

**General Dental Practice  
Inspection (Announced)**  
Betsi Cadwaladr University  
Health Board,  
Amlwch Dental Practice

Inspection date: 31 January  
2017

Publication date: 2 May 2017

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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 Amlwch Dental Practice at 14 Salem Street, Amlwch, Anglesey, LL68 9BP on 31 January 2017.

HIW explored how Amlwch Dental Practice 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

Amlwch Dental Practice is a long established practice providing services to patients on Anglesey. The practice has recently undergone a significant programme of investment and refurbishment since it was taken over by the current owner in early 2016.

The practice forms part of the dental services provided within the area served by Betsi Cadwaladr University Health Board.

Amlwch Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes two dentists, one foundation dentist, one therapist, four dental nurses and one practice manager / receptionist.

### 3. Summary

Overall, we found evidence that Amlwch Dental Practice provides patients with quality, safe and effective dental care and is well regarded by its patients. The recent refurbishment at the practice has been done to a high standard with plans in place to renovate the remaining surgeries, reception and waiting area.

This is what we found the practice did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received.
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership.
- The staff team appeared happy in their roles and were competent in carrying out their responsibilities.
- Excellent clinical patients' records were maintained.
- One refurbished clinical surgery was well-equipped, visibly clean, tidy and well organised.
- Appropriate arrangements were in place for the safe use of x-rays.

This is what we recommend the practice could improve:

- The practice should review their existing complaints handling policy and ensure it is clear to patients how to raise a complaint for private and NHS treatment.
- Quality assurance audits for image quality (x-ray machine) to be undertaken at least annually.
- The practice was advised to ensure a sanitary disposal bin was provided in the staff toilet and replace the bin with foot pedal operated bin.
- Until refurbishments of surgery 2 and 3 has taken place, the practice should ensure the floors and clinical storage units in both surgeries are sealed and ensure any open cabinets containing dental instruments are closed in order to prevent aerosol contamination. The dental chair in surgery 3 should be reupholstered due to damage / cracking.

## 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 from the patient questionnaires was positive and confirmed that patients were very happy with the service they receive.**

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

*'Always been satisfied with service provided'*

*'Always very helpful and accommodating'*

*'The renovations to the practice have been a wonderful improvement in the last few years'*

*'I have always been treated very well in this practice'*

*'Excellent service and treatment'*

*'I am very satisfied with Amlwch Dental Practice and all of the staff'*

### Dignified care

We observed the warm, friendly and professional approach adopted by all staff at the practice towards patients. Of the twenty questionnaires completed, all patients confirmed they were satisfied with the care and treatment they had received.

The practice has arrangements to protect patients' privacy, including areas for patients to have private conversations with staff and when dealing with patients' telephone messages.

### Timely care

The practice tries to ensure that dental care is provided in a timely way and of the completed questionnaires only four patients indicated that they had ever experienced any minor delays, and that these had not been an issue.

Nine patients told us that they did not know how to access out of hours care. There was a sign on the outside entrance of the premises giving the emergency contact details and this was also provided on the practice's answer phone. Details are also provided within the patient information leaflet. We suggested to the practice that they consider other ways of ensuring all patients are made aware of the out of hours contact details in case of an emergency.

### Staying healthy

All patients who completed our questionnaires stated that they had received enough information about their treatment. There were ample dental health promotion leaflets and posters available at the reception and waiting area which meant patients had access to information on how to care for their own oral hygiene. Price lists were also clearly on display.

Over 80% of patients told us that their language needs were met and we observed reception staff communicating with patients bilingually.

### Individual care

Responses from patients' questionnaires showed us that all of the patients felt they were given enough advice about their individual treatment and were very happy with the service they received and were always made to feel welcome.

The practice is located over two floors and the dental surgeries are all located on the ground floor. The reception, waiting area and two dental surgeries are accessible for wheelchair users.

There was one unisex toilet for use by patients and one toilet on the first floor for staff. Both facilities were clearly signposted and visibly clean. However, no sanitary disposal bin was in place for the staff toilet and we also advised the practice that they replace the bin in the staff toilet with a foot pedal operated bin.

### ***Improvement needed***

***The practice was advised to ensure a sanitary disposal bin was provided in the staff toilet and replace the bin with foot pedal operated bin.***

We reviewed the practice's complaints handling policy and at the point of inspection there had not been any complaints received by the practice. The practice's complaints handling policy covers both private and NHS treatment



and we advised the practice to review the policy ensuring correct timescales for acknowledging and responding to complaints were included in line with the regulations for private patients and with 'Putting Things Right'<sup>1</sup> for NHS patients.

***Improvement needed***

***The practice should review their existing complaints handling policy and ensure it is clear to patients how to raise a complaint for private and NHS treatment.***

The procedure for making a complaint was clearly displayed at the reception desk and in the waiting room; it was also set out in the 'Patient Information' leaflet. However, despite these measures, we identified from the completed questionnaires that more than half the patients did not know how to make a complaint. We suggested that the practice consider other ways of ensuring all patients are aware of how to make a complaint.

The practice informed us that any informal concerns were captured within individual patients' records and dealt with accordingly. We advised the practice to record informal concerns in a central log to enable any common themes to be identified.

***Improvement needed***

***A central log to be put in place to record patients informal concerns***

We discussed the practice's mechanism for seeking patient feedback. A comments box is made available at reception and any comments are discussed at team meetings. The practice informed us that patient questionnaire will be issued to patients. This will ensure that all patients are asked for their feedback and the practice can demonstrate that patients' feedback is acted upon and used to influence changes to the service delivery.

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/putting-things-right>

## ***Delivery of Safe and Effective Care***

**We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice as a whole is keeping excellent clinical records.**

### **Safe care**

We found that the practice was being run with the intention of meeting the relevant standards to ensure the health, safety and welfare of staff and patients. The practice provided a clean environment.

The practice has undergone and is continuing to invest in a significant programme of refurbishment since it was taken over by the current owner in early 2016.

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients and the dental team. Surgery one has already been refurbished to a high standard, is modern and very well equipped and in excellent condition. Surgery 2 and 3 are also planned for refurbishment; however we advised the practice that some temporary measures were required in both surgeries until the refurbishment takes place. We recommended that the floors and clinical storage units in surgery 2 and 3 should be sealed for easier cleaning and any open storage units should be closed, preventing instruments from being open to aerosol contamination. It was also noted that the dental chair in surgery 3 had been repaired with tape and the head rest vinyl was also cracking. The practice informed us that options are being considered to reupholster the chair.

### ***Improvement needed***

***The practice should ensure the floors and units in surgery 2 and 3 are sealed***

***Open cabinets in surgery 2 and 3 containing dental instruments should be closed and sealed***

***Dental chair in surgery 3 to be reupholstered***

We did note that the practice used a needle re-sheathing device and due to historical needle stick injuries at the practice we advised the practice to consider using the safer sharps system.

We noted that portable appliance testing (PAT) had been completed on all electrical equipment ensuring all small appliances were safe to use. Fire

extinguishers were in place throughout the building and we saw evidence of a current fire equipment maintenance contact. Directions for the emergency exits were clearly visible and the Health and Safety poster was on display.

We found that all chemicals were kept securely and none were left in public areas. There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) and relevant risk assessments in place which had been recently reviewed.

General health and safety risk assessments were seen on the day, and these had been recently reviewed.

We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment and we saw evidence of up-to-date ionising radiation training for the dental surgeons.

There were acceptable arrangements for protecting patients and staff when the X-ray equipment was in use. We found evidence of safety checks, equipment maintenance and testing on the x-ray equipment.

No image quality audits had been undertaken by the practice since it was taken over in 2016; however we were informed that arrangements are in place and these are planned for 2017. We advised the practice to ensure these are undertaken at least annually.

***Improvement needed***

***Quality assurance audits for image quality (x-ray machine) to be undertaken at least annually***

The practice did not have a resuscitation policy in place; however they did have procedures in place showing how to respond to patient medical emergencies in a form of flowchart. We advised the practice that a resuscitation policy needs to be developed in addition to the flowchart.

***Improvement needed***

***Resuscitation policy to be devised***

We saw records that indicated that the team had received all relevant training in cardiopulmonary resuscitation (CPR) and the practice had two appointed first aiders. Emergency drugs were stored securely in each surgery making them immediately available in the event of a medical emergency (patient collapse); which is deemed good practice. We saw evidence that an effective system was in place to check and log the emergency drugs and oxygen; however there was no system in place to log the emergency hardware e.g. needles, syringes,

airways and masks. We advised the practice to keep a log of all emergency hardware expiry dates. We also advised the practice to ensure the resuscitation kit contained paediatric self inflating bag with reservoir (ambu-bag) and face masks.

***Improvement needed***

***The practice should introduce a log of all emergency hardware expiry dates.***

***The resuscitation equipment kit should contain paediatric self inflating bags with reservoir and face masks.***

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05 which had recently been renovated to a high standard. The area was visibly clean and uncluttered. We were satisfied that there were appropriate and well established procedures in place to minimise the risk of cross infection to protect both patients and staff. It was noted that the practice pre-sterilisation cleaning process is undertaken manually by the dental nurses. However, during the autoclave sterilisation process it was noted that logs were not being kept of each cycle, we advised the practice that each cycle needs to be manually logged and records kept for a minimum of 2 years as recommended in WHTM 01-05. The practice informed us that a log will be put in place; however they do have plan in place to install a data logger as the current method is very time consuming and labour intensive.

***Improvement needed***

***Introduce a log and record each cycle of autoclave.***

We could see that the practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. However, we noted that the correct orange bags were not being used in the surgeries in accordance with the current method of disposal. The practice informed us that the correct coloured bags would be used with immediate effect.

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults and all clinical staff had completed the training in the protection of both children and vulnerable adults.

**Effective care**

There was evidence that the practice as a whole is keeping excellent clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing.

We examined a sample of patients' records and found that patient care entries contained sufficient information regarding discussions held about treatment options, costs, risks, benefits and how patient consent was obtained. There was also evidence of treatment planning and, where required, a treatment plan given to patients. The dentists documented that cancer screening and smoking cessation advice had been given.

## *Quality of Management and Leadership*

**We found evidence that this is a very well run service with effective systems to support overall practice management and leadership. The staff team appeared happy in their roles and were competent in carrying out their responsibilities.**

Amlwch Dental Practice is a long established practice providing services to patients on Anglesey. The practice has recently undergone a significant programme of investment and refurbishment since it was taken over by the current owner in early 2016.

We found the practice to have good leadership and clear lines of accountability. Since most of the staff had worked together for many years there was a good rapport amongst them. They told us that they were confident in raising any issues or concerns directly with the senior dentist or with each other and that changes made in the last 12 months at the practice have been very positive.

We saw completed staff induction folders and these were well planned. We saw that all staff had accessed a wide variety of training; meeting the Continuing Professional Development CPD<sup>2</sup> requirements and we saw evidence of monthly team meetings and annual staff appraisals.

We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulations 2008 and we saw confirmation of indemnity cover.

We found that the practice displayed its emergency contact details, opening times on the outside entrance of the premises along with the name and qualifications of all its dental practitioners.

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

We looked at the policies and procedures the practice had in place and we found that they were thorough and saw evidence that they reflected actual practice. However, not all policies and procedures contained a version or review dates and we advised the practice to ensure all policies and procedures

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<sup>2</sup><https://archive.gdc-uk.org/Dentalprofessionals/CPD/Pages/default.aspx>

were regularly reviewed and ensure a system was put in place to evidence that staff have read and understood the policies.

#### 4. 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 Amlwch 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.



## 5. 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>3</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>4</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>3</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>4</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: Amlwch Dental Practice**

**Date of Inspection: 31 January 2017**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
Page 6	The practice was advised to ensure a sanitary disposal bin was provided in the staff toilet and replace the bin with foot pedal operated bin.	The Environmental Protection (Duty of Care) Regulations 1991 Hazardous Waste Regulations 2005 (Wales)	Obtain sanitary disposal bin for staff toilet.  Replace current bin with a foot pedal operated bin.	Mr J M Klevin Fernando  Mr J M Klevin Fernando	Sanitary bin will be in practice by 31 <sup>st</sup> March 2017  Current bin changed.
Page 7	The practice should review their existing complaints handling policy and ensure it is clear to patients how to raise a complaint for private and NHS treatment.	Health and Care Standard 6.3 Regulation 15 (4)	Create a complaints log. New poster on patient notice board making it clearer on how to raise a complaint.	Mr J M Klevin Fernando	Complaints log created, and poster on patients' notice board already implemented.

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Delivery of Safe and Effective Care</b>					
Page 8	<p>The practice should ensure the floors and units in surgery 2 and 3 are sealed</p> <p>Open cabinets in surgery 2 and 3 containing dental instruments should be closed and sealed</p> <p>Dental chair in surgery 3 to be reupholstered</p>	<p>WHTM 01-05</p> <p>Section 6.46, 6.47 and note at section 6.63</p>	<p>Initial plan - Cupboards to be installed in both surgeries 2+3. Instruments will be moved into closed cupboards. The floors and units will be sealed with proper skirting and silicone.</p> <p>Future plan - Both surgeries that is 2 &amp; 3 will be refurbished in the next 2 -3 years to brand new cabinetry, floors and new chairs.</p> <p>New upholstery ordered from HenrySchein for chair in surgery 3.</p>	<p>Mr J M Klevin Fernando</p> <p>Mr J M Klevin Fernando</p>	<p>Fitting of cupboards and sealed floors, will be completed by 13th April 2017.</p> <p>Awaiting date from HenrySchein for upholstery for chair. Will be completed by 5th May 2017.</p>
Page 9	Quality assurance audits for image quality (x-ray machine) to be undertaken at least annually	<p>IRMER 2000 Regulations</p> <p>NRPB Dental Radiography Guidance</p>	Audit obtained all 3 surgeries will start the audit in April over a period of 2 months and maintain an audit every year.	Mr J M Klevin Fernando	To be implemented as soon as possible. Start 1st April
Page 9	Resuscitation policy to be devised	<p>Health &amp; Care Standards 5.1</p> <p>GDC guidelines</p>	Devise a Resuscitation policy	Mr J M Klevin Fernando	Already devised and practice is compliant with

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		6.2.6 and 6.6.6			policy
Page 10	The practice should introduce a log of all emergency hardware expire date	Regulation 14 (1) (d)	Log introduced, recorded and will be maintained.	Mr J M Klevin Fernando	Introduced 1st of March 2017
	The resuscitation equipment kit should contain paediatric self inflating bags with reservoir and face masks	Health & Safety Regulations 1981	Equipment ordered from Medisave	Mr J M Klevin Fernando	Equipment received 13th of March 2017
Page 10	Introduce a log and record each cycle of autoclave	WHTM 01-05 Section 4.3	2x data loggers on order from DBG	Mr J M Klevin Fernando	Data Loggers to be fitted on the 23rd of March 2017.
<b>Quality of Management and Leadership</b>					
	N/A				

**Practice Representative: Mr J M Klevin Fernando**

**Name (print): Mr Joseph Mario Klevin Fernando**

**Title: Principal Dental Surgeon**

**Date: 13th March 2017**