



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

Deintyddfa Emlyn, Hywel Dda  
University Health Board

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**Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales**

## **Our purpose**

To check that people in Wales are receiving good care.

## **Our values**

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

## **Our priorities**

Through our work we aim to:

**Provide assurance:**

Provide an independent view on the quality of care.

**Promote improvement:**

Encourage improvement through reporting and sharing of good practice.

**Influence policy and standards:**

Use what we find to influence policy, standards and practice.

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Deintyddfa Emlyn at Lloyds Terrace, Adpar, Newcastle Emlyn, Ceredigion, SA38 9NS at, within Hywel Dda University Health Board on the 19 July 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Deintyddfa Emlyn provided safe and effective care to the patients. Feedback received from patients' was very positive. Staff demonstrated a kind, dignified and courteous approach in delivering dental care and treatment. We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were happy and content with the services provided at the practice
- Staff felt well supported and content in their roles
- Patient records were thorough and well documented
- Appropriate arrangements were in place for the safe use of x-rays
- Clinical facilities were well equipped and hygienic
- Open and inclusive management

This is what we recommend the service could improve:

- Infection control training
- Formalise staff induction
- Check oxygen cylinders on a daily basis

## 3. What we found

### **Background of the service**

Deintyddfa Emlyn provides services to patients in the Newcastle Emlyn and surrounding area. The practice forms part of dental services provided within the area served by Hywel Dda University Health Board.

The practice has a staff team which includes three dentists, two hygienists and six dental nurses and a newly appointed practice manager.

The practice provides a range of NHS and private general dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall patients were very happy with the range of services provided by the practice. We were informed that the internal environment was pleasant and comfortable.

Patients visiting the practice were treated with dignity and respect by the practice team. Patients' comments indicated they were very satisfied with the service they had received.

Patients identified that parking at the practice can at times be very problematic due to insufficient availability of parking spaces.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 16 were completed. Patient comments included the following:

*Perfect as it is*

*I am truly happy with the service from the dentist and nurses,  
Thank you very much*

*No need for improvement*

*I always get a fantastic service*

*Staff are always friendly*

## Staying healthy

We saw that there was health promotion / education literature available to patients within the practice, to help them take care of their own oral health and hygiene.

Patient that had completed a questionnaire informed us that the dental staff had provided advice and information to them about how to keep their mouth and teeth healthy.



## **Dignified care**

All patients stated they were very satisfied with the care and treatment they had received at the practice and felt staff had been kind and welcoming. We observed staff interacting with patients in a kind, considerate and courteous manner.

The reception desk was located within its own designated room. The practice had a separate waiting area. This promoted privacy and dignity for patients either 'checking in' or when telephone discussions were taking place.

Completed patient questionnaires demonstrated that patients were very satisfied with the care and treatment provided to them. All completed questionnaires identified that the practice team had provided them with sufficient information about their treatment. We saw that during consultations doors to the dental surgeries, where patients were receiving care and treatment, were closed in order to maintain and promote patients privacy and dignity.

The practice provided a range of NHS and private dental treatments. Information on prices for NHS and private dental treatments was available to view in the waiting area. This meant that patients were kept informed as to the cost of their dental care and treatment.

## **Patient information**

We identified in feedback received from questionnaires that patients were happy and well informed regarding the treatment to be provided and the cost. Patient information was being stored securely within the practice and IT systems were secured appropriately.

The practice at present do not have a web page, but in the future it was identified that this area would be considered and developed. The practice is recommended to review GDC guidance in relation to the internet and social media.

## **Communicating effectively**

Eleven of the completed questionnaires identified that they were Welsh speakers and we were informed by the dentists that there were a high percentage of Welsh speakers registered with the practice. It was positive to note that numerous members of staff were able to communicate bilingually. The practice information was informative and provided key information in relation to the practice. Unfortunately the leaflet was only available in the

English language. We therefore recommend that the practice develops a bilingual leaflet in order to meet the needs and requirements of the Welsh speaking population registered with the practice.

## **Timely care**

Out of hours telephone contact numbers were available for patients should they require urgent dental treatment. The telephone numbers were available through a variety of means, including being displayed on a board directly behind the entry front door of the practice, on the answer phone messages, and in the practice information leaflet.

Staff told us that they made every effort to ensure that care was provided in a timely way. If delays were going to be encountered by patients staff would inform them of this delay and anticipated duration of the delay.

## **Individual care**

### **Planning care to promote independence**

We identified that at every consultation, each of the dentists working at the practice had documented patient medical histories and these were updated accordingly if any changes had occurred. This was confirmed in responses received via questionnaires. All patients that completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment.

There was one unisex disabled toilet for use by patients and staff, which was clearly signposted and very clean. The toilet contained foot operated bins which promoted good infection control and prevention practice. In addition, a poster was displayed in the toilet reminding people of the correct methods of washing their hands.

### **People's rights**

The practice had in operation equality and diversity policies which were valid and appropriate. Access to the building was via the ground floor with all patient areas located on this level. All doorways and access to the toilets were accessible for wheelchair users. The practice had its own car park but we were informed by 3 patients on the day that car parking was an issue. The car park

had a small number of spaces which was insufficient to meet the average demand of the practice and it was located on an incline which did pose some difficulties for people with mobility issues. This issue would be resolved in the forthcoming months as the practice was due to move to a new site which had its own large designated car park.

### **Listening and learning from feedback**

The practice had valid policies and procedure in operation in relation to complaints management. The complaints policy and procedure covered both NHS and private treatment.

We saw that evidence the practice was actively informing people of their complaints procedures because located on a notice board in the waiting area was the complete policy. In addition, information relating to allied organisations who could also be contacted in the event of a patient wishing to raise a complaint / concern, i.e. The Public Ombudsman for Wales, General Dental Council and Healthcare Inspectorate Wales. A summary of the methods of raising a complaint / concern was also available within the practice leaflet.

The practice had received very few complaints since its opening in 2011. We saw records of complaints that had been received by the practice and the responses to the complaints were recorded accordingly. The practice took complaints very seriously and utilised them as a means of learning and service improvement. The practice had suggestions cards available for patients to complete and provide feedback on the practice and its services. At present these comments / suggestions were only utilised by the practice staff for improvements. We recommend that the practice evaluates all the comments received and utilise the findings in an annual quality report which will promote openness and transparency. The quality report will demonstrate the issues that have been raised and the methods in which they have been addressed and resolved.

We noted that the practice had one policy in place for whistleblowing and underperformance. We recommended to the practice that they have separate policies in place for whistleblowing and underperforming.

### Improvement needed

The practice is recommended to develop an annual quality report, which should be made available to patients registered with the practice.

Ensure separate policies are in place for whistleblowing and underperforming.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found that the Deintyddfa Emlyn was being run with the objective of meeting all the relevant standards and regulations in order to promote the health, safety and welfare of patients. The practice environment was maintained to a good standard with both surgeries light and airy.

However, we did find some improvements were required in relation to ensuring staff were utilising best practice in regards to infection prevention and control and the monitoring of equipment and stock.

### Safe care

#### Managing risk and promoting health and safety

The practice was well maintained and overall the up-keep of the premises was undertaken to a high standard. However, we did identify that flooring in surgery two was becoming slightly loose and required some remedial attention. Although this was at present not posing any significant risk, if not addressed it had the potential of becoming an issue. Overall equipment was well maintained and portable appliance testing (PAT) was being undertaken at the practice.

Fire extinguishers were in place located throughout the building and these were serviced regularly under contract. Directions for the emergency exits were clearly visible.

We viewed the accident book and noted that the practice should also incorporate near misses within the accident book in order to promote learning and development.

Chemicals were stored securely and did not pose any risks to patients. The practice had a system in place to manage waste. Hazardous waste (clinical) and non-hazardous (household) waste were disposed of under contract. We saw that waste had been segregated into the designated coloured bags / containers in accordance with the correct method of disposal. The clinical waste bin was

locked appropriately but not secured robustly. We recommend that additional security be applied to this clinical waste bin in order to increase its security and prevent possible theft.

#### Improvement needed

Clinical waste bins should be secured robustly

#### Infection prevention and control

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. The practice was undertaking appropriate checks of autoclaves twice daily. Manual cleaning methods were utilised as pre sterilisation. This system utilised the correct procedure with two sinks available and illuminated inspection light for close scrutiny of instruments. Correct personal and protective equipment (PPE) were utilised in order to promote safe and effective care practices. Appropriate dedicated hand washing facilities were available in the decontamination room and surgeries.

We identified that the practice had designated infection prevention and decontamination policies in operation. Staff had read and signed the policies. These topics were also identified as part of new member of staff induction process. We identified that there were no signatures at the end of the induction document identifying that the inductee had read and fully understood the policy. We therefore recommend that the practice review the induction document and enable staff to sign that they have read and understood all policies and procedures including the infection control and decontamination.

During our evaluation of training records we identified that some staff required refresher training in relation to infection control. We recommend that the practice reviews all training and ensures that all staff receive timely infection prevention and control training.

We viewed an infection control audit that had been completed which was detailed and appropriate to the requirements of the practice. We recommend that the practice undertake these audits on an annual basis in order to ensure effective infection control practices.

### Improvement needed

The practice is recommended to review the induction document and ensure new staff sign and date the document to ensure that they have read and understood the designated policy / procedure.

All staff to receive infection prevention and control training in a timely manner.

The practice is recommended to undertake annual infection control audits.

### Medicines management

The practice had the required equipment available to assist people in an emergency situation. The emergency drugs were stored in a location which ensured that they were immediately available in the event of a medical emergency (patient collapse) at the practice. These drugs were stored securely and safely. We observed good practice with drugs stored in designated pouches within a dedicated emergency bag which was clearly labelled for ease of use during an emergency.

We saw evidence that an effective system was in place to check the emergency drugs to ensure they remained in date and ready for use. However, we identified that the practice checks the oxygen levels on a weekly basis and we recommended that oxygen levels are checked and logged on a daily basis. We also noted that the checking of the defibrillation pads required to be placed on the regular check list in order to ensure that they remained within their used by date. The practice had a mercury spillage kit available but this has exceeded its use by date. We recommended to the practice that they also log expiry dates of all items such as defibrillator pads and mercury spillage kits.

All staff had received emergency training in relation to cardio pulmonary resuscitation (CPR).

### Improvement needed

Ensure that oxygen cylinder levels are checked and logged daily.

Defibrillator pads and mercury spillage kits should be placed on a monitoring list to ensure that they do not pass their expiry dates

### Safeguarding children and adults at risk

We saw that the practice had both child and adult safeguarding policies and procedures in operation. Training records evidenced that all staff had received

appropriate safeguarding training. Staff demonstrated during discussions that they were aware of processes to follow should they have any concerns relating to either adults or children safeguarding.

We confirmed that all relevant staff were registered with the General Dental Council (GDC). All staff apart from one had received a disclosure and barring scheme (DBS) certificate. The DBS for the one member of staff had been applied for but it had not been returned. We discussed recruitment practices within the service and we advised that the practice should ensure that all applicants for future positions complete an application form and that two references are received, one of which should be the last employer wherever appropriate.

#### Improvement needed

Confirm to HIW that the DBS check for the one member of staff has been completed

### Medical devices, equipment and diagnostic systems

The two surgeries were evaluated as part of the inspection process and both were found to contain appropriate equipment required to provide safe and effective dental care for patients.

Radiological equipment was maintained to good working standards. Arrangements were in place for the safe use of radiographic (X-ray) equipment. We saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe and fit for use.

Compressors used at the practice were regularly serviced and certificates were viewed. We also viewed information regarding the dental laboratories used by the practice.

### Effective care

#### Safe and clinically effective care

The practice was seeking to continuously improve the service provided. We were also informed that regular team meetings take place where staff have the ability to raise and discuss patient's clinical requirements.

#### Quality improvement, research and innovation



We were informed that at present there was informal peer reviewing occurring. We recommend that the practice formalises this peer reviewing in order to enable clear and comprehensive evaluations to be made.

The practice was considering the utilisation of the Maturity Matrix Dentistry System. This is a self-evaluation tool that allows the dental team to focus on how they work and enables the practice to consider the quality and care provided in a range of areas.

#### Improvement needed

We recommend that the practice undertakes formal peer reviews and document these reviews accordingly

#### Information governance and communications technology

Computers were available at the practice for staff and all screens were placed in discreet locations away from public areas in order to promote patients privacy and confidentiality.

#### Record keeping

During the course of the inspection samples of patients records were viewed. The standard of record keeping was excellent and demonstrated that consent, treatment options, medical histories and health promotion had been discussed during consultations. Records were kept secure. Data protection policies were also available at the practice.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

Overall, all staff were happy and content in their roles at the practice. The two principle dentists were motivated and eager to develop the service and provide the best possible outcomes for patients.

## Governance, leadership and accountability

We found evidence of good effective management and leadership at this practice. Staff we spoke to were happy in their roles and notified us that management would actively listen to all of their concerns / comments and act upon them accordingly. The practice has been managed by the current dentists since 2011. New premises were currently being refurbished to increase the number of surgeries and facilities available. It was envisaged that the new premises would be available to be occupied during the final quarter of this year. Staff had been involved in the design and lay out of the new building and were looking forward to this next stage.

## Staff and resources

### Workforce

We were informed that the staff team meets regularly; however no records of these meetings were maintained. We advised that minutes of these meetings be documented in order to promote openness, transparency and accountability.

Staff records viewed, identified staff were not receiving annual appraisals in a timely way. We recommend that all staff receive annual appraisals in order to discuss performance and future developments.

There were no records available on individual display screen equipment (DSE) assessments. This meant that we could not be assured that potential hazards had been identified and action had been taken to minimise risks. The practice is

advised to undertake these assessments at timely intervals in order to promote the wellbeing of staff employed at the practice.

The required indemnity insurance was available and displayed within the practice. HIW registrations certificates were discussed and noted as being valid.

#### Improvement needed

Record and document staff meetings.

Staff to receive annual appraisals in a timely manner

We recommend that all staff receive a DSE assessment at regular intervals as advocated by the Health and Safety Executive.

## 4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

## Appendix B – Immediate improvement plan

**Service:** Deintyddfa Emlyn

**Date of inspection:** 19 July 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate concerns were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Deintyddfa Emlyn

**Date of inspection:** 19 July 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The practice is recommended to develop an annual quality report, which should be made available to patients registered with the practice.  Ensure separate policies are in place for whistleblowing and underperforming.	6.3 Listening and Learning from feedback	An annual quality report will be formalised and made available to patients registered with the practice.  The original combined policy for whistleblowing and underperformance has now been separated.	Kirstie Townsend	January 2018  Completed August 2017
<b>Delivery of safe and effective care</b>				
Clinical waste bins should be secured robustly	2.1 Managing risk and promoting	Clinical waste bins have been secured with a chain and padlock	Kirstie Townsend	Completed August 2017



Improvement needed	Standard	Service action	Responsible officer	Timescale
	health and safety			
<p>The practice is recommended to review the induction document and ensure new staff sign and date the document to ensure that they have read and understood the designated policy / procedure.</p> <p>All staff to receive infection prevention and control training in a timely manner.</p> <p>The practice is recommended to undertake annual infection control audits.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	<p>The induction document has been amended to allow new staff members to sign and date to confirm the induction has been completed.</p> <p>All staff members will be enrolled onto an appropriate infection control course.</p> <p>The Wales Deanery WHTM01-05 audit has been completed for 2017 and will be undertaken annually.</p>	<p>Kirstie Townsend</p> <p>Kirstie Townsend</p> <p>Kirstie Townsend</p>	<p>Completed August 2017</p> <p>Within six months</p> <p>Will be completed April 2018 and annually thereafter</p>
<p>Ensure that oxygen cylinder levels are checked and logged daily.</p> <p>Defibrillator pads and mercury spillage kits should be placed on a monitoring list to ensure that they do not pass their expiry dates</p>	2.6 Medicines Management	<p>Logbooks have been amended to ensure the oxygen cylinder levels are checked and logged daily.</p> <p>Defibrillator pads and mercury spillage kits have been replaced and added to the monitoring list to ensure that they do not pass their expiry dates.</p>	<p>Kirstie Townsend</p> <p>Kirstie Townsend</p>	<p>Update 24th July 2017</p> <p>Received August 2017</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
Confirm to HIW that the DBS check for the one member of staff has been completed	2.7 Safeguarding children and adults at risk	A DBS certificate has been received for the recently appointed team member and updated with HIW	Kirstie Townsend	Issued 22nd July 2017
We recommend that the practice undertakes formal peer reviews and document these reviews accordingly	3.3 Quality Improvement, Research and Innovation	The practice will undertake annual peer reviews and these will be documented and acted upon appropriately.	Neil Jones and Arwel Jones	Will be completed by January 2018 and six monthly thereafter
<b>Quality of management and leadership</b>				
<p>Record and document staff meetings.</p> <p>Staff to receive annual appraisals in a timely manner</p> <p>We recommend that all staff receive a DSE assessment at regular intervals as advocated by</p>	7.1 Workforce	<p>Monthly team meetings will be documented and acted upon as required.</p> <p>Four monthly staff appraisals and updates will be formalised.</p> <p>Annual DSE assessments will be carried out for all members of staff and</p>	<p>Kirstie Townsend</p> <p>Kirstie Townsend</p>	<p>Monthly meetings from 7th August 2017</p> <p>Arranged for 2nd October 2017</p> <p>Will be</p>

Improvement needed	Standard	Service action	Responsible officer	Timescale
the Health and Safety Executive		documented.	Kirstie Townsend	completed by January 2018

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print): Neil Jones and Arwel Jones**

**Job role: Practice Principals**

**Date: 26th August 2017**