorded</i></b></li> <li>• <b><i>Signed FD17DC's to be</i></b></li> </ul>	<p>Standard 3.4 3.5 4.2</p>			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<b><i>kept</i></b>  <i>General Dental Council Standards for the Dental Team, Standard 4.1</i>				
13	<b><i>A review of all policies and procedures needs to be undertaken to ensure the correct organisations and/or appropriate guidance is listed.</i></b>	Standard 3.4			
13	<b><i>All policies and procedures need to be consistent, with version and review dates added to all policy and procedure documents.</i></b>	Standard 3.4			
14	<b><i>A review of staff training needs is required and courses to be attended to ensure staff have the skills, knowledge and competence to deliver safe and effective patient care and treatment.</i></b>	Standard 7.1			
14	<b><i>A formal, documented appraisal system must be implemented for</i></b>	Standard 7.1			



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p><i>all staff</i></p> <p><i>General Dental Council Standards for the Dental Team, Standard 6.6.1</i></p>				

**Practice Representative:**

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

**Title:** .....

**Date:** .....