

**General Dental Practice  
Inspection (Announced)**  
Llandovery Dental Practice  
Hywel Dda University  
Health Board

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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 Llandovery Dental Practice at 22 Stone Street, Llandovery, SA20 0JP on 15 March 2017.

HIW explored how Llandovery 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

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

Llandovery 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. The staff team work across the Llandovery practice and the sister practice which is based in Llandeilo.

Llandovery Dental Practice is a privately owned and run business.

### 3. Summary

Overall, we found evidence that Llandovery Dental Practice was meeting the standards necessary to provide safe and effective care.

This is what we found the practice did well:

- Patients were satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well equipped and generally clean
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the practice could improve:

- Residual works required to surgery 2 cabinetry, floor seal and dental chair unit
- Control of Substances Hazardous to Health (COSHH)<sup>1</sup> storage needs to be made secure
- Access to the decontamination rooms needs to be made secure
- Risk assessments need to be reviewed and updated
- The emergency medication needs to be stored in a secure area, where patient access is appropriately restricted
- Residual works to area where X-ray developer is located to define this as a clinical area only
- Patient record keeping

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<sup>1</sup> <http://www.hse.gov.uk/coshh/index.htm>

## 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.**

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total nine questionnaires were completed and returned. Without exception patients indicated that they were made to feel welcome and were satisfied with the information they received about their treatment and with the services received at the practice. Patient comments included:

*“Very good service always. Everybody is polite and friendly and very professional”*

*“Always very satisfied. Seen to time, which is important to me as I work full time”*

*“Brilliant surgery, lovely dentist and super helpful staff”*

*“Very happy, great service from all staff”*

### Dignified care

We saw evidence to indicate 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 other patients, if required, for the purpose of maintaining patient confidentiality. We observed staff speaking with patients in a friendly and professional way. We saw that information about the price of both NHS and private treatment was available in the waiting area, so that patients were informed about costs. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

### Timely care

Staff told us that they made every effort to ensure that care was provided in a timely way. All questionnaire respondents indicated that they had not experienced any delay in receiving their treatment. The majority of questionnaire respondents stated they knew how to access emergency out of hours arrangements. We saw that the details of the emergency contact number,

the practising dentists' details and the surgery opening hours were being displayed externally.

### Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. All of the patients who completed the questionnaires told us they received enough information about their treatment. The practice had health promotion and patient information scrolling on a large TV screen in the waiting area. The dentist agreed that making health promotion leaflets available in the waiting area would be beneficial as patients' could then easily access these.

### Individual care

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. Details of the complaints procedures were available on the wall of the waiting room. Seven out of the nine respondents stated they knew how to make a complaint. The practice manager confirmed that copies of the complaints procedure are accessible, on the reception desk. This meant that patients could easily access this information, should they require it.

The complaints procedures were compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales 2008 Regulations<sup>2</sup>.

We found that a record of compliments, concerns and complaints was being maintained. The practice manager was the designated complaints manager. Key documents, such as the complaints procedures, were available in the Welsh language and all questionnaire respondents indicated that they were offered the option of communicating with staff in the language of their choice.

The practice had an established way of seeking patient feedback. We saw evidence that patient satisfaction surveys were distributed to seek patients' feedback and suggestions. The practice was advised to develop a formal process for reviewing patient feedback received. Any outcomes, actions or learning from patient feedback should be summarised and fed back to patients for their information.

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<sup>2</sup> The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.



## ***Delivery of safe and effective care***

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. However, residual works are required to surgery 2 cabinetry, floor seal and the dental chair unit. Patient notes need to be maintained in accordance with professional record keeping guidance.

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, the Control of Substances Hazardous to Health (COSHH) storage needs to be made secure. Secure access and housekeeping of the staff room area needs to be reviewed. Access to the decontamination room area needs to be reviewed to ensure this is secure. A review and update of the practices environmental risk assessment is required. Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. However, emergency medication needs to be stored in a secure area, where patient access is appropriately restricted.

There were arrangements in place for the safe use of X-ray equipment. However, the area where the digital X-ray developer is located needs to be reviewed to define this as clinical area only. The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

### Safe care

#### *Clinical facilities*

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was visibly well maintained and surgeries were clean, tidy and well organised. However, surgery 2 cabinetry, floor seals and dental chair unit required residual works to up grade these areas.

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

***Surgery 2 cabinetry, floor seals and dental chair unit, required residual works to be undertaken***

We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. Evidence of an electrical wiring certificate for the premises was also available.

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH) and we saw that safety data sheets had been kept for each substance in addition to appropriate risk assessments. However, COSHH storage needs to be made secure.

***Improvement needed***

***Control of Substances Hazardous to Health (COSHH) storage needs to be made secure.***

Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored. Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. There was a health and safety policy in place.

The environmental risk assessment needs to be reviewed and updated, in respect of access issues to COSHH substances, emergency medication and the decontamination room. Safe access and general housekeeping to the staff room area adjacent to the waiting area was also advised.

***Improvement needed***

***The environmental risk assessment needs to be reviewed and updated***

**Infection control**

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- Designated 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
- 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
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place and we saw that all staff were signing and dating to indicate that they had considered key policies. We found that Inoculation immunity check status for staff members was up to date.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05<sup>3</sup> (WHTM 01-05) guidelines and relevant staff had completed decontamination refresher training on a five yearly basis. However, access to the decontamination room needed to be made more secure, as there was no door to safeguard patient access to these clinical areas.

### ***Improvement needed***

#### ***Access to the decontamination room needs to be made secure.***

#### ***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). A resuscitation policy was in place including roles and responsibilities for staff. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had appointed first aiders in the team who had completed relevant training and a first aid kit was available. There was an appropriate accident book in place and completed accident sheets were filed securely to maintain data protection.

Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks was being maintained. However, the emergency medication needs to be stored in a secure area, where patients would not have access.

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<sup>3</sup> <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

### ***Improvement needed***

**Emergency medication needs to be stored in a secure area, where patients would not have access.**

#### *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 being provided for relevant staff. 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 Disclosure and Barring Service (DBS) clearance checks. DBS clearance checks were up to date for all staff.

#### *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 staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council<sup>4</sup> and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000<sup>5</sup>. A radiation protection file was being maintained and advice was given in respect of making the detail of this more practice specific. However, the area where the digital X-ray developer is located needs to be reviewed to define this as clinical area only.

### ***Improvement needed***

**The area where the digital X-ray developer is located needs to be reviewed to define this as clinical area only.**

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

<sup>5</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf)

### *Patient Records*

We viewed a sample of dental records and spoke with one dental practitioner 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:

- Oral cancer checks and patient consent to be recorded consistently
- Written treatment plans to be recorded consistently
- Justification for radiographs to be recorded consistently
- Treatment plan options to be discussed and recorded in the patient notes according to the radiographic and clinical findings consistently

### ***Improvement needed***

***Patient notes need to be maintained in accordance with professional record keeping guidance.***

### **Effective care**

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in relevant audits, including infection control. There was evidence to indicate that arrangements were in place for staff to conduct clinical peer review audits together.

## *Quality of management and leadership*

**Llandovery Dental Practice has a well established practice team with a low turn over of staff. The day to day management of the practice was provided by the lead dentist and practice manager. Staff we spoke with were committed to providing high quality care for patients.**

We saw a staff team at work who appeared happy and competent in carrying out their roles. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD). We found there were systems in place to ensure any new staff received an induction and that they were made aware of practice policies and procedures. We gave advice on developing the induction documents and records. We were told that staff meetings were held on a regular basis and these were recorded. Annual staff appraisals were also being undertaken for staff.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice. The storage of patient files was appropriate, to ensure the safety and security of personal data.

We advised that all policies should be regularly reviewed so they are signed and dated and a next review date added. A quality assurance policy was in place and an ongoing process of audit and review as a way of continuously improving the quality of the care provided.

## 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 Llandovery 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>6</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>7</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>6</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>7</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: Llandovery Dental Practice**

**Date of Inspection: 15 March 2017**

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
<b>Quality of the patient experience</b>					
	None				
<b>Delivery of safe and effective care</b>					
8	Surgery 2 cabinetry, floor seals and dental chair unit required residual works to be undertaken	Health and Care Standards 2.9  Private Dentistry (Wales)	Total re-fit including new dental chair, units, worktop and flooring as planned as part of the practices' existing renovation plan	Adam Llewellyn	Last week of June 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		Regulations 2008 14 (1) (b) and (d) and 14 (6)  <i>Workplace (Health, Safety and Welfare) Regulations 1992</i>			
8	Control of Substances Hazardous to Health (COSHH) storage needs to be made secure	Health and Care Standards 2.1  Private Dentistry (Wales) Regulations 2008 Regulation 14 (1) (d)	COSHH currently kept behind a closed (but frequently used) door. Going to place a stable [split] door	Adam Llewellyn	Quote received from builder, to finish works by May 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>The Control of Substances Hazardous to Health Regulations 2002</i>			
8	The environmental risk assessment needs to be reviewed and updated	Health and Care Standards 2.1  Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>Management of Health and Safety at Work</i>	Placing of new doors and new walls and relocation of X-ray machine	Adam Llewellyn	May 2017.

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>Regulations 1999</i>			
9	Access to the decontamination room needs to be made secure.	Health and Care Standards 2.1  Private Dentistry (Wales) Regulations 2008 14 (1) (d)  <i>WHTM 01-05</i>	Decontamination room is currently behind a closed (but frequently used) door. Going to place a stable [split] door	Adam Llewellyn	Quote received from builder, to finish works by May 2017
10	Emergency medication needs to be stored in a secure area, where patients would not have access.	Health and Care Standards 2.6  Private Dentistry (Wales)	Emergency medication currently stored in a child-proof box in between surgeries. Going to place behind a door	Adam Llewellyn	Quote received from builder for new wall and door, to finish works by May 2017.

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		Regulations 2008 14 (1) (b)			
10	The area where the digital X-ray developer is located needs to be reviewed to define this as clinical area only.	Health and Care Standards 2.9  Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>General Dental Council and Ionising Radiation (Medical Exposure) Regulations</i>	Going to move X-ray developer into COSHH cupboard	Adam Llewellyn	May 2017.

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		<i>2000.</i>			
11	Patient notes need to be maintained in accordance with professional record keeping guidance.	Health and Care Standards 3.3, 3.5, 4.2  Private Dentistry (Wales) Regulations 2008 14 (1) (b)  <i>GDC Standards for the Dental Team - Standard 4</i>	Clinical Audit and peer review (CAPRO) conducted through the Welsh Deanery for "Record Keeping and Medical Histories".	Adam Llewellyn	Initiated, but to be completed by September 2017. Improvements have already been actioned following feedback from this HIW inspection.
<b>Quality of management and leadership</b>					
	None				

**Practice Representative:**

**Name:** Adam Llewellyn

**Title:** Principal Dentist

**Date:** 5<sup>th</sup> April 2017