

**General Dental Practice  
Inspection (Announced)**  
Aneurin Bevan University  
Health Board, Castle Street  
Dental Practice

8 May 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Castle Street Dental Practice, 24-25 Castle Street, Tredegar within the area served by Aneurin Bevan University Health Board on 8 May 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. 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<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

### 3. Context

Castle Street Dental Practice provides services to patients in the Tredegar area of Blaenau Gwent. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board.

Castle Street Dental Practice is mainly a NHS practice, but also provides a small amount of private dental services.

Castle Street Dental Practice is an established training practice for dentists with the Wales Deanery (School of Postgraduate Medical and Dental Education). At the time of this inspection, one of the dentists at the practice was undertaking a foundation year of dental training under the guidance of the principal dentists.

The practice staff team includes four dentists (including two principal dentists/owners and one trainee dentist), four nurses (including two trainees) and three reception staff.

A range of general dental services are provided.

## 4. Summary

HIW explored how Castle Street Dental Practice meets the standards of care set out in the Health and Care Standards (April 2015).

Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was very positive.

Overall, we found care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. Evidence we saw indicated that the care provided was of a high standard.

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team.

We found the practice was clean, modern and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.

## 5. Findings

### *Patient Experience*

**Patients told us they were satisfied with the service they received from the dental practice and they were given enough information about their treatment. Feedback from the HIW patient questionnaires was very positive.**

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views on the dental services provided. Twenty eight patient questionnaires were completed prior to the date of inspection. We also spoke to four patients on the day of inspection. Patient feedback was very positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentists.

A sample of patient comments included the following:

*“All the staff are very friendly and take an interest in me as a person, because of this coming to the practice feels less stressful and has a family feel.”*

*“Very caring and helpful. Make you feel at ease.”*

*“The treatment and service provided is very good. Staff are welcoming. The standard of hygiene is excellent.”*

*“This is a very good practice.”*

*“Staff very friendly. First class dental care.”*

*“Excellent treatment.”*

*“I have always been satisfied with treatment. Receptionists always polite and welcoming. Dentist always makes me feel like a friend (happy to see me). I do not want to be treated anywhere else. Thank you.”*

The majority of patients said they knew how to access out of hours dental services. We saw a sign in the practice window with the emergency contact number and we confirmed there was a contact number provided on the practice’s answer phone message and information was provided on the practice’s website.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis, enabling patients to be seen quickly if required.

Practice information leaflets were available in the reception/waiting area. The practice also had a website which included relevant information for patients and was clear and easy to navigate.

The practice had a range of health promotion information available in the waiting areas, including smoking cessation and mouth cancer awareness. We saw that several information leaflets were also available in Welsh. We also saw a large display about the sugar content of popular drinks which was eye-catching. This display made use of pictures which increased its accessibility to a wider range of patients.

The practice had a good system for regularly gaining patient views by conducting six monthly patient surveys. We saw the practice had analysed survey results and produced a short report summarising the findings and conclusions which addressed any potential changes needed. This is a good example of how the practice uses patient feedback to continually assess the quality of the service provided.

When asked about making complaints, fourteen patients told us they were unsure how to make a complaint. However, we saw that the complaints policy was displayed in both waiting rooms, information on making a complaint was included in the patient information leaflet and a full complaints policy was available on the practice's website.

## *Delivery of Health and Care Standards*

**Overall, we found care and treatment was planned and delivered safely to patients. We found that all surgeries were visibly clean, tidy and well-organised. Evidence we saw indicated that the care provided was of a high standard.**

### **Clinical facilities**

We looked at the clinical facilities of all three surgeries at the practice and found these contained relevant equipment for the safety of patients and staff. All surgeries were visibly clean, tidy and well-organised. All surfaces were free from clutter to enable effective cleaning. We saw evidence of the daily cleaning regimes carried out by the nurses which were clearly recorded. We also saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use.

### **Decontamination of instruments**

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. We found there were suitable processes in place to prevent patients from cross infection. The room was suitably laid out to allow instruments to be cleaned effectively. There was also a system to ensure that instruments were used within the recommended storage period.

We saw that the infection control policy was displayed on the wall. We also saw that there were log books completed for the daily testing and maintenance of cleaning equipment. The practice also had a log book for other daily checks performed by the nurses. All logbooks had been completed to a high standard. This meant the practice had a good system for ensuring cleaning equipment was working correctly, so that instruments could be cleaned effectively.

There were dedicated hand washing sinks available to help with infection control and all suitable personal protective equipment was available for staff conducting decontamination. We saw evidence that staff had completed training on decontamination/infection control. The practice conducted a recent infection control audit and had used the audit tool developed by Cardiff University, as recommended

by the Wales specific Welsh Health Technical Memorandum 01-05<sup>4</sup> WHTM 01-05 guidelines.

### **Waste disposal**

Waste was handled, stored and disposed of appropriately at the practice and a current waste disposal contract was in place.

### **Radiographic (x-ray) equipment**

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. We saw evidence that all qualified clinical staff had conducted appropriate training on ionising radiation. We saw that the radiation protection file, which includes details about the x-ray equipment and procedures for staff to follow, contained all relevant information.

### **Medical emergency equipment and medication**

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. We saw that there were emergency flow charts on the walls of the surgeries and flow charts for other medical emergencies were included with the emergency medication to advise staff of the procedure to follow in the event of a medical emergency. We saw evidence that staff at the practice had received up-to-date training on how to deal with medical emergencies and there were appointed first aiders. This meant that in the event of a patient collapsing, staff had the necessary skills and access to life saving equipment and drugs to respond promptly.

### **Patient records**

We looked in detail at a sample of eight patient records. Overall, we found the record keeping was of a high standard.

The practice encouraged patients to consider stopping smoking and information and referral forms for smoking cessation services were available for patients. We also

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

saw that some staff members had conducted training courses in smoking cessation. This meant that smoking cessation was actively encouraged at the practice.

Treatment procedures and options were explained to patients verbally, but the practice also had a range of written treatment information leaflets to explain the risks and benefits of various treatments, which were provided to patients when appropriate. This meant that patients were given the time and appropriate information to consider their treatment options.

## *Management and Leadership*

**The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team.**

Castle Street Dental Practice is independently co-owned by two principal dentists. The day-to-day management was the responsibility of the principal dentists. We saw the practice was being run efficiently and staff worked effectively together as a team. Staff we spoke to on the day of inspection said they were happy in their roles, had a clear understanding of their responsibilities and felt supported by the principal dentists. In our discussions with the dentists, it was clear they had a high level of care and compassion for their patients and were keen to work towards patient's best interests at all times.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place and there was a suitable system to ensure these policies were regularly reviewed and staff were aware of them. We saw that staff had a comprehensive induction programme which included the most important policies. There was also a staff handbook which included a condensed version of the practice's policies. We saw from meeting notes that policies were also discussed during staff meetings.

One of the principal dentists told us that staff meetings were conducted approximately every three to four months. We saw examples of recent meeting notes which detailed discussions and actions from the meetings. Staff told us they were encouraged to raise any concerns during these meetings, but would also feel comfortable in raising concerns with the principal dentists at any time.

We saw evidence that staff had annual appraisals, including the principal dentists. Appraisals are important to ensure the competency of staff and to identify any training needs.

The practice is an established training practice for dentists and currently had one dentist undertaking a foundation year of dental training. The associate dentist had also been a trainee at the practice and had subsequently been employed. The trainee dentist was not working at the practice on the day of inspection, but the associate dentist we spoke to said they received good support from the principal dentists and found it useful to have clinical discussions together.

We looked at the clinical governance arrangements in place at the practice. We saw evidence the dentists conducted a range of peer review audits together which had been documented in a large file. One of the principal dentists told us they also

conduct peer review audits with another dental practice and had found it to be a useful learning opportunity. We also saw evidence that staff had conducted maturity matrix dentistry training (a type of quality assurance audit). This meant that the practice had suitable clinical governance arrangements in place to help ensure the quality and safety of the care provided.

We looked at staff information at the practice. We confirmed that all clinical staff were registered with the General Dental Council and had appropriate indemnity insurance. We also saw evidence that all staff had employment contracts in place.

We saw examples of personal continued professional development (training) completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. This meant patients could be assured they are treated by staff who have appropriate skills and up-to-date training and who were confident and acquainted with their place of work. Staff files were well-organised and information was easy to locate.

At the time of our inspection, all dentists had a Disclosure and Barring Service (DBS) certificate dated within the last three years in line with the regulations for private dentistry. We also found that all other staff members had a DBS check to ensure the suitability of staff for employment.

The practice had suitable arrangements for the recording of accidents and incidents. Suitable arrangements for occupational health support were also in place through the local health board. We saw records to show that all clinical staff had received appropriate vaccinations to protect them against blood-borne viruses.

Although the practice had only received one recent complaint, we found there were suitable arrangements for recording and responding to concerns (complaints). The practice also had a summary sheet providing details of the complaints received and the dates of actions taken. We saw that all complaint correspondence was kept together in a paper file. Verbal and informal complaints were appropriately captured on an electronic system.

We found the complaints process complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right' and gave a list of relevant organisations for patients to contact in the event they had a complaint. The practice also had a separate complaints procedure for patient receiving private treatment which was compliant with the private dentistry regulations.

## *Quality of Environment*

**We found the practice was clean, modern and appropriately maintained to provide a safe environment for patients to receive treatment. Access to the practice is suitable for wheelchair users.**

The practice is located in the town centre of Tredegar. The practice has three surgeries, one on the ground floor and two on the first floor. The practice does not have dedicated patient car parking, but free public car parking is available close to the practice.

Access to the practice is suitable for wheelchair users and door frames throughout the ground floor of the practice were suitably wide to allow access for wheelchairs. There is no lift to the first floor, but wheelchair users would be seen in the ground floor surgery. A hearing loop was also available to assist patients with hearing aids.

A tour of the building confirmed the practice was well maintained internally and externally. The practice was clean, tidy and satisfactorily lit throughout and provided a pleasant environment for patients to receive treatment. The waiting and reception areas were suitable sizes for the number of surgeries.

The practice had one very large unisex accessible patient toilet on the ground floor and one unisex staff toilet on the first floor. Both toilets were visibly clean and had suitable hand washing facilities for infection control.

There was a sign outside the practice with the opening hours and emergency contact number. The names, qualifications and the General Dental Council registration numbers of staff members were displayed by the entrance and on a poster by the reception area. Price lists were also displayed in the reception area.

In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice.

The fire exits were signposted and fire extinguishers had been appropriately inspected. We saw evidence that there were measures and systems in place to protect staff and patients in the event of a fire.

Patient records and information were stored securely and electronic records were backed-up daily onto an external device. This meant the practice has taken measures to ensure the safety and security of patients and their information.

## 6. Next Steps

As there were no areas for improvement identified during this inspection, the practice is not required to complete an improvement plan (Appendix A).