



# General Dental Practice Inspection (Announced)

Gwersyllt Dental Care

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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](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://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 Gwersyllt Dental Care at 2 High Street, Gwersyllt, Wrexham, LL11 4LA.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, 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 Gwersyllt Dental Care provided safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

We found the practice to have good leadership and clear lines of accountability.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Surgery facilities were well-equipped, visibly clean, tidy and well organised

This is what we recommend the service could improve:

- Medicines management
- Radiographic equipment
- Undertake audits of patient records and x-rays

## 3. What we found

### **Background of the service**

Gwersyllt Dental Care provides services to patients in the Wrexham area.

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

The practice provides a range of 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, we found evidence that Gwersyllt Dental Care provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

The feedback we received confirmed that patients were very happy with the service they received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided.

We received a total of 40 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was very positive. Some of the comments provided by patients on the questionnaires included:

*"All the staff are very nice. I wish I had found a dental practice like this many years ago. I could not ask for better service and the care is excellent"*

*"I have valued the care and support from the team. I have always been seen very quickly when an emergency occurs. Would not use an alternative dentist"*

*"I hadn't been to the dentist in about 10 years so it was a big step for me making an appointment. Just from the first phone call staff made me feel at ease; I was so nervous at first but now I'm fine and that's thanks to all the team here. They are fantastic, can't thank them enough!"*

*"A very caring practice. Reception are staff always courteous and friendly. Dentist is always patient and friendly"*



## **Staying healthy**

### **Health promotion protection and improvement**

There was ample, dedicated dental health promotion information available, which meant patients had access to information which could support them in caring for their own oral hygiene. There were various posters and information sheets displayed which gave patients a range of information about the dental practice and oral health.

All patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

## **Dignified care**

Without exception, all patients who completed a questionnaire felt that they had been treated with respect when visiting the practice.

The practice had arrangements to protect patients' privacy, including areas for patients to have private conversations with staff. Telephone calls were also received in privacy away from patients.

### **Patient information**

All patients who completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment.

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

We noted that information on prices was available to view in the reception area which meant patients had access to information on how much their treatment may cost.

We also found evidence of treatment planning and options noted within a sample of patient records we viewed. This meant that patients were able to make an informed decision about their treatment.

General information about the practice was available on its website and was displayed around the reception and the waiting area. The practice also had its own patient information leaflet for patients to take away.

## Communicating effectively

Some staff working at the practice can communicate bilingually with patients. The majority of patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

## Timely care

The practice tries to ensure that dental care is always provided in a timely way and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of 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. An emergency number for out of hours was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, was given on the answer phone message, patient information leaflet and website.

The majority of patients who completed a questionnaire told us that they found it very easy to get an appointment when they needed one.

## Individual care

### Planning care to promote independence

We viewed a sample of patient records and found that they were very well maintained. All treatment options were recorded and consent to treatment was obtained from each patient.

All but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

### People's rights

We noted that the practice had a dedicated equality policy in place.

The practice is located over two floors and is fully accessible for patients with mobility difficulties. Although the surgeries are located on the first floor, the practice has installed a stair lift which means patients with mobility difficulties or wheelchair users could access the first floor surgeries and waiting area.

The reception area; along with the toilet facilities were accessible for wheelchair users and were clean and clearly signposted. The staff toilet facilities were also clean and tidy.

## Listening and learning from feedback

We saw that the practice had a written complaints procedure in place. The procedures for making a complaint or how to raise a concern were clearly on display in the waiting area. However, the notice did not include contact details for Healthcare Inspectorate Wales as the registration authority. We also found that the procedure made reference to England, Scotland and Northern Ireland. We brought this to the attention of the staff who immediately amended the notice during our visit.

We saw evidence that the practice had a system in place to log formal complaints and concerns. The practice informed us that any informal concerns were discussed and dealt with as part of the practice's daily huddles. However, no records are maintained. We advised the practice to record any informal concerns in a central log in order for any themes to be identified. The practice agreed to do this immediately.

We discussed the practice's mechanism for actively seeking patient feedback; which the practice does by providing questionnaires to patients once a year. Patients are able to submit their feedback anonymously. Details of the feedback analysis are discussed with the whole dental team. Patients are also able to leave feedback on social media. We advised the practice to display an analysis of the feedback received in the waiting area / reception; demonstrating to patients visiting the practice that feedback is acted upon and is used to influence changes to the service delivery at the practice. The practice informed us that a comment box will also be made available for patients to submit any feedback, suggestions and / or comments.

## 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 the practice to be well run ensuring the health, safety and welfare of staff and patients.

We found that patients were provided with safe and effective dental care.

However, we did find some improvements needed to medicines management and radiographic equipment.

### Safe care

#### Managing risk and promoting health and safety

The building appeared to be generally well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. We did find that one of the clinical bins stored outside was not locked. The practice informed us that this had been reported to the waste contractors and a new bin was delivered during the inspection.

There were no concerns expressed by patients over the cleanliness of the dental practice; all patients who completed a questionnaire felt that, in their opinion, the dental practice was very clean.

There was one unisex toilet for use by patients and one by staff. The facility was signposted and visibly very clean. However, no sanitary disposal bin was in place for the staff facility.

We noted that portable appliance testing (PAT) was regularly undertaken to ensure small appliances were safe for use. Fire extinguishers were in place throughout the building and were serviced regularly. Directions for the emergency exits were clearly visible and the Health and Safety poster was clearly on display.

We noted that the practice accident book needed to be replaced with the 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) book which includes the Health and Safety Executive (HSE) contact

details and protocols. The practice ordered a new RIDDOR accident book during the inspection.

We found that all chemicals were kept securely and none were left in public areas. There was a file available containing a number of data sheets relating to Control of Substances Hazardous to Health (COSHH) and relevant risk assessments were in place which had been recently reviewed.

The practice had a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. However, we did recommend that the practice arranges for the hazardous (clinical) waste bin which is located in the courtyard to be secured to the wall or floor while awaiting collection.

#### Improvement needed

Ensure that sanitary disposal bin is provided in the staff facilities.

Ensure that the hazardous waste bin is secured to the wall or floor.

#### 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>1</sup>. The facility was clean, uncluttered, well organised and well equipped. However, we did find some damage to the flooring in some areas and the step leading into the room. We were informed by the practice that plans are in place to relocate the decontamination room as part of the practice refurbishment plans. Until the refurbishment takes place, we recommend that the practice arranges for any areas of the floor to be fixed and sealed at its edges to aid effective cleaning.

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<sup>1</sup> Decontamination in primary care dental practices and community dental services

Staff demonstrated the decontamination process and we found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with best practice guidelines.

We saw records that showed the practice had undertaken audits of infection control on a regular basis. We saw evidence that the practice had used the Welsh Health Technical Memorandum 01-05 (WHTM 01-05) which is the standard for decontamination and infection control practices in dental surgeries in Wales.

We were assured that there were good procedures in place to minimise the risk of cross infection to protect both patients and staff. We also noted that the dental instruments were stored and transported in line with the current decontamination policy.

We saw that legionella risk assessments had been carried out by an external agency and we saw that all actions had been completed. However, the risk assessments were due for renewal and we advised the practice to review these.

#### Improvement needed

Ensure the flooring and step in the decontamination room is repaired and sealed at its edges.

#### Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. We saw records that indicated the team had received all relevant training. 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.

We saw evidence that the practice had a system in place to check the emergency drugs to ensure they remained in date and ready for use. We could see that the practice had taken appropriate action to replace drugs when expired. However, we found that the weekly checklist box had not been signed by the member of staff undertaking the checks. We advised the practice to ensure the checklist box is signed each week which the practice agreed to do. We also recommended that the practice review and update the content sheet of the emergency kit to ensure it contains all the required equipment.

We found that there was no additional adrenaline, no child sized resuscitation bag and no adult / child size oxygen mask with reservoir available in the emergency kit held by the practice. Our concerns regarding the emergency kit were dealt with immediately following the inspection. Further details are provided in Appendix A.

All clinical staff had up to date cardiopulmonary resuscitation (CPR) training and at least one member of staff was trained in first aid.

#### Improvement needed

Review and update the content sheet of the emergency kit ensuring it contains all the required equipment.

#### Safeguarding children and adults at risk

We found that the practice had a safeguarding policy in place to protect children and vulnerable adults.

We saw evidence that all clinical staff had completed training in the protection of children and vulnerable adults.

We saw evidence that all staff working at the practice held a valid Disclosure and Barring Service (DBS) check and were registered with the General Dental Council.

#### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained relevant equipment for the safety of patients. The surgeries were well organised and tidy. However, we did find some loose items stored in the surgery drawers (e.g. swabs and suction tips). We recommended to the practice that all loose items should be covered or kept in their original packaging.

All radiological equipment was maintained and in good working order. We saw evidence that suitable arrangements were in place for the safe use of radiographic (X-ray) equipment in both surgeries. However, we recommended that the local rules are updated to identify who is authorised to use the machines.

The practice had a Cone Beam Computed Tomography (CBCT) machine installed in a dedicated room. A CBCT scanner is a medical imaging technique consisting of X-ray computed tomography where the X-rays are divergent,

forming a cone. We found that there were no local rules on display. We recommended to the practice that they develop and display the local rules for the CBCT scanner along with clear working instructions.

We examined the installation certificate for the CBCT scanner and it was unclear whether the door to the room needed to be lead lined. We brought this to the attention of the practice who verbally confirmed that the door does not need to be lead lined. However, no documentation was available to confirm this. Our concerns regarding the CBCT scanner were dealt with immediately after the inspection. Further detail is provided in Appendix A.

We were informed by the practice that no image quality assurance audits of X-rays had been undertaken.

We saw evidence of up-to-date ionising radiation training (IR(ME)R) for all clinicians involved in x-rays.

#### Improvement needed

Ensure any loose items in surgery drawers (e.g. swabs and suction tips) are covered or kept in original packaging.

Ensure local rules are updated for the x-ray machines to identify who is authorised to use them.

Ensure local rules are developed and displayed for the CBCT scanner along with clear working instructions.

Ensure regular image quality assurance audits are completed for the X-rays machines and CBCT scanner.

## Effective care

### Safe and clinically effective care

It was evident that the practice was seeking to continuously improve the service provided. We were able to see that audits had been completed and or arranged by the practice such as; prescribing antibiotics, cross infection, legionella, patients feedback and health and safety.

### Quality improvement, research and innovation

From discussions with staff, we were informed that peer review between clinical staff is regularly undertaken and contributes to the quality and safety of the care



provided to patients. We advised the practice to keep a record of all clinical reviews.

The practice informed us that plans are already in place for the practice to self-evaluate using the Maturity Matrix Dentistry. We saw evidence that the practice had already attended the relevant training with the Wales Deanery. 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.

### Information governance and communications technology

A data protection policy was in place. The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet.

### Record keeping

A sample of patients' records were reviewed for each of the dentists. Overall, there was evidence that the practice as a whole is keeping good clinical records, demonstrating that care is being planned and delivered to ensure patients' safety and wellbeing. However, we found some inconsistencies with the level of detail recorded within patients' individual records between the dentists.

Considering the variance we found in patients' records, it would be advisable for the practice to undertake regular audits of patient records as part of their peer review process.

We also examined a sample of patients' records for the hygienist and found evidence of excellent records being maintained.

### Improvement needed

Undertake regular audits of patients' records as part of the peer review process.

## 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 to have good leadership and clear lines of accountability.

We found evidence that this was a very well run practice with a strong commitment to providing high quality service and attention to detail.

A range of relevant policies and procedures were in place.

The staff team appeared happy in their roles and were competent in carrying out their duties and responsibilities.

### **Governance, leadership and accountability**

We found the practice to have good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the practice manager who was efficient and competent in her role. Since most of the staff had worked together for some time, there was a good rapport amongst them. Staff told us that they were confident in raising any issues or concerns directly with the practice manager and felt well supported in their roles.

We found that staff were clear and knowledgeable about their roles and responsibilities and we saw that there was a very good rapport between them.

### **Staff and resources**

#### **Workforce**

We saw completed staff induction folders and these were well arranged. All staff had access to policies and procedures.

We saw that staff had access to a wide variety of training; meeting the Continuous Professional Development (CPD) requirements. We also saw evidence of annual staff appraisals and regular team meetings.

We saw records relating to Hepatitis B immunisation status for all staff working at the practice.

We looked at the policies and procedures in place and found that they reflected actual practise. All policies and procedures contained a review date and / or were version controlled along with staff signatures demonstrating that these have been read and understood. However, we found that references were made on some policies and procedures to England, Scotland and Northern Ireland. The practice agreed to remove all reference to these countries from all documentations.

We found that the practice displayed its emergency contact details and the practice opening times on the entrance of the premises. The dentists' names and qualifications were also clearly on display.

## 4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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
We found that there was no additional adrenaline, no child sized resuscitation bag and no adult / child size oxygen mask with reservoir available in the emergency kit held by the practice.	This meant that adults and children were at risk in an emergency situation.	We brought this to the attention of staff who immediately arranged for the items to be purchased.	Staff immediately ordered the items on the day of our inspection for delivery the next day.
No written documentation available to evidence that the door to the CBCT scanner room did not need to be lead lined.	This meant that X-rays and gamma rays could potentially pass through the door.	The practice verbally assured us that the door did not need to be lead lined and contacted installers for confirmation. Practice assured us that the CBCT scanner will not be used until confirmation received.	The practice contacted the installers during the inspection and written confirmation from the installers was forward to HIW immediately following the inspection confirming that the door does not need to be lead lined and is safe to use.

## Appendix B – Immediate improvement plan

**Service:** Gwersyllt Dental Care

**Date of inspection:** 26 June 2018

The table below includes any immediate non-compliance 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.

Description of non compliance / Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no immediate non-compliance concerns 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:** Gwersyllt Dental Care

**Date of inspection:** 26 June 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/Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
N/A				
<b>Delivery of safe and effective care</b>				
Ensure that sanitary disposal bin is provided in the staff facilities.	2.1 Managing risk and promoting health and safety	Second sanitary bin has been ordered and is due to be delivered next week	Rachel Jones	One week
Ensure that the hazardous waste bin is secured to the wall or floor.		This was done the week after the inspection.	Rachel Jones	
Ensure the flooring and step in the decontamination room is repaired and sealed at its edges.	2.4 Infection Prevention and Control (IPC) and Decontamination	This will be repaired and sealed as an interim measure the week after next. The whole decontamination room will be re-located upstairs within 9 months.	Rachel Jones	Two weeks



Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Review and update the content sheet of the emergency kit ensuring it contains all the required equipment.	2.6 Medicines Management	Emergency drugs kit was reviewed, additional drugs and equipment have been added to the kit, and it is also signed and dated weekly when checked.	Rachel Jones	
Ensure any loose items in surgery drawers (e.g. swabs and suction tips) are covered or kept in original packaging.	2.9 Medical devices, equipment and diagnostic systems	This was changed immediately after the inspection, items are left in original packaging, or placed in boxed with lids.	Rachel Jones	
Ensure local rules are updated for the x-ray machines to identify who is authorised to use them.		This was done immediately after inspection took place.	Rachel Jones	
Ensure local rules are developed and displayed for the CBCT scanner along with clear working instructions.		This has been discussed with our Radiation Protection Officer and a new set of rules is awaited from him.	Rachel Jones	One week
Ensure regular image quality assurance audits are completed for the X-rays machines and CBCT scanner.		Audits have always been done on x-rays, currently working on audit for CBCT scanner this will be completed by end September and then both will be audited annually.	Rachel Jones	6 weeks
Undertake regular audits of patients' records as part of the peer review process.	3.5 Record keeping	Currently working on Audit for patient records this will be completed by the	Rachel Jones	6 weeks

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		end of September. This will then be done annually.		
<b>Quality of management and leadership</b>				
N/A				

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): Rachel Jones**

**Job role: Practice Manager**

**Date: 17.08.2018**