

**General Dental Practice
Inspection (Announced)**
Abertawe Bro Morgannwg
University Health Board,
Llynfi Dental

5 May 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Llynfi Dental practice at 14, Talbot Street, Maesteg, CF34 9BT within the area served by Abertawe Bro Morgannwg University Health Board on 5 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 Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. 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

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

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

³ <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

Llynfi Dental provides services to patients in the Maesteg area of Bridgend. The practice forms part of dental services provided within the geographical area known as Abertawe Bro Morgannwg University Health Board.

Llynfi Dental is a mixed practice providing both private and NHS dental services. A range of services are provided.

The practice employs a staff team which includes seven dentists, a hygienist, seven dental nurses (one of whom was also the assistant manager), two designated decontamination staff, a receptionist and a practice manager. At the time of our inspection two trainee nurses were also working at the practice.

4. Summary

HIW explored how Llynfi Dental met the standards of care set out in the Health and Care Standards April 2015.

Patients who provided comments within questionnaires told us they were satisfied with the service they had received from the practice team. During our inspection, we found staff being helpful and courteous to patients. Information about the practice was readily available to patients via a practice leaflet and on the practice website.

Overall the practice was meeting the standards in those areas we inspected.

Arrangements were in place for the safe use of X-ray equipment. We found one member of staff needed to attend update training in this regard and have asked the practice owners to make arrangements to ensure this is completed.

Emergency equipment was available for staff to use in the event of a patient emergency (collapse). However, we have recommended the practice owners consider providing portable suction equipment as recommended by the Resuscitation Council (UK).

Arrangements were in place for the safe cleaning and sterilisation of dental equipment. We suggested the practice owners reconsider the placement of autoclaves within the decontamination room so these are positioned in accordance with all Wales policy and guidance.

Waste produced by the practice was stored safely. Documentation confirmed arrangements were in place for its safe transfer and disposal.

We identified some improvements were needed in respect of the quality of patient dental records and have asked the practice owners to address this.

A manager was responsible for the day to day running of the practice. The practice had a range of relevant policies in place with the intention of providing safe care to patients. Staff told us they felt well supported by senior staff and were able to access training opportunities to support their continuing professional development.

The practice premises appeared well maintained, both externally and internally. Areas seen were clean, tidy and well lit and ventilated.

5. Findings

Patient Experience

Patients who provided comments within questionnaires told us they were satisfied with the service they had received from the practice team. During our inspection, we found staff being helpful and courteous to patients. Information about the practice was readily available to patients via a practice leaflet and on the practice website.

Prior to our inspection visit, we asked the practice manager to invite patients to complete HIW questionnaires. In total we received 28 completed questionnaires that had been completed prior to, and on the day of, our inspection.

Through our questionnaires we invited patients to provide comments on their experience of using the practice. All patients who contributed told us they were satisfied with the service they had received from the dental practice. In addition all patients indicated that the practice team made them feel welcome and that they had been provided with enough information about their treatment. When invited to make any additional comments, patients told us:

'Very nice dental practice.'

'So far I am satisfied with my treatment.'

'Very good service from all [staff]'

Most patients who provided comments within questionnaires told us they were aware of how to contact the out of hours dental services. However, there were some (11 patients) who told us they did not know. Whilst the emergency contact number was readily available to patients, the practice owners may wish to consider how to further raise awareness of this.

The majority of patients told us they had not experienced any delays when waiting to be seen. Those who told us they had, indicated this had been minimal and had not caused them a problem.

The practice had introduced a text reminder service and comments from practice staff indicated patients had found this useful. Staff described a process was in place for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

During our inspection, we found staff being kind and helpful to patients.

The practice had a system in place to obtain the patients' views on the service provided by the practice. Staff had recently conducted an audit of the

comments provided by patients between February and April 2015. We saw actions had been identified with a view to making service improvements, based upon the feedback patients had provided. These included updating the practice leaflet to include more information and allocating more appointment times for patients requesting emergency dental treatment. This meant patients had the opportunity to provide feedback on the service and that their comments would be considered by the practice team.

A practice leaflet, which patients could take away, provided practical and useful information about the practice. Information was also available on the practice's website.

Details of the NHS pricing bands for treatment were displayed. Prices for private dental services were also available. This meant patients visiting the practice had easy access to information on how much they may have to pay for their dental treatment.

We saw a range of health promotion leaflets was also available. This meant patients had access to information and advice to help them care for their own oral hygiene and health.

Delivery of Health and Care Standards

Overall the practice was meeting the standards in those areas we inspected.

Arrangements were in place for the safe use of X-ray equipment. We found one member of staff needed to attend update training in this regard and have asked the practice owners to make arrangements to ensure this is completed.

Emergency equipment was available for staff to use in the event of a patient emergency (collapse). However, we have recommended the practice owners consider providing portable suction equipment as recommended by the Resuscitation Council (UK).

Arrangements were in place for the safe cleaning and sterilisation of dental equipment. We suggested the practice owners reconsider the placement of autoclaves within the decontamination room so these are positioned in accordance with all Wales policy and guidance.

Waste produced by the practice was stored safely. Documentation confirmed arrangements were in place for its safe transfer and disposal.

We identified some improvements were needed in respect of the quality of patient dental records and have asked the practice owners to address this.

Radiographic Equipment / Documentation

We found arrangements were in place for the safe use of radiographic equipment. A radiation protection file contained detailed information on the safe use of X-ray equipment used at the practice. Safety check certificates were available for each X-ray machine used at the practice.

Training certificates demonstrated relevant staff had received radiation protection training (IR(ME)R⁴). However, we found one member of the practice team required update training as the staff member's training certificate indicated training had been completed just over five years previously. Therefore,

⁴ Ionising Radiation (Medical Exposure) Regulations 2000 otherwise referred to as (IR(ME)R 2000).

arrangements should be made for appropriate update training to be attended as soon as practically possible

Improvement needed

The practice owners need to make arrangements to ensure radiation protection (IR(ME)R) training for relevant staff is up to date and as required by the Ionising Radiation (Medical Exposure) Regulations 2000.

Overall, within the sample of patient records we saw, details had been recorded to justify why X-rays had been taken. A quality assurance system was in place to ensure that the image quality of patient X-rays were graded and recorded.

Recognised signage indicating the presence of a radiation hazard was present at the entrance to each of the four surgeries at the practice.

Resuscitation and First Aid / Emergency Drugs

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. However, portable suction equipment was not available. We discussed this with the practice manager and one of the partners. We were told as patient emergencies were most likely to occur within the surgeries (where suction equipment was available), the practice had identified this was not necessary. However, the provision of portable suction equipment within primary dental practices forms part of the minimum equipment required for cardiopulmonary resuscitation as recommended by the Resuscitation Council (UK)⁵. Therefore the practice owners should consider making arrangements so staff can access and use this equipment safely when required in an emergency.

Improvement needed

The practice owners should consider providing portable suction equipment as recommended by the Resuscitation Council (UK) in the document 'Minimum equipment and drug lists for cardiopulmonary resuscitation practice and training (primary care) November 2013'. Arrangements should be made so staff can access and safely use this equipment.

⁵ 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.

Flowcharts were available to guide staff on the appropriate steps to take should a patient emergency be identified. We saw some training certificates that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice manager confirmed all staff had attended such training.

Emergency drugs were stored securely when not being used. A system was in place to identify and replace expired emergency drugs.

Handling, Storage and Disposal of Hazardous and Non-Hazardous Waste

Contract documentation was in place for the disposal of hazardous waste. We saw waste had been segregated into different coloured bags/containers to indicate correct methods of disposal. Waste produced by the practice was securely stored whilst waiting to be collected.

Whilst arrangements were in place for the disposal of feminine hygiene products, we suggested that these be checked to ensure the practice was complying with current guidance on the management of healthcare waste.

The practice had an amalgam separator⁶ so amalgam could be disposed of safely.

Decontamination of instruments and compliance with WHTM01-05 (Revision 1)

We considered the arrangements for the decontamination (cleaning and sterilisation) of instruments used at the practice and compliance with Welsh Health Technical Memorandum 01-05⁷ (WHTM 01-05) (Revision 1).

Arrangements were in place for the cleaning and sterilisation of instruments used in the practice. A designated team of two staff were responsible for the decontamination of instruments used at the practice. Training certificates indicated they had received suitable training to perform the role.

⁶ A device that removes particles of mercury amalgam (found in some dental fillings) from waste water before it enters the sewer system.

⁷ [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

The practice had a separate decontamination room as recommended by WHTM 01-05. We discussed the position of the autoclaves⁸ with one of the partners and suggested these be moved from the 'dirty' area to the 'clean' area as recommended within WHTM 01-05. Entries within logbooks demonstrated daily checks had been conducted for each autoclave in use. Up to date inspection certificates were also available for the autoclaves used.

The transport of instruments between the surgeries and the decontamination room was by means of a pneumatic tube system. This innovative system allowed staff to send instruments to the decontamination room without the need to carry them through the practice.

We were told that dental instruments not used within one month were reprocessed (decontaminated). Current guidance set out within WHTM 01-05 confirmed this was not necessary and instruments could be stored for longer. We informed the partner present of this so that the existing arrangement could be revisited.

The practice team had completed an infection control audit in November 2014 using a recognised tool specifically aligned to the WHTM 01-05 policy and guidance. This allowed the dental team to self assess their practice against the policy and to develop an improvement plan as part of the continuous improvement process. We saw this plan had been updated with the action taken to address the improvements identified.

Clinical Facilities

We looked at the clinical facilities of each of the surgeries within the practice and found these contained relevant equipment to ensure the safety of patients and staff.

Surfaces within surgeries were easily washable to facilitate effective cleaning and reduce the risk of cross infection. Similarly, suitable hand washing facilities and personal protective equipment (PPE), such as disposable aprons, gloves, masks and eye protection were available for staff to use to reduce cross infection. Suitable arrangements were in place to safely store used needles

⁸ An autoclave is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

(sharps). The dental team should also consider using safer sharps⁹ systems as set out within the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and to further reduce the risk of associated injuries.

Records demonstrated daily checks had been conducted on the compressor¹⁰ and an up to date inspection certificate was available. We also saw evidence that portable electrical appliances had been PAT tested within the last 12 months,

Patient Records

We looked at a sample of patient dental records that had been maintained by dentists working at the practice. Electronic patient records were in use and arrangements were in place to back up data regularly.

The majority of notes that had been made provided sufficient detail around the reasons why patients were attending, the care and treatment provided and the advice given by the dentist. However, we found the quality of record keeping varied between dentists and identified some improvement was needed.

Some records contained only brief notes and so we could not always be assured of the reasons why certain treatments had been carried out. We also found that basic periodontal examination (BPE)¹¹ scores had not always been recorded. Recording these would demonstrate a patient's risk of gum disease had been assessed by the dentist.

In addition, whilst written patients' medical histories had been completed, records did not always demonstrate they had been updated and then signed/countersigned by the patient/dentist prior to each course of treatment.

We were unable to provide detailed feedback of our findings to all the dentists who worked at the practice. This was because not all dentists were working on the day of our inspection visit. However, we did inform the partner who was

⁹ Safer sharp – medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

<http://gov.wales/topics/health/cmo/professionals/dental/publication/cdo-letters/sharp-instruments/?lang=en>

¹⁰ A compressor pressurises air for use in dental procedures.

¹¹ The BPE is a screening tool which is used by dentists to identify gum disease.

available that some improvement was required in respect of record keeping so this could be addressed as necessary.

Improvement needed

The practice owners must make suitable arrangements to ensure patient dental records are maintained in accordance with professional standards for record keeping.

The practice owners must make suitable arrangements to demonstrate patients' medical histories have been updated and confirmed by the patient and the dentist prior to each course of treatment.

Management and Leadership

A manager was responsible for the day to day running of the practice. The practice had a range of relevant policies in place with the intention of providing safe care to patients. Staff told us they felt well supported by senior staff and were able to access training opportunities to support their continuing professional development.

Llynfi Dental is a partnership practice owned and operated by three dentists. A practice manager was responsible for the day to day running of the practice and was supported by an assistant manager. The practice staff appeared to work well together and presented as a friendly team.

The practice manager confirmed all clinical staff were registered with the General Dental Council and had up to date indemnity insurance cover in place. Records we saw supported this. The dentists working at the practice provided private dental services and were registered with Healthcare Inspectorate Wales as required by the regulations for private dentistry. Whilst HIW certificates were prominently displayed, we found these required some updating. The practice manager confirmed she would make suitable arrangements for the dentists to inform HIW of the changes required and had started to do this before the end of the inspection.

The practice had a range of policies and clinical procedures in place with the intention of providing safe care and treatment to patients. Policies included those in respect of adult and child protection and these included contact details of local safeguarding teams. This meant the practice team were able to seek advice in relation to patient safeguarding issues from local teams. Staff we spoke to confirmed they had previously received training on safeguarding. In addition, the practice manager described she had arranged training in child protection for 3 July 2015 and was waiting for a date for a training session in adult protection.

Dentists working at the practice provided both NHS and private dental services. A written procedure was in place for patients to raise concerns (complaints). The contact details of Healthcare Inspectorate Wales needed to be included to fully comply with the regulations for private dentistry. This was brought to the attention of the practice manager who agreed to update the procedure with this information.

We saw that not all policies had been dated. We highlighted this to the practice manager and the partner present so a suitable system could be introduced to demonstrate when policies had been agreed or revised.

We saw records confirming clinical staff had been vaccinated against Hepatitis B. The practice manager described she would contact the health board for advice on occupational health matters. This meant that the practice had access to help and support about relevant vaccinations and inoculation (sharps) injuries.

Staff we spoke to told us they felt well supported in their roles and would be comfortable raising any work related concerns with the practice manager or dentists. Staff indicated that communication within the team was good and told us regular staff meetings were held where work related topics could be raised and discussed. Minutes from meetings were available.

Staff also confirmed they had access to relevant training to support their continuing professional development (CPD) needs. The training provided at the practice was recorded in a book. This included the date, topic and names of attendees. The practice manager was receptive to our suggestion to strengthen this system to include more detail on the content of the training provided and any relevant supplementary information provided.

We saw records to support that staff had received an appraisal of their work during the previous year. These records demonstrated discussions had taken place and future objectives identified to support staff development in their roles.

Quality of Environment

The practice premises appeared well maintained, both externally and internally. Areas seen were clean, tidy and well lit and ventilated.

Lynfi Dental practice is situated along Talbot Road in the town of Maesteg.

Whilst there were no designated car parking spaces for patients visiting the practice, free parking was available at the public car park serving the town.

The practice was clearly signposted, making it easy to find from the high street directly outside the practice. The opening hours and emergency contact number were clearly displayed in the window of the practice. This meant patients attending the practice, when it was closed, were provided with a number to call for advice on emergency dental treatment. The names and qualifications of the dentists working at the practice were clearly displayed in the ground floor waiting area.

Externally, the practice appeared well maintained. There were no steps leading to the entrance. This meant access to the practice was suitable for patients who use wheelchairs or mobility aids. Reception staff confirmed they would assist patients to open the door should they not be accompanied by a relative or carer.

Internally, the practice was decorated to a high standard and provided a comfortable area for patients to wait to be seen by practice staff. The reception area was situated on the ground floor, together with two surgeries and a waiting area. In addition there were a further two surgeries and another waiting area on the first floor. During a tour of the practice, we saw these areas were clean, tidy and suitably lit and ventilated. The size of the waiting areas seemed appropriate given the number of surgeries and patients attending on the day of our inspection.

Arrangements were in place to safely store paper records, X-rays and dental models.

Patient toilets were provided on both floors, with the ground floor toilet being accessible by patients who use wheelchairs. Both toilets were clean and hygienic and provided hand washing facilities to reduce cross infection. Staff facilities were situated on the second floor.

Fire exits were clearly signposted and the action to take in the event of a fire was displayed. Fire extinguishers were stored safely and maintenance labels indicated they had been checked recently. This meant staff and patients were

directed to safety and staff had access to suitable fire fighting equipment in the event of a fire.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of the delivery of the *Health and Care Standards*. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Llynfi Dental will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Llynfi Dental

Date of Inspection: 5 May 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Quality of Patient Experience			
	-			
	Delivery of Health and Care Standards			
p9	The practice owners need to make arrangements to ensure radiation protection (IR(ME)R) training for relevant staff is up to date and as required by the Ionising Radiation (Medical Exposure) Regulations 2000. (Health and Care Standards – Standard 2.9)	[Identified staff] has completed IRMER training, please find certificates attached.	[identified staff]	Completed

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
p9	<p>The practice owners should consider providing potable suction equipment as recommended by the Resuscitation Council (UK) in the document 'Minimum equipment and drug lists for cardiopulmonary resuscitation practice and training (primary care) November 2013'. Arrangements should be made so staff can access and safely use this equipment.</p> <p>(Health and Care Standards – Standard 2.1, Standard 2.9)</p> <p>http://www.resus.org.uk/pages/QSCPR_PrimaryDentalCare_EquipList.pdf</p>	<p>Portable suction has been purchased and is now located in our emergency drugs box. All staff have been trained on its use at the staff meeting held on 16th June 2015.</p>	Anwen Hopkins	Completed
p12	<p>The practice owners must make suitable arrangements to ensure patient dental records are maintained in accordance with professional standards for record keeping.</p> <p>The practice owners must make suitable arrangements to demonstrate patients' medical histories have been updated and confirmed by the patient and the dentist prior to each course of treatment.</p> <p>(Health and Care Standards - Standard 3.5)</p>	<p>All clinicians have been issued with guidelines to ensure they are recording and maintaining suitable records. They have also been issued with notification of regular six monthly practice audits.</p> <p>This audit will be carried out randomly by the practice manager.</p> <p>New medical record recording system has been adapted by the practice manager through Software of Excellence to ensure that all medical</p>	Corraine Morgan Practice manager	Completed Audit every six months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
		history has to be confirmed before it is possible to continue charting, charging or completing.		
	Quality of Management and leadership			
	-			
	Quality of Environment			
	-			

Practice Representative:

Name (print): Anwen Hopkins.....

Title: DR.....

Date: 24/06/15.....