



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

Edwards Family Dental Health  
Centre, Aneurin Bevan University  
Health Board

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## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	7
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	12
	Quality of management and leadership .....	18
4.	What next? .....	20
5.	How we inspect dental practices .....	21
	Appendix A – Summary of concerns resolved during the inspection .....	22
	Appendix B – Immediate improvement plan .....	23
	Appendix C – Improvement plan .....	25

**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 Edwards Family Dental Health Centre at 12 New Street, Pontnewydd, Cwmbran NP44 1EE, within Aneurin Bevan University Health Board on the 8 January 2018.

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), Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

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 the staff at Edwards Family Dental Health Centre provided safe and effective care to its patients.

The practice was patient focussed with a strong emphasis on preventative dental treatment. The practice had the necessary policies and procedures in place to support the practice and staff.

The practice needs to ensure that all staff undertake training on safeguarding children and vulnerable adults.

This is what we found the service did well:

- There was evidence of strong leadership from both principal dentists.
- Staff interaction with patients was professional, kind and courteous
- The practice actively sought patient feedback
- Appropriate arrangements were in place for the safe use of X-rays.

This is what we recommend the service could improve:

- Remedy the signs of wear and tear in the clinical areas.
- Ensure that patient records are stored securely.
- Records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2008 and the General Dental Council Guidance.

## 3. What we found

### **Background of the service**

Edwards Family Dental Health Centre provides services to patients in the Cwmbran and surrounding area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes two dentists, six dental nurses and one receptionist.

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.*

We found the practice was committed to providing a positive experience for their patients. Patients who completed the HIW questionnaire indicated that they were satisfied with the care and treatment they had received.

Some of the patients who completed the questionnaire remarked on the staff of the practice being friendly and providing excellent service.

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 18 questionnaires were completed. Patient comments included the following:

*"Very friendly practice – clearly take an interest in you as a person and not just a patient. Clear communication of all treatments in understandable language. The best practice I've ever been to."*

*"I am delighted to be a patient of this family practice. It is a very responsible, hygienic and friendly place to come and I hope to remain with the practice for many years to come. Keep up the great level of care."*

*"I am very satisfied with the level of service Edwards Family Dental provide – in future may want to consider an online booking system."*

*"The staff are extremely helpful and professional. The service my family receives from the practice is exemplary."*

## Staying healthy

In the waiting area we saw a selection of health promotion leaflets available. These included leaflets providing information regarding treatments and preventative advice. All patients that completed a questionnaire told us that the



dental team had spoken to them about how to keep their mouth and teeth healthy.

## **Dignified care**

All the patients who completed a questionnaire told us that they had been treated with respect when visiting the practice.

Staff told us that if there was a need to have a private conversation with a patient this could be conducted in a free surgery. Telephone calls could be made from the staff room on the first floor providing the patient with privacy.

We observed during the inspection that when patients were receiving treatment the doors to the surgeries would be closed, affording them privacy and dignity.

## **Patient information**

Every patient who completed a questionnaire told us they felt involved (as much as they wanted to be) in any decisions made about their dental treatment. All the patients said they had received clear information from the dental team about available treatment options.

All 18 patients who completed a questionnaire said the cost of any treatment was made clear to them before they received any treatment. All but three of those patients said they understood how the cost of their treatment was calculated.

In the reception and waiting area there were price lists displayed for both private dental treatment and NHS dental treatment.

## **Communicating effectively**

All the patients indicated on the questionnaires that they were always able to speak to staff in their preferred language. This included those that considered themselves to be Welsh speakers. Comments provided by patients in the questionnaires that praised the staff included:

"I have been with this practice nearly one year, and I think the staff are excellent and give a very good service, with a high standard of care"

"Everyone is very professional and very friendly"

"Always very helpful, very knowledgeable always make you feel at ease"

During the inspection we also observed staff being polite and courteous when speaking to patients in person and on the telephone.

## **Timely care**

17 of the 18 patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed both inside and outside the practice. The information was also provided on the practice's answerphone message.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise any patients waiting of any delay.

## **Individual care**

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

A review of patient records showed that patients are asked about their medical history at the time of their visit. All of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

### **People's rights**

The reception, waiting area and one surgery and one "booth" (this is where the dental nurse would attend to patients) were on the ground floor, making them accessible for patients with mobility difficulties. There was a step from the street into the practice and staff would put a ramp in place to assist patients with mobility difficulties to enter. There was a second surgery and "booth" on the first floor.

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

Three quarters of the patients who completed a questionnaire said they would know how to raise a concern or complaint about the services they received at the dental practice.

The practice's complaints policy addressed both private and NHS dental treatment. The NHS policy reflected the NHS complaints process "Putting Things Right"<sup>1</sup> and the policy in respect of private dental treatment contained reference to HIW, the registration authority, meaning it was compliant with the Private Dentistry Regulations. The NHS "Putting Things Right" poster was displayed in the reception area.

The practice had a process and system in place to record, monitor and respond to any complaints they received. All complaints, including any informal, verbal feedback were recorded on the practice's complaints form. Very few complaints had been received by the practice but staff told us that they would ensure any themes or trends resulting from patient feedback was considered and discussed amongst the team.

The practice had devised a system for obtaining patient feedback, with a suggestion box situated in the reception area. Patient surveys were also regularly carried out and analysed to ensure patient views were captured and where applicable, actions taken to improve the service. Survey results would be fed back to staff during practice meetings. Patients that completed a questionnaire seemed to be aware of these patient surveys; only a quarter of patients told us that they weren't asked for their views on the service provided by the dental practice.

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<sup>1</sup> "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by Responsible in Wales.

## Delivery of safe and effective care

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

Overall we found evidence that patients were provided with safe and effective dental care. We noted that clinical facilities were well equipped and were visibly clean and tidy, although there were some signs of wear and tear which needed addressing.

There were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance.

The practice had in place safeguarding policies but need to ensure that all staff have undertaken appropriate safeguarding training.

### Safe care

#### Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and well being of staff working at, and people visiting the practice.

The building appeared to be well maintained. There were signs of wear and tear in the surgeries, namely minor chipping on the cupboards which needed to be rectified in order to ensure thorough cleaning and hygiene.

There were no concerns expressed by the patients who completed a questionnaire, about the cleanliness of the practice and we observed all areas to be clean and uncluttered.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment worked properly. Directions for the emergency exit were visible.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) and amalgam waste.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

The practice had a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred.

#### Improvement needed

The practice to address any signs of wear and tear in all clinical areas.

#### Infection prevention and control

The practice had dedicated and appropriate facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>2</sup>.

Pre-sterilisation cleaning and sterilisation was undertaken in accordance with WHTM and manufacturers' guidance. We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas. All clinical staff provided evidence of current infection control training.

#### Medicines management

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<sup>2</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 practice had procedures in place to deal with patient emergencies and all staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had an appointed first aider.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>3</sup>. These were stored securely and could be accessed easily.

We noted that the practice had in place a system to check that emergency drugs and equipment were in date and ready for use.

We noted that prescription pads were kept securely. The practice had a Disposal of Controlled Drugs policy.

### **Safeguarding children and adults at risk**

We saw that the practice had policies and procedures in place to promote and protect the welfare of children and vulnerable adults. The policies also contained the contact details for the relevant safeguarding agencies. All staff with the exception of one dental nurse had completed training in the protection of children. Whilst staff had, as part of the protection of children training, gained some knowledge of the protection of vulnerable adults this was not topic specific or comprehensive training. We recommend arrangements are made for all staff to receive up to date training in the protection of vulnerable adults.

There were arrangements in place for staff to raise any concerns, and staff told us they felt able to do this in the practice. All staff held Disclosure and Barring Service (DBS) certificates.

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<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.

### Improvement needed

The practice to ensure that all staff have access to and complete relevant safeguarding training.

### Medical devices, equipment and diagnostic systems

We saw that the surgeries were visibly clean and contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and contained all the essential information.

In accordance with the requirements of the General Dental Council<sup>4</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>5</sup> all clinical staff had completed the required training.

Whilst the equipment was serviced annually, the practice was unable to provide evidence of regular pressure testing of the compressor. We would recommend the practice obtain guidance from the manufacturer with regard to the appropriate frequency of daily checks and implement.

### Improvement needed

The practice is to ensure that regular pressure testing is undertaken on the compressor and log books completed to record this.

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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)

## Effective care

### Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had undertaken audits in a number of areas, including waste management and X-rays taken. The practice also undertook an audit in accordance with WHTM 01-05 in 2017. This guidance also advises that practices review their audit results at least annually, or when a decontamination issue arises, to ensure that good practice is maintained.

The practice also undertook a quality assurance self assessment in October 2017 and at the time of the inspection, was awaiting the outcome.

### Information governance and communications technology

The practice held paper records. Current patient records were stored in a locked cupboard in the reception area. Archived records were stored in a filing cabinet situated in the staff toilet/changing room. This cabinet was unlocked. We recommend that this cabinet is locked at all times.

The practice had appropriate policies and procedures in place including a practice confidentiality policy, data protection code of practice and freedom of information policy.

#### Improvement needed

The practice to ensure that archived patient records are securely stored in a lockable cabinet.

### Record keeping

We reviewed a sample of patient records. We found that in some cases patient X-rays were not always justified or graded and the practice needed to establish frequency of X-rays. It was also noted that generally, notes were not comprehensive with insufficient information about examination, advice provided



and treatment recorded. We would recommend that the practice undertake a full clinical record audit.

The practice also needs to include the Medicines and Healthcare products Regulatory Agency (MHRA)<sup>6</sup> Registration number in any CEREC<sup>7</sup> machine related laboratory documentation.

#### Improvement needed

In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information

The practice to ensure laboratory documentation contains the relevant MHRA information.

The practice to undertake a full clinical audit of its patient records.

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<sup>6</sup> <https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/about>

<sup>7</sup> CEREC or Cerec (Chairside Economical Restoration of Esthetic Ceramics, or CEramic REConstruction) is a method of CAD/CAM dentistry developed by W. Mörmann and M. Brandestini at the University of Zurich in 1980 for creating dental restorations

## 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.*

During the inspection we found evidence of good leadership and lines of accountability. One of the principal dentists was responsible for the day to day management of the practice.

There were good management procedures in place for the benefit of staff, including staff appraisals, which included personal development plans and regular and minuted staff meetings.

The practice had in place a comprehensive range of relevant policies and procedures.

## Governance, leadership and accountability

Day to day management is provided by one of the principal dentists with the support of practice staff. We found the practice had good leadership and staff understood their roles and responsibilities.

The practice was well organised and there was a wide range of policies and procedures in place to ensure the safety of both staff and patients. Some policies, for example the practice's safeguarding policy had additional information and guidance to supplement staff knowledge on the subject. We noted that policies had review dates and were signed and dated by staff to confirm that they have been read and to evidence knowledge and understanding.

## Staff and resources

### Workforce

Staff told us that they enjoyed working in the practice, some for over 15 years and we observed a strong rapport between all practice staff. We saw evidence on staff files that the practice had an induction programme in place. There was also a programme of staff appraisals and we were told that these would be linked to personal development plans for each member of staff. We saw certificates that evidenced staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The practice holds regular staff meetings after which minutes are drawn up and copies are placed on each staff file. The minutes demonstrated that there was learning from staff during the meetings, for example, training on instrument storage and the WHTM 01-05.

The Regulations for Private Dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out on all members of clinical and non-clinical staff.

We saw evidence that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The two dentists provide private dental services and we saw registration certificates displayed as required by the Private Dentistry (Wales) Regulations 2008.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection<sup>8</sup>. The practice provided proof of immunity for all members of clinical staff.

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<sup>8</sup> Welsh Health Circular (2007) 086

## 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:** Edwards Family Dental Health Centre

**Date of inspection:** 8 January 2018

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
There were no Immediate Assurance Issues				

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:** Edwards Family Dental Health Centre

**Date of inspection:** 8 January 2018

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>Delivery of safe and effective care</b>				
The practice to address any signs of wear and tear in all clinical areas.	2.1 Managing risk and promoting health and safety	Replacement of worn cabinet doors and work surface	David Edwards	Cabinet doors completed. Work surface April 2018
The practice to ensure that all staff have access to and complete relevant safeguarding training.	2.7 Safeguarding children and adults at risk	Safeguarding and POVA course booked. All staff to attend.	Jayne Leake	21/3/18
The practice is to ensure that regular pressure testing is undertaken on the compressor and log	2.9 Medical devices,	Contact manufacturer for guidance. Staff trained in daily pressure checks.	Emma Edwards	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
books completed to record this	equipment and diagnostic systems	Log books adjusted to reflect this.		
The practice to ensure that archived patient records are securely stored in a lockable cabinet.	3.4 Information Governance and Communications Technology	Patient record cards have been re located to a secure lockable cupboard.	Emma Edwards	Completed
In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.	3.5 Record keeping	Further training in clinical record keeping using guidance from the Faculty of General Dental Practice and a review of the records keeping policy has been undertaken.	Emma Edwards David Edwards	Completed
The practice to ensure laboratory documentation contains the relevant MHRA information.		MHRA registration has been completed. Laboratory documentation for CEREC contains the relevant information.	Emma Edwards	Completed
The practice to undertake a full clinical audit of its patient records		An audit of clinical record keeping has been started.	Emma Edwards	May 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): Emma Edwards**

**Job role: Practice Manager**

**Date: 1//3/18**