

# General Dental Practice Inspection (Announced) Symbiosis Dental Practice

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In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone:** 0300 062 8163  
**Email:** [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
**Fax:** 0300 062 8387  
**Website:** [www.hiw.org.uk](http://www.hiw.org.uk)

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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 to Symbiosis Dental Practice at 55 London Road, Pembroke Dock, Pembrokeshire, SA72 6DT on 15 December 2016.

HIW explored how Symbiosis Dental Practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 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

Symbiosis Dental Practice provides private only dental services and is based in Pembroke Dock, Pembrokeshire.

The practice staff team includes two dentists; one dental therapist, three dental nurses, two receptionists and one practice manager.

A range of private dental services are provided, including 'Six Months Smiles'<sup>1</sup> orthodontic treatment.

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<sup>1</sup> 6 month smiles are a short-term dental procedure that provides a practical solution for adults who wish to have their crooked teeth straightened without using traditional orthodontic treatments

### 3. Summary

Overall, we found evidence that Symbiosis Dental Practice provides patients with safe and effective dental care and is well regarded by its patients.

This is what we found the practice did well:

- Patient satisfaction was high
- Staff we spoke with were happy in their roles and understood their responsibilities
- Clinical facilities are well-equipped, visibly clean and tidy
- There are arrangements in place for the safe use of x-rays
- Dental instruments are cleaned and sterilised appropriately.

This is what we recommend the practice could improve:

- Develop patient feedback processes
- Maintain a complaints log
- Develop drugs check log
- Update website and price list
- Decontamination and first aid refresher training
- Improve patient notes in areas identified
- Arrangements for quality assurance audits and peer review
- WHTM 01-05<sup>2</sup> infection control audit.

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

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice is committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was positive. Health promotion information to help support patients to take responsibility for their own health and wellbeing was available on the practice website and at consultation. We advised the practice to make further health promotion material easily accessible in the practice. The practice needs to develop a process for regularly seeking patient feedback as a way of assessing the quality of the service provided.**

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. 61 questionnaires were completed and returned to us. Patient comments included:

*“I consider this an excellent practice, to my mind, well run and very efficient”*

*“So far the best dental practice I’ve been to”*

*“I feel very confident and reassured with the service provided by the dental surgery. I highly recommend this practice”*

*“Being a patient here for 13 years, I have experienced a very high standard of dental care. The staff are warm/friendly and make you feel relaxed before any treatment”*

### Dignified care

Patients were provided with care in a dignified and respectful manner. There was space available for staff to have conversations with patients in a private area, away from others, if required. We observed staff speaking with patients in a friendly and professional way. Feedback from the patients who completed HIW questionnaires was positive with patients stating they were satisfied with the care and treatment they received at the practice and that they felt welcomed by staff. The practice and surgeries were wheelchair user friendly and there was a disabled access toilet available.

### Timely care

The practice tries to ensure that dental care is provided in a timely way. There was a flexible appointment system so that patients could book appointments both in advance and for emergencies. Patients responding to the HIW questionnaires' told us they did not experience undue delay in being seen by the dentist. The majority of patients knew how to access out of hours dental care. The practice details available outside the surgery included the opening hours, emergency contact telephone number and the name and qualifications of the dentist.

### Staying healthy

All patients who completed the HIW questionnaires told us they received sufficient information about their treatment. There were patient welcome leaflets in the waiting area. There was good health promotion information available on the practice website. We were told that health promotion information could be printed off the computer at consultation for individual patients. We advised that key health promotion information could be printed and available in the waiting area for patients. Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing.

### Individual care

The practice needs to develop and implement a patient feedback process as a way of assessing the quality of the service provided. Results of feedback received should be considered and actions taken to respond to any suggested improvements.

The practice had a procedure in place so that patients could raise concerns (complaints) and this was clearly available in the waiting area. The procedure was compliant with the Private Dentistry Wales 2008 Regulations<sup>3</sup>. However, the practice website needs to be updated to ensure that the complaints information is sufficient, to include timescales and HIW contact and is more easily accessible. The price list also needs to be brought up to date on the website.

A complaints/concerns book should be maintained so that all concerns are captured and can therefore be periodically reviewed for any trends. We were

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<sup>3</sup> The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.



told that the practice had received few complaints to date and that these had been dealt with appropriately in line with the complaints policy. We saw that a price list for treatments was available, so that patients were informed about costs. However, we recommended that the price list include an upper price limit where prices varied in line with General Dental Council (GDC) guidance<sup>4</sup>.

***Improvement needed***

***The practice needs to develop a process for regularly seeking patient feedback as a way of assessing the quality of the service provided.***

***Staff must review the practice website to ensure that patients have up to date information in line with GDC ethical advertising guidance.***

***The practice must maintain a log of all concerns/complaints, to evidence their management of complaints and so that a periodic review can be undertaken to look at any trends.***

***Price list must include an upper price limit where prices vary in line with GDC guidance.***

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<sup>4</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

## *Delivery of Safe and Effective Care*

**Overall, we found evidence that patients are provided with safe and effective dental care. X-ray equipment was used appropriately and safely. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.**

**We found that an infection control audit needed to be undertaken in line with the WHTM 10-05 guidelines. We looked at patient records and found that some improvements were needed. We recommended that the dentists conduct a clinical records audit together in order to share learning and best practice.**

### **Safe care**

#### *Clinical facilities*

We found that the surgeries were clean, tidy and very well organised. The practice was recently built to a high standard of design and equipped with modern and well laid out dental equipment

Risk assessments on Control of Substances Hazardous to Health (COSHH)<sup>5</sup> were available and we saw that safety data sheets had been kept for each substance and risk assessments had been completed that were specific to the workplace and environment.

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. The five yearly electrical certificate for the premises was not available. The dentist advised us that this was likely to need renewal following construction works for the building approximately five years ago. Staff contacted an electrical contractor to arrange a service visit during the inspection visit. A record of the daily compressor checks was being maintained.

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients. The practice was visibly well maintained. Fire extinguishers were placed strategically and had been serviced regularly. Fire

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<sup>5</sup> COSHH is the law that requires employers to control substances that are hazardous to health. More information can be found on the Health and Safety Executive website via the following link <http://www.hse.gov.uk/coshh/index.htm>

drills and checks were being undertaken periodically. The practice had arranged for a review of its fire risk assessment and we advised that the fire signage in the staff areas in the basement area be considered during that review.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were being safely stored. Storage arrangements for clinical waste were appropriate.

### *Infection control*

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 that there were infection prevention and control measures in place including the following:

- There were dedicated rooms for the cleaning and sterilisation of dental instruments with dedicated hand washing sinks
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing. Records for each sterilisation cycle were kept electronically and backed-up
- Instruments were stored appropriately.

However, the practice needs to complete an infection control audit as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines.

### ***Improvement needed***

***An infection control audit should be conducted in line with the guidelines of WHTM 01-05.***

We found that some staff needed to complete 5 hours decontamination refresher training on a five yearly basis.

### ***Improvement needed***

***One dentist, one therapist and two dental nurses need to complete 5 hours decontamination refresher training on a five yearly basis.***

Evidence of inoculation immunity check status for all relevant staff was in place. Inoculation boosters were required for two staff members and dates had been arranged for these to be undertaken. However, we found that inoculation immunity booster check status for two other staff members required consideration. Records of immunity must be maintained and up to date and/or evidence of life long immunity kept where that applies.

***Improvement needed***

***Inoculation checks should be undertaken with records maintained and/or life long immunity records kept at the practice.***

***Emergency drugs and resuscitation equipment***

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). Emergency drugs were well organised and we advised that corresponding life support flowcharts for use in specific emergencies could be kept with the emergency drugs. Staff told us that emergency drugs checks were being undertaken through use of a simple tick list process. However, single use sterile syringes and needles were noted to be past their expiry date. This issue was addressed on the day of the inspection. We recommended that an emergency drugs check log be kept and that this include all drugs, needles and defibrillator pads.

***Improvement needed***

***The practice must keep an emergency drugs check log book, to include all drugs, needles and defibrillator pads. An appropriate system must be in place to ensure any materials passing their expiry dates are safely disposed of.***

There was an appropriate accident book in place and accident sheets were being filed securely to maintain data protection.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). We advised the practice to review and update its resuscitation policy to include roles and responsibilities for staff.

***Improvement needed***

***The practice should review and update its resuscitation policy to include roles and responsibilities for staff.***

There was a first aid kit available. There were two staff identified as first aiders, but certificates to identify the status of refresher training were not available. The practice needs to ensure that a trained first aider with up to date training certificate is in place within the team.

***Improvement needed***

***The practice must refresh first aider training and maintain a record of first aid training.***

*Safeguarding*

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was up to date for all relevant staff. The practice had updated its protection of vulnerable adults and protection of children policies, so that they included local safeguarding contact numbers and these were posted on the notice board during the inspection.

We were told there were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We were told that pre-employment checks of any new members of staff were carried out before they joined the practice, including appropriate safeguarding checks. Safeguarding checks for the relevant staff were up to date.

*Radiographic equipment*

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use.

We found that relevant staff involved in taking radiographs had completed the required training (and one staff member was booked onto refresher training in January 2017). This is in accordance with the requirements of the General Dental Council<sup>6</sup> and Ionising Radiation (Medical Exposure) Regulations 2000. The practice needs to complete radiograph audits for quality assurance purposes, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.

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<sup>6</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

### ***Improvement needed***

***The practice should complete radiograph audits for quality assurance purposes, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.***

#### *Patient Records*

We viewed a sample of dental records and spoke with the dental practitioners on the day of our inspection. Overall, we found there was a good quality of record keeping and patient care.

However, we identified the following areas for improvement:

- Medical histories were not consistently countersigned by the dentist and patient and we found there was not a clear system of updating them
- Smoking cessation advice and mouth cancer screening was not being consistently recorded
- Patients' ongoing informed consent needs to be recorded, alongside details of treatment options and costs
- Records need to be made of dosage of prescribed medications
- Radiograph justification and findings to be recorded at all times.

### ***Improvement needed***

***Patient notes must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.***

#### Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. However, there were no formal arrangements for staff to conduct regular peer review audits. We advised the practice that learning from peer review and audits contributes to the quality of care provided. We discussed the range of audit topics provided by the Welsh Deanery.

### ***Improvement needed***

***The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.***

## *Quality of Management and Leadership*

**We found evidence of some good management and leadership processes at this practice. However, one key staff member involved in overseeing quality assurance processes was currently on temporary leave and, it was clear that quality assurance processes needed to be refreshed as a result. Staff recruitment was under consideration and will support revision in this area. Staff we spoke with were happy in their roles, understood their responsibilities and felt supported by senior staff. A range of relevant policies and procedures were in place.**

We saw a staff team at work that seemed happy and competent in carrying out their roles and responsibilities. Staff we spoke with told us they felt supported by senior staff. We saw that staff were able to access training relevant to their role and for their continuing professional development (CPD). We were told that staff appraisals had been conducted. Annual appraisals of staff are important to help ensure the quality of care provided and to identify any training needs.

Staff told us that formal staff meetings were conducted on a regular basis and we saw some evidence of this. We advised that team meetings could be developed to include key agenda items and more detailed minutes and actions.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, the dentists providing private treatment were registered with HIW and their registration certificates were available within the practice.

## 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 Symbiosis Dental Practice 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

Any dentist working at the practice who is registered with HIW to provide private dentistry will be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>7</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>8</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

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

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- 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 relevant regulations at the practice visited on the day of the inspection.

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<sup>7</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>8</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Symbiosis Dental Practice**

**Date of Inspection: 15 December 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
7	The practice needs to develop a process for regularly seeking patient feedback as a way of assessing the quality of the service provided.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>General Dental Council (GDC) Guidance 2.1</i>	We will have a comments and complaints box in the waiting area with cards for patients to complete. The box will be monitored weekly and any complaints entered in the complaints log as well as any action required.	M.H. Morgan J.S. Morgan	01/02/2017
7	Staff must review the practice website	Private	Photographs of current staff are	M.H. Morgan	01/03/2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	to ensure that patients have up to date information in line with GDC ethical advertising guidance.	Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>General Dental Council (GDC) ethical advertising guidance</i>	being taken 07/02/17 to update the web site. When this is done the complaints procedure will also be updated to allow patients easy access to make a complaint.	J.S. Morgan	
7	The practice must maintain a log of all concerns/complaints, to evidence their management of complaints and so that a periodic review can be undertaken to look at any trends.	Private Dentistry (Wales) Regulations 2008 15 (1)  <i>GDC Guidance 5.1.6;</i>	A log book of all complaints is kept in the practice office and monitored on a monthly basis.	M.H. Morgan J.S. Morgan	Completed
7	Price list must include an upper price limit where prices vary in line with GDC guidance.	Private Dentistry (Wales)	The price list was updated on the inspection day, both at the practice and on the website, to include	M.H. Morgan	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Regulations 2008 14 (1) (b)  <i>GDC guidance 2.4.1</i>	upper price limits in line with GDC guidance		
<b>Delivery of Safe and Effective Care</b>					
9	An infection control audit should be conducted in line with the guidelines of WHTM 01-05.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>WHTM 01-05</i>	WHTM 01-05 Audit tool has been downloaded from Wales Deanery site. Completed and Practice meeting was held on 23/01/2017 to discuss the results and improvements needed. Review June 2017.	J.S. Morgan	Completed
9	One dentist, one therapist and two dental nurses need to complete 5 hours decontamination refresher training on a five yearly basis.	Private Dentistry (Wales) Regulations 2008 14 1(b)	The therapist has already completed the decontamination refresher training and a copy of her certificate was emailed to HIW 16/12/2016  One dentist and two nurses will	M.H. Morgan	31 <sup>st</sup> May 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>GDC Standard 7 and CPD for Dental Professional guidance</i>	complete the refresher course at the dentistry show in May 2017		
10	Inoculation checks should be undertaken with records maintained and/or life long immunity records kept at the practice.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) and 14 (6)  <i>General Dental Council (GDC) Guidance 1.5.2</i>	Boosters have been completed and all documentation is up to date for all staff	M.H. Morgan	Completed
10	The practice must keep an emergency drugs check log book, to include all drugs, needles and	Private Dentistry (Wales)	A log is kept of all emergency drugs, needles, syringes and defibrillator pads, which are	M.H. Morgan J.S. Morgan	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	defibrillator pads. An appropriate system must be in place to ensure any materials passing their expiry dates are safely disposed of.	Regulations 2008 14 (1) (b)  <i>Dental Practitioners Formulary Misuse of Drugs Regulations 2001</i>	monitored on a monthly basis. Any materials past their expiry date are taken to a local pharmacy for safe disposal.		
10	The practice should review and update its resuscitation policy to include roles and responsibilities for staff.	Private Dentistry (Wales) Regulations 2008 14 1(b)  <i>GDC Standards 6.2.6 and 6.6.6</i>	Initial review and update have been completed. Further discussion at the next practice CPR training which will be booked for March/April 2017	M.H. Morgan	Completed
11	The practice must refresh first aider training and maintain a record of first	Private Dentistry	P.J.Morgan and B.Harries have been booked on a first aid course	J.S. Morgan	17 <sup>th</sup> February 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	aid training.	(Wales) Regulations 2008 14 (2)  <i>Health and Safety (First Aid) Regulations 1981</i>	on 17/02/17  A record of training is kept in personal files.		
12	The practice should complete radiograph audits for quality assurance purposes, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>Ionising Radiation Regulations 19999 &amp; Ionising Radiation (Medical Exposure)</i>	P.J.Morgan has started with a complete update on quality assurance in dental radiography from a recent IRMER study day. From this we have updated our quality control tests to be conducted daily, weekly and monthly. Quality assurance review of all data collected in 3 months time and a quality audit at the end of the year.	P.J.Morgan	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>Regulations 2000</i>			
12	Patient notes must be maintained in accordance with professional record keeping guidance and improvements should be made regarding the specific findings identified in the report.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>General Dental Council (GDC) Guidance Standard 4</i>	Medical history updates, prescribed medicine log and radiograph justifications will all be implemented with immediate effect. We will endeavour to record smoking cessation advice and mouth cancer screening more consistently using the tools available on our R4 system.	P.J.Morgan	Completed
12	The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.	Private Dentistry (Wales) (Amendment) Regulations 2008 section 16A (1)	More formalised meetings will be held monthly to include peer review, sharing best practice and ensure quality of care.	M.H. Morgan	1 <sup>st</sup> March 2017



Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of Management and Leadership</b>					
	None				

**Practice Representative:**

**Name (print):** Peter and Margaret Morgan

**Title:** Dentists

**Date:** 2/1/2017