



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

Cwmbran Dental Spa, Aneurin  
Bevan University Health Board

Inspection date: 12 February  
2018

Publication date: 14 May 2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## 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 .....	13
	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 .....	<b>Error! Bookmark not defined.</b>

**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 Cwmbran Dental Spa at 2 Ashford Close, Croesyceiliog, Cwmbran NP44 2AZ, within Aneurin Bevan University Health Board on the 12 February 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 Cwmbran Dental Spa provided a friendly and professional service to their patients.

The practice was patient focussed and had appropriate policies and procedures in place to ensure the safety of both staff and patients.

We noted that the practice was clean and tidy and we saw documentation demonstrating that the dental equipment was maintained and regularly serviced.

The practice needs to ensure that patient records are maintained in accordance with professional standards for record keeping.

This is what we found the service did well:

- Staff interaction with patients was professional, kind and courteous
- Dental equipment was well maintained and regularly serviced
- Clinical facilities were well equipped and were visibly clean and tidy

This is what we recommend the service could improve:

- Ensure that the visibility through the surgery windows and the French doors is restricted to maintain privacy and dignity of patients whilst receiving treatment
- Ensure that local anaesthetic syringes and cartridges are stored securely
- Patient 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**

Cwmbran Dental Spa provides services to patients in the Cwmbran 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 three dentists, one hygienist, one dental nurse, two trainee dental nurses and a 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.*

We found that the practice was committed to providing a positive experience for their patients and we observed staff being professional and courteous to patients.

The practice actively seeks patient feedback by inviting patients to provide suggestions in the box provided in the waiting area but needs to develop a system for recording informal/verbal patient feedback.

Patients who completed the HIW questionnaires indicated that they were satisfied with the care and treatment they had received.

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 31 were completed.

Overall, patient feedback provided in the questionnaires was positive. Patients provided the following comments in the questionnaires:

*It has always provided me with excellent care both before and after any treatment I have received.*

*Both dentist, hygienist, dental nurses are just so professional in every aspect. The atmosphere is friendly and homely. A dental surgery with a difference.*

*Excellent clear explanations from the dentist about my dental health and work to be done. Very friendly staff. Best dental surgery I've been to in 40 years.*

Patients were asked in the questionnaires how the dental practice could improve the service it provides. Patient comments included the following:

*Maybe extra days for NHS patients.*



*More flexible appointment times, eg late afternoon/early evening*

## **Staying healthy**

In the waiting area we saw a selection of health promotion information leaflets available for patients to read and/or take away. These included leaflets providing information regarding treatments and preventative advice.

All 31 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 the small office behind the reception area. Telephone calls could also be made from that office, again providing the patient with privacy.

All surgeries had doors which we noted during the inspection that they were closed whilst a patient was receiving treatment. All three surgeries were situated on the ground floor. One surgery had French doors which opened into the garden at the rear of the practice. There were no blinds or opaque glass which meant that it would be possible for a neighbour to see into the surgery from their garden. Whilst trees had been planted on the border there were still large gaps. The other two surgeries had windows that were not covered and a member of public could walk around the building and be able to see into all three surgeries. We recommend that the practice take steps to ensure that it is not possible for members of the public to look into the surgeries.

### **Improvement needed**

The practice to maintain patients' privacy and dignity whilst receiving treatment by ensuring it would not be possible to look into the surgeries from the outside.

## **Patient information**

All of the patients who completed a questionnaire told us that they felt as involved (as much as they wanted to be) in any decisions made about their treatment. All but one of the patients that completed a questionnaire said that when they need treatment the dental team helps them to understand all available options.

The majority of patients who completed a questionnaire said that the cost of any treatment was made clear to them before they received any treatment and told us that they understood how the cost of their treatment was calculated.

We saw price lists displaying NHS dental treatment and private dental treatment costs in the waiting area.

The practising dentists' details and their respective opening hours were displayed at the main entrance to the practice

### **Communicating effectively**

All of the patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

The practice had a website which contained details of NHS and private dental treatments that it provides, together with respective price lists. It also provided guidance on making a complaint, details of the practice team, opening hours and out of hours contact telephone numbers.

### **Timely care**

Almost two thirds of the patients who completed a questionnaire said they would know how to access the out of hours dental services if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed outside of the practice. This information was also provided on the practice's answerphone message and on the practice's website.

During its opening hours 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 speak to the patients to advise them of any delay.

## Individual care

### Planning care to promote independence

The majority of the patients who completed a questionnaire confirmed that the dentist asked them about their medical history before undertaking any treatment.

### People's rights

We found access to the practice to be good. A slope led to the main entrance enabling patients in wheelchairs to enter. The waiting, reception areas and the surgeries were all on the ground floor.

There was a patient toilet on the ground floor which provided facilities for patients with mobility difficulties and had good access and hand rails providing support for patients that require it. The practice had also installed an alarm in case of a patient emergency. There was a staff toilet situated on the first floor.

At the time of our visit there were facilities to dispose of feminine hygiene products in the patient toilet but not in the staff toilet. We recommended that the practice review current regulations regarding this provision and provide the necessary amenities.

#### Improvement needed

Facilities need to be made available for the hygienic disposal of feminine hygiene waste in the staff toilet.

### Listening and learning from feedback

Just over half of the patients that 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 had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting

Things Right"<sup>1</sup> and with regard to private dental treatment to the Private Dentistry Wales 2008 Regulations<sup>2</sup>. The policy was displayed bilingually in the in the reception area and was accessible on the practice's website.

The practice maintained a folder containing detailed records of complaints received and outcomes.

We were told that the practice did not record verbal/informal concerns. It is recommended all patients' feedback is recorded to enable any recurring themes to be identified. We would advise that the practice maintain a notebook in reception to record any verbal feedback.

Annually the practice undertakes an analysis of patient complaints and feedback to identify any themes. Results are fed back to staff and discussed during practice meetings.

There was a suggestion box in the waiting area with an invitation for patients to submit comments.

---

<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 a Responsible body in Wales.

<sup>2</sup> [www.dentalprotection.org.uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](http://www.dentalprotection.org.uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

## 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. We saw contracts in place ensuring the facilities and environment were safe and well maintained.

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

The practice needs to ensure patient medical records are countersigned by the dentist and treatment plans are recorded on patient notes.

### 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.

There were no concerns expressed by the patients who completed a questionnaire over the cleanliness of the dental practice.

The building appeared to be well maintained and the surgeries were clean with instruments and equipment stored appropriately. The non clinical areas were equally 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) waste and of 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.

### **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<sup>3</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. 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.

We saw evidence that the practice had recently undertaken an infection control audit in accordance with WHTM 01-05.

### **Medicines management**

The practice had in place procedures to deal with patient emergencies. All staff had received training within the last twelve months, on how to deal with medical

---

<sup>3</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.

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>4</sup>. These were stored securely and could be accessed easily. We do recommend that the door of the cupboard where the oxygen cylinder is stored should display a "Compressed" gas sign.

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 were told that the syringes to dispense local anaesthetic were retained in the surgeries at all times. We recommend these and the anaesthetic cartridges are secured at the end of each working day. We noted that prescription pads were kept securely.

#### Improvement needed

The practice needs to ensure syringes used for administering local anaesthetic and anaesthetic cartridges are stored in secure settings

The practice to display on the door of the cupboard in which the oxygen cylinder (part of the emergency kit) a "Compressed" gas sign.

#### 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, containing the contact details for the relevant safeguarding agencies. The practice also had a Female Genital Mutilation Reporting policy in place. We saw evidence that all staff had completed training in both aspects of training, i.e. protection of children and 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.

---

<sup>4</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.

## Medical devices, equipment and diagnostic systems

We saw that all 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 compressor and 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>5</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>6</sup> all clinical staff had completed the required training.

## Effective care

### Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the service it provides. We saw evidence that the practice had in place a programme of audits in respect of infection control, prescribing of antibiotics, clinical records and radiographs.

### Quality improvement, research and innovation

We were told that the dentists meet informally for the purpose of peer reviews. We would recommend formal and regular meetings are arranged between the dentists for this purpose.

We were told the practice had applied for the Deanery Maturity Matrix Dentistry practice development tool<sup>7</sup>. The Maturity Matrix (MMD) Tool is a dental practice team development tool to allow the team to focus on how they work.

---

<sup>5</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>6</sup> [http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf)

<sup>7</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>



### Improvement needed

The dentists to arrange formal and regular meetings for the purpose of peer review.

### Information governance and communications technology

The practice had electronic records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up. Legacy paper files were stored in a cupboard on the first floor. We noted that this cupboard was unsecured and recommend that this cupboard is kept locked at all times.

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

### Improvement needed

The practice to ensure all legacy paper records are stored securely.

### Record keeping

We reviewed a sample of patient records. We found that in some cases there were some omissions, namely:

- Medical histories were not being countersigned by the dentist.
- Treatment plans were not being recorded in the patient notes.

### 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:

- Treatment plans
- Medical histories are countersigned by the dentist

## 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.*

We found evidence of good leadership and lines of accountability.

We found that the practice had a comprehensive range of relevant policies and procedures in place to ensure the practice and staff are supported and committed to providing a high quality service to its patients.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

All staff had received the necessary training for their roles and responsibilities.

## Governance, leadership and accountability

Cwmbran Dental Spa is owned by the principal dentist. The day to day administrative duties are overseen by the practice manager with the support of the principal dentist.

The practice was well organised with good record keeping in all areas. There was a wide range of policies and procedures in place to ensure the safety of both staff and patients. We noted that the policy folder contained a front sheet with signatures of some of the practice staff indicating that the policies have been read and understood.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The dentists all provided some private dental services and we saw their registration certificates clearly displayed as required by the Private Dentistry (Wales) Regulations 2008.

## Staff and resources

### Workforce

Staff told us that they enjoyed working in the practice and we observed a strong rapport between all practice staff. We noted that all staff had employment contracts and we saw evidence on staff files that the practice had an induction programme in place. All staff members were provided with an Employee Handbook which contained a variety of information including training requirements, terms and conditions of employment and a range of policies. We were told that when the handbook is updated staff are provided with a revised copy. Staff appraisals were conducted annually and completed forms kept on staff files.

We saw certificates that evidenced that all staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The practice holds six monthly staff meetings. Following each meeting minutes are drafted and circulated to all staff. In addition the practice will hold informal debrief sessions daily and is able to circulate information and practice news via a social media application.

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.

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

We were told that occasionally the practice will use agency dental nurses. These are booked through an agency that will provide evidence of appropriate training, competency and DBS checks.

## 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:** Cwmbran Dental Spa

**Date of inspection:** 12 February 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:** Cwmbran Dental Spa

**Date of inspection:** 12 February 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>Quality of the patient experience</b>				
The practice to maintain patients' privacy and dignity whilst receiving treatment by ensuring it would not be possible to look into the surgeries from the outside.	4.1 Dignified Care	Arrangements for trellice to be mounted across gaps in the hedge adjoining the neighbour's garden.  A gate to be erected at the side of the practice to prevent public gaining access to the rear garden, secured with a lock.	Sharlene Parmar-Anwar	5 months
Facilities need to be made available for the hygienic disposal of feminine hygiene waste in the staff toilet.	6.2 Peoples rights	Addition of this item onto our current waste contract	Sharlene Parmar-Anwar	1 month
<b>Delivery of safe and effective care</b>				



Improvement needed	Standard	Service action	Responsible officer	Timescale
The practice needs to ensure syringes used for administering local anaesthetic are stored in secure settings	2.6 Medicines Management	The practice is alarmed and secure and locked during breaks, however, as an extra precaution, these items will be stored in the code-locked storeroom.	Kathryn Cook	Immediately
The practice to display on the door of the cupboard in which the oxygen cylinder (part of the emergency kit) a "Compressed" gas sign		Ordered online immediately on the day of the inspection and mounted when received	Sharlene Parmar-Anwar	Done
The dentists to arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation	The practice manager will diarise 3-monthly meeting for dentists in advance	Kathryn Cook	3 months
The practice to consider applying for the Deanery Maturity Matrix Dentistry practice development tool		We already have a date diarised with Deanery tutor for this	Sharlene Parmar-Anwar	Already in place
The practice to ensure all legacy paper records are stored securely.	3.4 Information Governance and Communications Technology	The archived paper records are kept in a staff-only area away from public access. The cupboard will be fitted with a code-lock entry pad instead of the current key lock system in place so that it is always maintained locked	Sharlene Parmar-Anwar	2 months



**Service representative**

**Name (print): SHARLENE PARMAR-ANWAR**

**Job role: PRACTICE PRINCIPAL**

**Date: 06/04/18**