

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

Hywel Dda University  
Health Board

Llandeilo 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)

## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	5
	Quality of the Patient Experience .....	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	13
5.	Next Steps .....	15
6.	Methodology.....	16
	Appendix A .....	18

## 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 Llandeilo Dental Practice, 18 Carmarthen Street, Llandeilo SA19 6AE on 14 March 2017.

HIW explored how Llandeilo 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

Llandeilo Dental Practice provides services to patients in the Llandeilo/Carmarthenshire area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

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

The practice staff team includes three dentists, six dental nurses, two hygienists, one therapist, one receptionist and a practice manager.

Llandeilo Dental Practice is a privately owned and run business.

### 3. Summary

Overall, we found evidence that Llandeilo Dental Practice provides patients with safe and effective dental care.

This is what we found the practice did well:

- Patients who completed HIW questionnaires said they were happy with the service provided
- There were arrangements in place for the safe use of X-rays
- Systems were in place to capture patient feedback and complaints
- Staff we spoke to were happy in their roles and understood their responsibilities
- Relevant audits were being undertaken which were comprehensive and provided evidence of a practice continually looking to improve their services
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently
- The practice had invested in the environment and clinical facilities were well-equipped, maintained and visibly clean and tidy.

This is what we recommend the practice could improve:

- Displaying a fire exit sign on the first floor to indicate the nearest exit in an emergency
- Patient records need to be improved by ensuring better recording of X-ray justification, re-call reasons, soft tissue examinations, follow up alcohol and smoking advice and explanations of cancer and standardised informed consent.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice was committed to providing a positive experience for their patients. Patient feedback from HIW questionnaires highlighted that patients were satisfied with the care they received and information provided. We recommended the practice display specific procedures for patients to follow if they wished to raise a private concern/complaint. In addition, the price list for private treatment needed to display a maximum price range (where applicable).**

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

*“Outstanding service always”*

*“local services are much appreciated in rural Wales”*

*“always had excellent treatment and help, particularly with my daughter. My oral health has improved greatly over the last few years, mainly thanks to the service and advice provided by this practice”*

#### Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in a private area, if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were satisfied with the care and treatment they received at the practice.

#### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. Staff told us that if the dentist was running late they would make sure they kept patients informed.

Half of the patients who completed HIW questionnaires told us they knew how to access out of hours dental care. An emergency contact telephone number for patients' use was displayed next to the main entrance of the surgery. We were told that the emergency number was also provided on the practice's

answerphone message, so that patients could access emergency dental care when the practice was closed.

### Staying healthy

Some health promotion information was available in the waiting areas, including information leaflets regarding different forms of treatments. We also noted that NHS posters contained information in both English and Welsh.

Signs displaying 'no smoking' were displayed in the reception/waiting area which confirmed the emphasis being placed on compliance with smoke free premises legislation.

### Individual care

All patients who completed HIW questionnaires told us they received enough information about their treatment.

The waiting area displayed various patient information, including some dental health promotion posters, treatment leaflets, feedback forms, and a price list. In accordance with the GDC standards (2.4) the practice should include (where applicable), a maximum price range.

Systems were in place to record, monitor and respond to any complaints the practice received. We also found that the practice had a complaints policy and procedure in place. The private complaints policy and procedure in the staff policy file contained contact details for alternative organisations which could assist patients with their concerns if not resolved locally, including details for Healthcare Inspectorate Wales (HIW). The NHS 'Putting Things Right' poster was displayed in the reception area; however the procedure for private treatment complaints asked patients to contact members of staff. The practice should consider displaying the specific procedure for how patients can make a complaint for private treatment, including the alternative organisations that could help, if not resolved locally.

Feedback forms were available in the reception area for patients to provide comments and suggestions regarding their dental care and we observed some feedback forms which provided positive comments about the practice and staff. However, discussions with staff confirmed that there was no formal method in place to capture any verbal comments and we recommended that a system to record verbal comments was introduced. We were told that patient feedback forms were regularly analysed to help identify any common themes, which would be discussed with staff via team meetings.



Staff told us that regular staff meetings took place and we observed a staff sheet that allowed staff to add agenda items for discussion. We looked at a number of minutes from previous meetings and noted that outcomes were recorded on the minutes, evidencing learning among staff.

## *Delivery of Safe and Effective Care*

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

**The practice's facilities provided a modern environment for staff and visitors, with plans to continue to improve the practice. We saw evidence of various contracts in place to ensure the environment and facilities were safe and well maintained.**

**Infection control procedures were aligned to the necessary guidance and audit tools. We saw evidence that regular checks of the equipment and decontamination processes were taking place.**

**We recommended that patient records were improved by ensuring better recording of X-ray justification, re-call reasons, soft tissue examinations, follow-up alcohol and smoking advice and informed consent. Patient records also needed to contain more detail about how a patient's mouth is checked for the presence of cancer.**

### 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 locked bins. Arrangements with the local council were in place for the disposal of non hazardous (household) waste.

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

The practice building has been significantly renovated, providing a modern environment for staff and visitors, with on-going plans to continue the improvements throughout the building including the staff facilities. The practice was visibly well maintained both internally and externally and all areas within the practice were clean and tidy.

All treatment areas and the reception/waiting area were located on the ground floor, enabling people with mobility issues to access those areas. The patient toilet was located on the first floor and there was one step to access the practice building, which did not allow for the installation of a ramp for easy access due to the public pavement and main road outside.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. We recommended adding a fire exit sign on the first floor near the public toilet to indicate the nearest escape in an emergency.

### ***Improvement needed***

***A fire exit sign to be located on the first floor indicating the nearest exit in an emergency.***

### ***Infection control***

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- Logbooks for checking sterilisation equipment had been kept and maintained, including daily testing

We saw evidence that an infection control audit had been completed using the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup> guidance. We recognise this as good practice due to the comprehensive content the audit covers.

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<sup>1</sup> [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

The decontamination room benefited from signage which indicated the 'dirty' to 'clean' flow to avoid any misunderstanding and to prevent clean areas from cross contamination.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave and we saw evidence that start and end of the day checks were taking place. We recommend that when data is downloaded weekly from the secure digital (SD)<sup>2</sup> card this should be noted in the relevant section of the log book and referenced with the daily data recordings. We recommend that a manual Automatic Control Test (ACT) be used to record temperature, pressure and time.

### *Emergency drugs and resuscitation equipment*

The practice had 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 had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>3</sup>.

The practice had a named, appointed first aider.

### *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. There were safeguarding policies for the protection of children and vulnerable adults in place.

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<sup>2</sup> Secure Digital (SD) cards are memory cards for use in portable devices

<sup>3</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

We were told there were arrangements in place for staff to raise any concerns about the delivery of services to patients. The practice told us that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance. All staff had completed training in the protection of children but one staff member required training in the protection of vulnerable adults.

### *Radiographic equipment*

The practice had digital X-ray equipment and the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. 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 staff involved in taking radiographs had completed the required training. This was in accordance with the requirements of the General Dental Council<sup>4</sup> and Ionising Radiation (Medical Exposure) Regulations 2000.

We observed that the radiation protection file was completed and maintained as required, including the notification letter from the Health and Safety Executive acknowledging that X-rays were being undertaken at the practice.

The practice had a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. This would identify possible issues with the taking of X-rays and indicate where improvements should be made if required to ensure that good, clear X-rays supported decisions about patient care and treatment.

### Effective care

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

- X-ray justification needed to be improved
- More reasons documented for re-calls, in line with NICE guidelines
- Informed consent recording was inconsistent and could possibly be improved by having a standardized system amongst the dentists

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

- Improved recording of soft tissue examinations
- Improved follow up alcohol and smoking advice and explanations of cancer examinations

***Improvement needed***

***Patient records need to be improved by ensuring better recording of X-ray justification, re-call reasons, soft tissue examinations, follow up alcohol and smoking advice and explanations of cancer and standardised informed consent.***

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice completed relevant audits, including infection control, risk assessments, clinical audits and audits for a dental payment plan provider.

## *Quality of Management and Leadership*

**We found evidence of effective management and leadership at this practice. Staff we spoke to were happy in their roles, understood their responsibilities and felt supported. A range of relevant policies and procedures were in place.**

The practice has been managed by the current dentist since 2014 and there was a 'sister' branch located in Llandovery.

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. We were also able to confirm such arrangements by looking at a variety of records and through discussions with members of the dental team.

We identified that the practice had a range of policies and procedures in place. We noted that some policies had issue and review dates and others did not. Staff confirmed that all policies were reviewed annually and we recommended that this is documented. During the inspection visit, staff completed this task by placing a file note at the front of the file stating the issue and review date of all the contained documents. We were also told that practice staff received annual updates on all the policies and procedures to ensure they were kept up to date with any changes and their roles and responsibilities. Staff were then required to confirm they had received the update.

We saw a staff team at work who told us they were happy in carrying out their roles and received the support and training they required. We also found there were systems in place to ensure any new staff received an induction and that they were made aware of policies and procedures and undertook essential training.

There was a system in place for staff to receive an appraisal, which ensured staff had opportunities to reflect on their work and identify any relevant training required. Regular team meetings took place which were recorded, showing evidence of discussions.

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.

We confirmed that all relevant staff were registered with the General Dental Council, all dentists providing private treatment were registered with HIW and

their registration certificates were prominently displayed, in accordance with the private dentistry regulations.

All staff had a Disclosure and Barring Service (DBS) certificate in place which we noted as good practice because it provided further reassurance that staff are suitable to work with children and adults who may or may not be vulnerable.



## 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 Llandeilo 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

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: Llandeilo Dental Practice**

**Date of Inspection: 14 March 2017**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
	<i>n/a</i>				
<b>Delivery of Safe and Effective Care</b>					
9	<b><i>A fire exit sign to be located on the first floor indicating the nearest exit in an emergency.</i></b>	Health & Care Standards 2.1	Erect bi-lingual, directional, glow in the dark "Fire exit" sign on first floor	Adam Llewellyn	Completed 20 <sup>th</sup> March 2017
12	<b><i>Patient records need to be</i></b>	Health & Care	Clinical Audit and	Adam Llewellyn	Initiated, but to be

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p><b><i>improved by ensuring better recording of X-ray justification, re-call reasons, soft tissue examinations, follow up alcohol and smoking advice and explanations of cancer and standardised informed consent.</i></b></p> <p><i>The General Dental Council Standards</i></p> <p>3.1, 3.2, 3.3, 4.1</p>	Standards 3.5	peer review (CAPRO) conducted through the Welsh Deanery for "Record Keeping and Medical Histories".		completed by September 2017. Improvements have already been actioned following feedback from this HIW inspection.
<b>Quality of Management and Leadership</b>					
	<i>n/a</i>				

**Practice Representative:**

**Name:** Adam Llewellyn

**Title:** Principal Dentist

**Date:** 3<sup>rd</sup> April 2017