

## **General Dental Practice Inspection (Announced)**

Aneurin Bevan University  
Health Board,

**Oasis Dental Care  
Caerphilly**

3 February 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Oasis Dental Care Caerphilly, 6c Cae Meillion, Caerphilly within the area served by Aneurin Bevan University Health Board on 3 February 2015.

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

Oasis Dental Care Caerphilly provides both private and NHS dental services in the Caerphilly area. The practice forms part of dental services provided within the geographical area known as Aneurin Bevan University Health Board. The staff team at the practice includes four dentists, six dental nurses, two trainee dental nurses, two reception staff, three hygienists and one temporary practice manager (providing maternity cover).

A range of general dental and hygienist services are provided. The practice also has plans to provide dental implant services as one of the dentists is currently undertaking a course in this aspect of dentistry.

As Oasis Dental Care Caerphilly is a mixed practice providing both private and NHS dental services, 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 Private Dentistry (Amendment) Regulations 2011.

## 4. Summary

HIW explored how Oasis Dental Care Caerphilly meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. We recommended several improvements to the information given to patients, including the display of a complaints procedure.

Overall, we found care and treatment was planned and delivered safely to patients. We made recommendations regarding decontamination processes at the practice. The practice must ensure that training in ionising radiation is provided to those staff who need it.

The practice had recently been acquired by a new provider. We saw that the practice was being run safely, with systems in place to ensure patient safety. However, we made a number of recommendations relating to improving the administrative processes at the practice.

We found the building was appropriately maintained and provided a safe environment for patients to receive treatment. There was no access to the practice for wheelchair users.

## 5. Findings

### *Patient Experience*

**Patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. We recommended several improvements to the information given to patients, including the display of a complaints procedure.**

Seventeen patient questionnaires were completed prior to the date of inspection. We also spoke to three patients on the day of inspection. The majority of patients said they were satisfied with the care they received at the practice and felt welcomed by staff.

A sample of patient comments included the following:

*“The practice has had a make-over and feels more user friendly for nervous patients. Good Job!”*

*“Very pleasant, clean surgery. Dentist very patient and gentle.”*

*“The only negative is the waiting times.”*

*“A very comprehensive and professional service from reception onwards.”*

*“Staff very helpful, nothing too much trouble.”*

*“Great friendly team. Have always been happy with treatment and advice given.”*

*“... my dentist and her dental nurses are excellent, nothing is too much trouble for them. I have had a lot of treatment and every time things are explained carefully so that I feel comfortable with my treatment...The hygienist is also excellent – she always does a thorough job. Reception staff always helpful and friendly. Altogether a lovely team!...”*

Although the majority of patients told us they were satisfied, ten patients told us they had experienced delay in being seen by the dentist. Two patients we spoke to on the day of inspection said they often experienced delays which had caused them inconvenience. When asked if they experienced delay, another patient commented “yes – frequently, and long periods.” On the day of

inspection we noticed that the waiting room became very busy and saw a full appointment book for that day. Given these comments from patients the practice may wish to consider the way appointments are booked and how patients are advised about delays.

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.

Most patients said they received enough information about their treatment. We saw examples of treatment information given to patients to enable them to make an informed decision about their care. We also saw examples of the electronic patient education materials available in surgeries to assist dentists when explaining treatments to patients. Definitions of common treatments were displayed on posters above the reception area. The practice also had information leaflets available in reception on root canal treatment and tooth decay.

There was a flexible appointment system in place and registered patients could book appointments both in advance and on an emergency basis. The practice told us they tried to see patients for emergency appointments on the same day or the following day, enabling patients to be seen quickly if required.

Staff told us practice information was previously available in a folder in reception, but this was in the process of being updated with the new provider branding.

There is a corporate website which includes details of the practice. At the time of inspection, the website did not have the General Dental Council<sup>2</sup> (GDC) address, or a link to the GDC website as required under the GDC guidelines for advertising. The Oasis Dental Care website included the corporate complaints procedure and organisations patients may contact in the event they had a complaint. However, it referenced the NHS Commissioning Board (applicable in

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<sup>2</sup> The General Dental Council (GDC) is the organisation which regulates dentists and dental care professionals in the United Kingdom.

England) and not the NHS procedure for complaints known as ‘Putting Things Right<sup>3</sup>’ for patients in Wales.

The website also referenced the Care Quality Commission, the health and adult social care regulator in England, rather than HIW. For example, it stated that “*The Care Quality Commission also inspects all of our practices to ensure we meet their standards*”. In Wales, however, this is the responsibility of HIW. Overall, some of the information provided on the website was incorrect and potentially misleading for patients in Wales.

### ***Recommendation***

***Information provided on the corporate website should be suitably adapted so that it is applicable for patients in Wales.***

We saw in the patient waiting areas that there was limited health promotion information available to patients, such as mouth cancer awareness and smoking cessation.

### ***Recommendation***

***The practice should consider providing patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.***

The practice had a good system for regularly gaining patient views and feedback by conducting monthly patient surveys. A recent summary of the patient survey results was displayed in the waiting area. Summaries from the last three months indicated patients were satisfied with treatment and felt involved in decisions about their care. We saw that patient feedback was a regular agenda item for staff meetings. This showed the practice had a system for assessing the quality of the service provided.

When asked about complaints, ten patients told us they knew how to make complaints, but seven patients said they were unsure. A complaints poster was not on display at the practice. In accordance with the GDC standards, patients should not have to ask for a copy of the complaints procedure.

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<sup>3</sup> ‘Putting Things Right’ are the arrangements in place for handling and responding to concerns about care and treatment provided by the NHS in Wales.

### ***Recommendation***

***The practice should ensure that a complaints procedure/policy is displayed at the practice where it is visible to patients.***

We suggested the practice consider how they could make information more accessible to a wider range of patients. For example, larger font/text sizes and the provision of information in other languages including Welsh. The need for this could be assessed through gaining patient feedback.

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

**Overall, we found care and treatment was planned and delivered safely to patients. We made recommendations regarding decontamination processes at the practice. The practice must ensure that training in ionising radiation is provided to those staff who need it.**

### **Clinical facilities**

We looked at the clinical facilities in each of the surgeries and found these contained relevant equipment for the safety of patients and staff. We noted that all surgeries were generally clean and tidy.

In general, we found instruments were stored appropriately. However, we saw some instruments (for use that day) were being stored on open trays on an open work surface. Staff told us these instruments were processed daily and would be wrapped later in the day. However, it is recommended in the Welsh Health Technical Memorandum (WHTM 01-05)<sup>4</sup> guidelines that instruments should not be stored on open work surfaces. We advised the practice to ensure instruments were wrapped straight away after sterilisation or placed on covered trays in a covered area to protect against contamination.

### ***Recommendation***

***The practice should ensure that instruments are stored appropriately to reduce the risk of contamination.***

### **Decontamination of instruments**

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

On looking at the set-up of the practice's purposely designed decontamination room, we saw there was an air conditioning unit above the area where dirty

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<sup>4</sup> The Welsh Health Technical Memorandum 01-05 is a set of guidelines intended to raise the quality of decontamination (cleaning and sterilisation) work in primary care dental services.

instruments were cleaned. When turned on, this would blow air from the dirty area to where clean instruments were processed. The decontamination room was very small and these areas were close together. This means that any spray from the cleaning of dirty instruments could potentially contaminate the clean instruments. The WHTM 01-05 guidelines recommend that air should flow from the clean to dirty areas to protect clean instruments.

***Recommendation***

***The practice should consider the arrangements for airflow in the decontamination room, such as the location of the air conditioning unit, to reduce the risk that clean instruments could become contaminated by aerosols.***

We saw logbooks for cleaning equipment were appropriately maintained. This included weekly testing and standard checks performed at the start and end of each day.

Although the practice had policies and procedures for cleaning and decontamination, we did not find individual staff training records. The WHTM 01-05 guidelines require that all staff conducting decontamination procedures should receive appropriate training to demonstrate competency in their duties and have individual training records.

***Recommendation***

***The practice should ensure that all staff involved in decontamination procedures are appropriately trained and have individual training records.***

We found evidence the practice conducted regular audits of its infection control procedures. However, we did not see evidence of an improvement plan developed as a result of these audits.

***Recommendation***

***The practice should develop an improvement plan to address any issues highlighted in the infection control audits.***

**Waste disposal**

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

### **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, we did not find evidence that staff had attended ionising radiation training. This is required by the Ionising Radiation (Medical Exposure) Regulations. A notification letter to the Health and Safety Executive to inform them the practice was using radiographic equipment was not available.

#### ***Recommendation***

***The practice must ensure that all appropriate staff have ionising radiation training and that this is updated every five years. The practice must ensure the Health and Safety Executive has been notified about the radiographic equipment used at the practice.***

### **Drug storage and emergency equipment**

Staff had access to appropriate resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. We found evidence that staff had received up-to-date training on how to deal with medical emergencies. However, we found that the practice did not have a resuscitation policy.

#### ***Recommendation***

***The practice should have a resuscitation policy.***

At the time of inspection, the appointed first aider was on maternity leave and no other staff member had been appointed in their absence.

#### ***Recommendation***

***The practice should also ensure there is an appointed first aider available.***

We found there was a suitable system to replace expired medication and drugs were stored and organised clearly. This avoids any delay in treating patients in an emergency.

### **Patient records**

We looked in detail at a sample of ten patient records. Overall, the patient records at the practice were satisfactory. We found the practice had a suitable system for obtaining valid consent and medical histories from patients. Although we saw the dentists had countersigned the medical history forms, we noticed that there was not a specified place for the dentist to do this. Countersigning

helps to ensure the dentist is aware of the patient's medical history. If space is not provided on the medical history form, it could discourage dentists from countersigning.

***Recommendation***

***The practice should make improvements to medical history forms to assist dentists with countersigning.***

## *Management and Leadership*

**The practice had recently been acquired by a new provider. We saw that the practice was being run safely, with systems in place to ensure patient safety. However, we made a number of recommendations relating to improving the administrative processes at the practice.**

The practice provides approximately 80% NHS and 20% private treatments to patients. At the time of our inspection, the practice manager was on maternity leave. Management of the practice was being covered by an experienced practice manager who was also responsible for two other practices. Day-to-day management support was also provided by an existing staff member who had taken on additional responsibilities. Staff told us they had a clear understanding of what was expected of them and they would be comfortable raising any concerns with the temporary managers.

The practice had changed providers twice in recent years, with the latest acquisition in 2014 by the current provider. As part of the acquisition, the practice materials and information were in the process of being re-branded and new policies were being introduced.

Overall, we found the practice had a range of relevant policies, procedures and maintenance certificates in place. At the time of inspection, there was a mixture of both old and new policies available. We found that the new corporate policies needed to be reviewed and adapted for local use at the practice. We also found that some policies incorrectly referenced English organisations and needed to be adapted for patients in Wales. We saw a number of these policies dated back to 2013, meaning it was not clear if they were the latest version. There were no staff signatures to indicate they had been made aware of the new policies.

### ***Recommendation***

***The practice must have a robust system for ensuring all policies and procedures are current, adapted for local use and that staff are aware of them.***

All dentists were registered with the GDC and had indemnity insurance cover. We saw that certificates for each of the dentists confirming their registration with HIW were not on display at the practice. This is required under the Private Dentistry Regulations. The practice corrected this on the day of inspection, with the exception of one certificate.

### ***Recommendation***

***The practice must ensure that HIW certificates are on display for all dentists registered to provide private dental services.***

We also found that an employers/public liability certificate was not on display for patients to see and the health and safety poster was not easily located by staff.

### ***Recommendation***

***The employers/public liability insurance certificate and health and safety poster should be displayed in an area visible to staff and patients.***

Staff members told us annual appraisals had been conducted at the practice. We found some evidence of this in staff files, but records of appraisals were not available for all staff.

### ***Recommendation***

***The practice should ensure that records of appraisals are maintained for all staff.***

We were told that the dentists had formal arrangements with a clinical advisor to conduct peer reviews every six to twelve months. One dentist told us this included a review of their patient records, continued professional development, any concerns they had and general feelings about their work. This means the practice used peer supervision to help ensure the quality and safety of the care provided.

We found some evidence of continued professional development completed by clinical staff, but training certificates were not always available. We were told that original training files were kept by individual staff members and were not available on the day of inspection. Staff told us they had training opportunities relevant to their role.

We noticed that employment information kept in staff files was not consistent across all staff. Contracts were available in some staff files, but not in others. We also noted these contracts were with the previous provider. We were told that existing staff contracts were being maintained under the new provider. We advised the practice to ensure that all relevant staff information is maintained by the practice.

We found some evidence that staff had completed training in child protection and in the protection of vulnerable adults. Safeguarding policies were available at the practice.

Staff meetings were conducted approximately every month. We saw a sample of notes from recent meetings, but these were very brief. We advised the practice to improve the detail so that clear records of discussions could be seen.

We saw some hepatitis B immunity records for clinical staff. However, these records were not available for all staff members and unclear for others. Records for one staff member indicated an insufficient level of hepatitis B immunity, but there was no evidence of further 'booster' vaccinations. This means that staff members may not be sufficiently protected against blood-borne viruses.

***Recommendation***

***The practice should ensure that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood-borne viruses.***

The practice had an arrangement for occupational health support for staff through the health board. The practice also had suitable arrangements for the recording of accidents and incidents.

The practice had an appropriate system for recording both written and verbal complaints. However, we noticed that not all correspondence, such as responses to complaints, was kept together in the complaints file. We also noticed there were some dates missing for actions taken to address complaints. We advised the practice to ensure all dates were recorded.

***Recommendation***

***The practice should ensure that complaints records are fully maintained.***

We found the complaints process generally complied with arrangements in the NHS patient complaints procedure 'Putting Things Right' and listed relevant organisations for patients to contact in the event they had a complaint. However, the policy needed to be adapted for Welsh requirements. For example, the policy incorrectly referenced the English Ombudsman and not the Public Service Ombudsman for Wales for NHS patients. It also incorrectly referenced the Care Quality Commission (applicable only in England) and not HIW. The details of HIW are required in the Private Dentistry Regulations. The policy needed to include details of Aneurin Bevan University Health Board.

***Recommendation***

***The complaints policy should be adapted for Welsh requirements, including reference to HIW, Public Service Ombudsman for Wales for NHS patients and the Aneurin Bevan University Health Board.***

Themes from complaints related to a lack of communication with patients or miss-communication. Given these complaints, the practice may wish to consider the way they communicate and convey information to patients.

Given the number of recommendations identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the practice to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

## *Quality of Environment*

**We found the building was appropriately maintained and provided a safe environment for patients to receive treatment. Access to the practice was not suitable for wheelchair users.**

The practice is located in a small retail area in Caerphilly. The practice has three surgeries, a waiting room/reception area on the first floor of the building. Free car parking is available as part of the retail area.

The practice was located on the first floor and access was via a flight of stairs from ground level. There was no alternative access for wheelchair users and patients with mobility difficulties. The practice told us they made patients aware of this when arranging appointments and suggested an alternative accessible dental practice when required.

There was a sign outside the practice with the names and qualifications of all dentists with the emergency contact number for 'out of hours' services. Price lists for both NHS and private patients were clearly displayed in the reception area.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. The practice had a small unisex staff toilet and unisex patient toilet. These were visibly clean and contained suitable hand washing facilities to prevent cross infection. The practice was compact in size and limited space was available. The waiting area was small but a suitable size for the number of surgeries. The waiting room contained a television and staff told us that wifi (wireless internet) was being installed for patients to use.

The fire exit was signposted and fire extinguishers recently inspected. Appropriate security measures were in place to prevent unauthorised access to the building. We found there were suitable arrangements to ensure patient records were stored securely. Staff told us electronic records were backed-up daily onto an off-site server. 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 in respect of the recommendations in this report. 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 Oasis Dental Care Caerphilly 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: Oasis Dental Care Caerphilly**

**Date of Inspection: 3 February 2015**

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
8	Information provided on the corporate website should be suitably adapted so that it is applicable for patients in Wales.	This has been passed to the marketing department to implement.	Nadine Lingard	1 Month
8	The practice should consider providing patients with further health promotion information, including smoking cessation and mouth cancer awareness/prevention.	Leaflets/ posters ordered	Kaylee Crocker	1 week
9	The practice should ensure that a complaints procedure/policy is displayed at the practice where it is visible to patients.	Will display in waiting room	Kaylee Crocker	1 week
<b>Delivery of Standards for Health Services in Wales</b>				
10	The practice should ensure that instruments	Employed a full time decontamination nurse so	Kaylee Crocker	1 week

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	are stored appropriately to reduce the risk of contamination.	no instruments will be left out.		
11	The practice should consider the arrangements for airflow in the decontamination room, such as the location of the air conditioning unit, to reduce the risk that clean instruments could become contaminated by aerosols.	This has been passed to the estates Department for further investigations to get the air conditioning unit moved.	Stuart Colby	1 month
11	The practice should ensure that all staff involved in decontamination procedures are appropriately trained and have individual training records.	Training will be carried out with all staff	Kaylee Crocker	1 month
11	The practice should develop an improvement plan to address any issues highlighted in the infection control audits.	Will implement when next infection control audit carried out.	Kaylee Crocker	1 month
12	The practice must ensure that all appropriate staff have ionising radiation training and that this is updated every five years. The practice must ensure the Health and Safety Executive has been notified about the radiographic equipment used at the practice.	HSE have been notified. All staff have access to online training with Smileon	Kaylee Crocker	1 month
12	The practice should have a resuscitation policy.	This has been passed to compliance department	Kaylee Crocker	1 month
12	The practice should also ensure there is an	First aid course booked	Kaylee Crocker	1 week

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
	appointed first aider available.			
13	The practice should make improvements to medical history forms to assist dentists with countersigning.	This has been passed to the marketing department- have been informed when we order new forms they will have an additional box for the GDP to countersign.	Nadine Lingard	2 months
<b>Management and Leadership</b>				
14	The practice must have a robust system for ensuring all policies and procedures are current, adapted for local use and that staff are aware of them.	All policies and procedures are in the process of being adapted and meetings are being held to make staff aware of them	Kaylee Crocker	2 months
15	The practice must ensure that HIW certificates are on display for all dentists registered to provide private dental services.	All GDP's HIW certificates are on display	Kaylee Crocker	1 week
15	The employers/public liability insurance certificate and health and safety poster should be displayed in an area visible to staff and patients.	Will display employers/public liability insurance certificate and health and safety poster in waiting room	Kaylee Crocker	1 week
15	The practice should ensure that records of appraisals are maintained for all staff.	All staff files being reviewed	Kaylee Crocker	2 months
16	The practice should ensure that all clinical staff have appropriate vaccinations, including any recommended boosters, to protect against blood-borne viruses.	All staff files being reviewed	Kaylee Crocker	2 months

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
16	The practice should ensure that complaints records are fully maintained.	Complaints file will be reviewed and updated	Kaylee Crocker	2 months
16	The complaints policy should be adapted for Welsh requirements, including reference to HIW, Public Service Ombudsman for Wales for NHS patients and the Aneurin Bevan University Health Board.	Complaints policy will be adapted as recommended	Kaylee Crocker	1 month
<b>Quality of Environment</b>				
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**Practice Representative:**

**Name (print):** Kaylee Crocker.....

**Title:** Practice Manager.....

**Date:** 16/03/15.....