

**General Dental Practice  
Inspection (Announced)**  
Cardiff and Vale University  
Health Board

**St Mellons Dental Practice**

5 November 2014

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to St Mellons Dental Practice at 16 Crickhowell Road, St Mellons, Cardiff within the area served by Cardiff and Vale University Health Board on 5 November 2014.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in Doing Well, Doing Better: Standards for Health Services in Wales<sup>1</sup>.

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
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website

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<sup>1</sup> Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1<sup>st</sup> April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. [www.weds.wales.nhs.uk/opendoc/214438](http://www.weds.wales.nhs.uk/opendoc/214438)

- 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

St Mellons Dental Practice provides services to patients in the St Mellons area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board. The practice employs a staff team which includes five dentists; one hygienist; five dental nurses; a practice manager and two reception staff. St Mellons Dental Practice is part of a group of three practices, called Restore Dental Group.

A range of dental services are provided.

St Mellons Dental Practice is a mixed practice providing both private and NHS dental services. In this respect, any dentist working at the practice who is also 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.

## 4. Summary

HIW explored how St Mellons Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us they were very satisfied with the service they received at St Mellons Dental Practice and were given enough information about their treatment.

Overall, we found the practice was being run with the intention to meet the relevant standards. We made some recommendations to improve decontamination procedures and to improve the consistency of patient records.

At the time of the inspection, the practice had recently had a change of ownership and was going through a period of transition.

The practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. We saw staff working well together as a team and all staff told us they were happy in their roles.

The dental practice was visibly well maintained. The premises provided a comfortable environment for patients to be seen by their dentist. The practice is accessible to wheelchair users.

## 5. Findings

### *Patient Experience*

**Patients told us they were very satisfied with the service they received at St Mellons Dental Practice and were given enough information about their treatment.**

We spoke with two patients who were receiving treatment on the day of the inspection.

Both patients told us they were very satisfied with the service they received and felt welcomed by the practice staff. We also saw staff treating patients in a friendly and professional way.

One patient told us:

*“[I am] very satisfied. Lovely people and my dentist is amazing. I never feel any pain.”*

There was a flexible appointment system in place whereby patients could book appointments both in advance and on an emergency basis. This meant patients could be confident that where they experienced dental pain, there was a system in place to try to ensure they were seen quickly.

Neither of the patients we spoke to had experienced any significant delays when waiting to be seen.

The practice has an informative website, which contains information for patients about staff working at the practice and their expertise. However, the website does not fully adhere to the General Dental Council guidelines for advertising. For example it does not include a link to the GDC website.

### ***Improvement needed***

***The practice should ensure that the website adheres to the GDC Guidelines for Advertising.***

We noted that the telephone number for emergency out of hours dental care was displayed and we confirmed that the emergency number is provided on the practice’s answer machine message. This means that patients experiencing pain when the dental surgery is closed would be able to access support.

## *Delivery of Standards for Health Services in Wales*

**Overall, we found the practice was being run with the intention to meet the relevant standards. We made some recommendations to improve decontamination procedures and to improve the consistency of patient records.**

### **Clinical Facilities**

We looked at the clinical facilities in each of the four surgeries and found these contained relevant equipment for the safety of patients and staff. We noted that all surgeries were clean and tidy. Instruments were stored appropriately to avoid contamination.

### **Decontamination**

The practice had a dedicated room for the cleaning and sterilisation of dental instruments and we saw suitable processes in place to prevent patients from cross infection. Dedicated hand washing sinks and disposable items were available to help with infection control and all appropriate personal protective equipment for staff was available.

Logbooks for checking equipment had been maintained and the equipment being used for the cleaning and sterilisation of instruments was visibly in good condition.

We looked at the decontamination process used by the practice and we noticed that there was only one sink for cleaning instruments. This meant that instruments were cleaned and rinsed in the sink prior to being sterilised. We recommended that to be compliant with the Welsh Health Technical Memorandum 01-05<sup>2</sup> (WHTM01-05) guidelines, a separate bowl should be used for rinsing instruments.

### ***Improvement needed***

***The practice should ensure that bowls are used for manual cleaning and rinsing of dental instruments in accordance with WHTM 01-05 guidelines.***

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<sup>2</sup> The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

We noted that an infection control audit had been started but not completed in accordance with WHTM 01-05.

***Improvement needed***

***The practice is advised to complete the infection control audit as recommended in WHTM01-05 and develop an improvement plan to address any issues highlighted.***

**Waste disposal**

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

**Radiographic 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. However, current documentation was stored together with old information. This meant that it was difficult to locate the up-to-date and relevant information. We recommended that the practice organise their files and archive any old or out of date information.

No certificate was available to confirm that one of the dentists had attended ionising radiation training as we were told this was held in one of the other practices owned by Restore Dental Group. We suggested that the practice could keep copies of all relevant certificates in all the practices where a dentist works.

***Improvement needed***

***The practice should forward a copy of the certificate confirming the dentist in question had attended ionising radiation training within the last five years to HIW.***

**Drug storage and emergency equipment**

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Resuscitation equipment and emergency drugs were available in the event of a patient emergency (collapse) at the practice. 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 40 patient records, including records from each dentist working at the practice. Generally, the records we saw were satisfactory. However, we noted that record keeping was inconsistent and some of the records we saw did not contain all information required. None of the patient medical histories we saw were countersigned by the dentist, which would have shown that the dentist had read this important information. Some medical histories we saw were quite old and needed updating. We also saw that in some records, discussions about the different treatment options available to patients were not recorded. We looked at how patient consent was recorded, and we did not see a record of consent for examinations and specific treatment in every case.

We found that patients were given x-rays at appropriate time intervals, and that the quality of x-rays was monitored.

We noted that patient information is stored on both paper files and on computer. We saw one instance where a patient's contact details were recorded incorrectly on the paper file and correctly on the computer system. This was rectified immediately on the day of the inspection. However, it highlights the potential difficulties and risk of error when running two systems in parallel. We suggested that the practice should consider methods of ensuring that patient information is accurate across both systems.

### ***Improvement needed***

***The practice should ensure that all patient records are complete and accurate and include:***

- ***Countersigned (by dentist) medical history***
- ***Treatment options discussed with the patient***
- ***Patient consent.***

## *Management and Leadership*

**At the time of the inspection, the practice had recently had a change of ownership and was going through a period of transition.**

**The practice had a number of relevant policies and associated procedures in place with the intention of providing safe care to patients. We saw staff working well together as a team and all staff told us they were happy in their roles.**

Staff at St Mellons Dental Practice told us that they were happy in their roles and happy with their place of work. All staff told us that they receive regular training, and we saw lots of evidence of this. We also saw evidence of the comprehensive training and induction given to new members of staff at the practice. This meant that patients could be assured that 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. We were told that the practice has achieved the Investors in People Gold Standard<sup>3</sup>, which is an accreditation for organisations who follow a best practice framework for people management.

Staff also told us about team meetings, which took place approximately every six weeks. We saw minutes from the last three meetings which confirmed that relevant topics relating to practice development and patient care were discussed.

We saw confirmation that all clinical staff were registered with the General Dental Council. We also saw evidence that appropriate indemnity insurance was in place for all clinical members of staff. We looked at records of hepatitis B immunity for clinical staff which showed that all staff were protected against blood borne viruses. Patients can therefore be assured that they are treated by professionals who are registered and have appropriate protection in place.

In accordance with the relevant regulations<sup>4</sup> for private dentistry, all dentists providing private treatment were registered with HIW and their registration certificates were displayed within the practice. However, we found that some

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<sup>3</sup> <http://www.investorsinpeople.co.uk/journey/framework-v>

<sup>4</sup> The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009

information was out of date. We reminded the practice to notify HIW registration team of any updated information so that new certificates could be provided.

***Improvement needed***

***All dentists who are registered with HIW to provide private treatment must ensure that they display an up-to-date HIW registration certificate.***

At the time of our inspection, not all dentists had Disclosure and Barring Service (DBS) certificates dated within the last three years in line with the regulations for private dentistry. We discussed this with the practice who agreed to ensure that all dental staff update their DBS check in order to comply with current regulations. It is not mandatory for practice staff to have DBS checks; however, there is a requirement that the employing dentist undertakes checks to ensure the suitability of staff for employment.

We looked at a sample of maintenance certificates and schedules for equipment at the practice. These confirmed that equipment was inspected in accordance with mandatory requirements. Staff and patients could therefore be assured there were systems in place to ensure equipment was inspected regularly and maintained to ensure it was fit for purpose.

The practice had a procedure in place for all patients to raise concerns (complaints). The practice should ensure that the complaints procedure is compliant with both NHS and private regulations for patients receiving either NHS or private treatment. However, the practice did not have a system for recording written complaints as not all correspondence was recorded. As a result there was a risk that the practice would be unable to track the stage or outcome of a complaint. We recommended the practice devise a log of all complaints (whether written or verbal) in order to keep track of them and to learn from any themes or trends identified.

***Improvement needed***

***The practice should devise a suitable system to record complaints, whether written or verbal.***

## *Quality of Environment*

**The dental practice was visibly well maintained. The premises provided a comfortable environment for patients to be seen by their dentist. The practice is accessible to wheelchair users.**

St Mellons Dental Practice is situated near to the supermarket in the St Mellons area of Cardiff. There is limited dedicated parking available at the rear of the building, but there is parking available nearby, including a public car park nearby.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally, although we noted that the signage could be unclear particularly for those patients with visual impairment.

### ***Improvement needed***

***The practice should consider improving the signage at the practice including using larger font to make notices more visible for patients with visual impairment.***

The practice is accessible to wheelchair users as there is level access to the building and there is a downstairs surgery where patients could be seen.

We saw that fire extinguishers were placed strategically and had been serviced regularly. There were two waiting areas, one upstairs and one downstairs, both were clean, tidy and satisfactorily lit and ventilated. Observations made during the inspection confirmed the size of the waiting area was appropriate for the number of surgeries.

We found there were suitable arrangements to ensure patient records were stored securely. Staff told us electronic records were backed-up daily and paper records were stored in locked filing cabinets. This means the practice has taken measures to ensure the safety and security of patients and their information.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. 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 St Mellons Dental Practice 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: Restore Dental Group

St Mellons Dental Practice

Date of Inspection:

5 November 2014

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	-			
	<b>Delivery of Standards for Health Services in Wales</b>			
7	The practice should ensure that bowls are used for manual cleaning and rinsing of dental instruments in accordance with WHTM01-05 guidelines. [WHTM 01-05 guidelines section 24r]	We have spoken to dental companies and are currently looking at options available. This should be completed by 30/04/2015.  Action Sarah Meril/Emily Williams		30/04/2015
8	The practice is advised to complete the infection control audit as recommended in WHTM01-05 and develop an improvement	Audit 1 is now complete this will be reviewed on a regular basis. A training session is arranged for all staff on 01/05 /2015 where the audit findings		Ongoing

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	plan to address any issues highlighted. [WHTM 01-05 guidelines section 1.8.]	will be discussed and action plans developed. Action all staff involvement reviews of current cross infection control policy.		
8	The practice should forward a copy of the certificate confirming the dentist in question had attended ionising radiation training within the last five years to HIW. [Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R2000)]	A scanned copy of Dr Raid Ali IRMER certificate is attached.		Immediate
9	The practice should ensure that all patient records are complete and accurate and include: <ul style="list-style-type: none"> <li>Countersigned (by dentist) medical history</li> <li>Treatment options discussed with the patient</li> <li>Patient consent</li> </ul> [General Dental Council Standards 4; Doing Well, Doing Better: Standards for Health Services in Wales standards 20c; 7a]	Ongoing- Partners are carrying out random checks of notes. Medical history updates for all patients. Introduction of computer notekeeping Consents completed for all treatments.		Ongoing monitoring

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Management and Leadership</b>				
11	<p>All dentists who are registered with HIW to provide private treatment must ensure that they display an up-to-date HIW registration certificate.</p> <p>[The Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 Section 28 (1); Part II Section 7]</p>	All our dentists are registered with HIW these are displayed on the surgery doors.		Complete
11	<p>The practice should devise a suitable system to record complaints, whether written or verbal.</p> <p>[General Dental Council Standards 5.1.7]</p>	All in place. All complaints and compliments logged and reviewed from start to final outcome		Ongoing
<b>Quality of Environment</b>				
12	<p>The practice should consider improving the signage at the practice including using larger font to make notices more visible for patients with visual impairment.</p> <p>[Doing Well, Doing Better: Standards for Health Services in Wales standards 18e; General Dental Council Standards 2.1.1]</p>	The Practice has recently been decorated and all signs are to be displayed in a different way.		30/04/2015

**Practice Representative:**

**Name (print): Sarah Meril**

**Group Operational Manager**

**Date: 30/03/2015**