

General Dental Practice Inspection (Announced)

Trallwn Dental Surgery, Abertawe
Bro Morgannwg University Health
Board

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2018

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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
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 Trallwn Dental Surgery at 143 Trallwn Road, Llansamlet, Swansea SA7 9UU, within Abertawe Bro Morgannwg University Health Board on the 19 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 Trallwn Dental Surgery provided a friendly and professional service to their patients.

The practice was patient focussed and had appropriate policies and procedures, many supported with additional guidance, 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:

- We observed staff interaction with patients to be professional, kind and courteous
- Clinical facilities were well equipped and were visibly clean and tidy
- Dental equipment was well maintained and regularly serviced
- The planned extension to the practice will provide dedicated decontamination facilities and additional facilities for patients in wheelchairs.

This is what we recommend the service could improve:

- The practice to introduce a programme of the auditing of medical records.
- 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

Trallwn Dental Surgery provides services to patients in the Swansea area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes three dentists, four dental nurses and two reception staff.

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 records informal/verbal patient feedback by inviting patients to complete patient satisfaction surveys and discussing results with staff.

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 20 patient questionnaires were completed. Patient comments included the following:

I have been a patient at this practice for many years. My wishes have always been respected and I have been treated as an individual. The dental work I have received has always been to an excellent standard. I have no complaints with any part of the service provided.

Always treated with respect and receive professional service from everyone involved. I would never consider any other dental surgery.

Excellent care and service at all times. A credit to all staff members working here.

Staying healthy

In the waiting area we saw a small 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.

17 of the 20 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 office next to the reception area. Telephone calls could also be made from that office, again providing the patient with privacy.

Patient information

All but one 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 and that when they need treatment the dental team helps them to understand all available options.

18 of the 20 patients who completed a questionnaire said that the cost of any treatment was made clear to them before they received any treatment and the majority of those patients 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 and clearly visible in the porch 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.

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

Timely care

17 of the 20 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 at the entrance to the practice and in the patient

information leaflet. This information was also provided on the practice's answerphone message.

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 with patients in wheelchairs being able to access the main entrance. The waiting, reception areas were on the ground floor with two surgeries, one of which was suitable for wheelchair access.

There was a patient toilet on the ground floor but this was too small for use by patients in wheelchairs. We were told that a planned extension to the practice would include a larger patient toilet with suitable access for patients in wheelchairs. There was a second toilet on the first floor for staff use.

Listening and learning from feedback

The majority 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"¹ and with regard to private dental treatment to the Private Dentistry Wales 2008 Regulations². The policy and "Putting Things Right" information leaflets were displayed in the in the waiting and reception areas.

The practice maintained a folder containing records of complaints received and outcomes. The practice had only received one formal complaint in the last 10 years.

The practice recorded verbal/informal concerns by asking patients to complete a patient satisfaction survey. Results are recorded and then fed back to all staff for discussion at practice meetings.

¹ "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.

² [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. Medical records were maintained to a high standard. We also noted that clinical facilities were well equipped and were visibly clean and tidy.

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

The practice needs to ensure patient medical records are completed at each patient visit and medical histories are updated.

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

In each surgery the practice had facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05³. 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. Each surgery had dedicated clean and dirty areas these were not labelled and we recommend that labels are displayed to clearly indicate these areas.

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 were told that the proposed extension to the practice would include a dedicated decontamination room and a dedicated staff staircase for the transportation of clean and dirty instruments.

³ 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.

Improvement needed

The practice to use labels to clearly indicate the clean and dirty areas in each surgery.

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 emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice's dental nurses were all appointed first aiders.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴. These were stored in a cupboard in the office. When it was pointed out that the cupboard was not secure, the drugs and equipment were immediately moved into a locked cupboard on the other side of the room. The practice also attached an "Oxygen" sign on the cupboard door to indicate that the oxygen cylinder was stored in there.

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

We noted that prescription pads were kept securely.

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. We saw evidence that all staff had completed training in both aspects of training, namely protection of children and protection of vulnerable adults.

⁴ 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.

There were arrangements in place for staff to raise any concerns, and staff told us the principal dentists encourage an open policy and they would feel comfortable if they need to do this in the practice. We noted that all staff held Disclosure and Barring Service (DBS) certificates.

Medical devices, equipment and diagnostic systems

During the inspection 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.

The Ionising Radiations (Medical Exposures) Regulations 2000 (IR(ME)R) aim to minimise patient exposure during medical procedures. We advise the practice attach radiation dose meters to the handset of each X-ray machine to enable staff to ensure that safe radiation doses are not exceeded.

In accordance with the requirements of the General Dental Council⁵ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000⁶ 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 that the practice engaged in relevant audits, including infection control, patient satisfaction, and radiographic image.

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

⁶ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Quality improvement, research and innovation

We were told that the practice's dentists have met with other dentists from practices in Cardiff and Newport. In addition, they have arranged meeting with another practice to discuss clinical issues. We would recommend regular meetings are arranged between the dentists for the purposes of peer reviews.

Improvement needed

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

Information governance and communications technology

The practice had appropriate policies and procedures in place including a data protection policy and access to information policy.

The practice had electronic and paper records. We noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up. The paper files were stored in locked filing cabinets in the office.

Non-urgent referrals are monitored by reception staff whilst the urgent referrals are monitored by the dentists.

Record keeping

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

- Medical histories were not updated in accordance with guidance.
- Whilst treatment plans were being recorded in the patient notes, justification of treatment and action taken was not.

It was also noted that only a small number of "scale and polishes" were being undertaken.

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:

- Justification for treatment and action taken
- Updated medical histories

The practice to introduce regular auditing of patient records to ensure good practice and to consider the provision and/or recording of "scale and polish" treatment.

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 the practice had systems and processes in place to ensure the practice and staff are supported and committed to providing a high quality service to patients. We found evidence of good leadership and lines of accountability.

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

Trallwn Dental Surgery is owned by the two principal dentists who also oversee the day to day administrative duties.

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, identifying when the policies were last reviewed and with signatures of all 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 policy and programme in place. We also noted the practice provided an Employee Handbook which contained a variety of information including training requirements and terms and conditions of employment. 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 were drafted and circulated to all staff. In addition the practice will hold informal sessions which are not minuted.

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 both clinical and non-clinical members of 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.

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: Trallwn Dental Surgery

Date of inspection: 19 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 are 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: Trallwn Dental Surgery

Date of inspection: 19 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
Quality of the patient experience				
Delivery of safe and effective care				
The practice to use labels to clearly indicate the clean and dirty areas in each surgery.	2.4 Infection Prevention and Control (IPC) and Decontamination	Red and Green markers have been placed to identify dirty and clean areas respectively.	James Davies	Completed
In keeping with professional standards for record keeping, the practice to ensure that patient records are completed at each patient visit to record:	3.5 Record keeping	Patient records now include prompts to record justification for treatment and action taken, and prompts to update medical histories have also been added	James Davies to inform other dentists and clinical staff	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Justification for treatment and action taken Updated medical histories 				
<p>The practice to introduce regular auditing of patient records to ensure good practice and to consider the provision and/or recording of "scale and polish" treatment.</p>		<p>A sample of patient records will be audited at 6 monthly intervals and records kept.</p> <p>All treatment offered to the patient will be recorded along with any reasons the patient may give for declining the suggested treatment.</p>	<p>James Davies to inform other dentists and clinical staff</p>	<p>Completed</p>

Quality of management and leadership

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): James Davies

Job role: Director

Date: 26/03/2018