

**General Dental Practice  
Inspection (Announced)**  
Cardiff and Vale Health  
Board,  
Smiles Oasis Dental Care

Inspection date: 24 November 2016

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection to Smiles Oasis Dental Care at 68A Cowbridge Road East, Canton, Cardiff, CF11 9DN on 24 November 2016.

HIW explored how Smiles Oasis Dental Care met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 6 of this report.

## 2. Context

Smiles Oasis Dental Care provides services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Smiles Oasis Dental Care is a mixed practice providing both private and NHS dental services

There was a large practice staff team (some of whom work part-time) which includes seven dentists; two hygienists; nine dental nurses; two receptionists and one practice manager.

A range of NHS/Private dental services were provided.

### 3. Summary

Overall, we were satisfied that the practice was meeting the standards necessary to provide safe and effective care. However, there were a number of areas that we identified which needed improvement.

This is what we found the practice did well:

- Patients were satisfied with the service provided
- The staff team were friendly, welcoming and committed to providing a high standard of care
- Clinical facilities were well-equipped and generally clean
- Dental instruments were cleaned and sterilised appropriately
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the practice could improve:

- Update website information in line with GDC advertising guidance
- Keep safeguarding checks and training refreshers up to date
- Maintain evidence of periodic immunisation checks
- Implement and maintain deep cleaning schedules in some areas and address remedial works to surgery cabinets, dental chair and stool
- Update risk assessments
- Patient records
- More robust quality assurance arrangements.

## 4. Findings

### *Quality of the Patient Experience*

**We found evidence that the practice was committed to providing a positive experience for their patients. The majority of feedback gained through our patient questionnaires was positive. The practice had a system for seeking patient feedback as a way of assessing the quality of the service provided.**

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. In total, 20 questionnaires were completed and returned. Patients indicated that they were made to feel welcome and were satisfied with the services received at the practice. Patient comments included:

*“I am very happy at this practice. I have been a patient here for four and a half years”*

*“I am generally happy at the practice. Reception very polite and informs me if the dentist is running late. Only issue is the phone line is always busy”*

*“I am actually happy at this practice; I like all the staff and appreciate the help. However, the dentists do run late, but I get an apology”*

*“Our dentist is very professional and has given us good advice how to look after our teeth better. Very happy with this dental practice”*

### Dignified care

We saw evidence to indicate patients were provided with care in a dignified and respectful manner. There was space available for staff to have conversations with patients in a private area, away from other patients, if required, for the purpose of maintaining confidentiality.

We observed staff speaking with patients in a friendly and professional way. Feedback from the majority of patients who completed HIW questionnaires was positive with patients stating they were satisfied with the care and treatment they received at the practice and all patients said that they felt welcomed by staff.

There was a range of information about the practice on display and leaflets were available for patients. We saw that a price list for treatments was available so that patients were informed about costs. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

### Timely care

The practice made every effort to ensure that care was provided in a timely way. However, nine out of the 20 questionnaire respondents stated they were uncertain about emergency out of hour's arrangements, even though there is information on the practice website and on the entrance to the surgery.

Nine out of 20 questionnaire respondents stated they had experienced delays in being seen, with some of those indicating that they had received an apology and/or explanation for the delay. The practice is advised to review the communication processes in place so that all patients are kept informed of any potential delays.

### Staying healthy

Health promotion information assists in supporting patients to take responsibility for their own health and well-being. The majority of patients who completed the questionnaires told us they received enough information about their treatment. There were patient information and health promotion leaflets available in the waiting area.

### Individual care

We saw evidence that the practice had a way of seeking patient feedback. Patient questionnaires were distributed and the results were passed to the practice manager and reviewed. We saw that information about the price of NHS and private treatment was available, so that patients were informed about costs.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. We found the procedure was compliant with both the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right') and The Private Dentistry Wales

2008 Regulations<sup>1</sup>. The practice manager was the designated complaints manager. The practice's complaints procedures were signposted on its website, posted on the notice board and available at the reception desk. This meant that patients could easily access this information, should they require it.

On the day of the inspection staff ensured that the details of the practising dentists, displayed externally, were up to date. However, the details on the practice's website, for example in respect of dentists working at the practice, needed to be reviewed and brought up to date to ensure that patients had access to accurate information.

***Improvement needed***

***Staff must review the practice website to ensure that patients have up to date information in line with GDC advertising guidance.***

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<sup>1</sup> The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

## ***Delivery of Safe and Effective Care***

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical waste was handled, stored and disposed of safely. Clinical facilities were well-equipped and were generally visibly clean and tidy. However, we found that there were some areas that required a deep clean to be undertaken.

We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. However, the practice need to ensure that evidence of periodic immunity inoculations is maintained for all relevant staff. There were arrangements in place for the safe use of X-ray equipment. Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use.

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. However, some risk assessments required review and updating.

The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. However some safeguarding checks needed renewal.

### Safe care

#### *Clinical facilities*

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was generally visibly well maintained and surgeries were generally clean, tidy and well organised. However, we noted some areas around the surgeries' window areas required a deep cleaning process.

#### ***Improvement needed***

***The practice must undertake and maintain a deep cleaning schedule in surgeries.***

Also we noted that remedial works were required to some cupboard areas in the surgeries and one dental chair and stool had tears to the fabric.

***Improvement needed***

***The practice to undertake remedial works to cupboard areas and one dental chair and stool.***

We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. However, the five yearly electrical wiring certificate for the premises required updating.

***Improvement needed***

***The five yearly electrical wiring certificate to be updated and a copy to be sent to HIW.***

We looked at the risk assessments on Control of Substances Hazardous to Health (COSHH) and we saw that safety data sheets had been kept for each substance in addition to appropriate risk assessments. COSHH items were being stored securely. Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored.

Fire extinguishers were available and had been serviced in the last 12 months; fire signage and risk assessment and drills were evident. However, the practice manager should take further advice in respect of the access to the fire exit sited in the staff office area.

***Improvement needed***

***The practice must seek advice from an appropriate fire safety expert regarding the fire exit door.***

There was a health and safety policy and we saw that environmental risk assessments had been carried out. However, a review of environmental risk assessments should be undertaken as we identified potential risks within certain aspects of the environment. Specifically, these were the storage and housekeeping in the decontamination room which required review so as to maximise the air flow in that room; housekeeping and storage issues in the cupboard where medication was being stored; and a trip risk in one of the surgeries.

***Improvement needed***

***The practice must review and update environmental risk assessments and ensure that all risks within the environment are identified and managed appropriately.***

### *Infection control*

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- A designated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing
- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place and we advised that this and other key policies could be signed and dated by staff to confirm they have read key policies.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05<sup>2</sup> (WHTM 01-05) guidelines and staff had completed decontamination refresher training on a five yearly basis. However, we found that inoculation immunity check status for three dentist and three dental nurse staff members, required consideration. Records of immunity must be maintained and up to date and/or evidence of life long immunity where that applies.

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<sup>2</sup> <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

### ***Improvement needed***

***Inoculation checks should be undertaken with records maintained and/or life long immunity records kept at the practice.***

#### *Emergency drugs and resuscitation equipment*

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). A resuscitation policy was in place including roles and responsibilities for staff.

Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks was being maintained. There was an appropriate accident book in place and completed accident sheets were filed securely to maintain data protection.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, one dentist, one hygienist and one dental nurse required refresher training in CPR.

### ***Improvement needed***

***One dentist, one hygienist and one dental nurse require refresher training in CPR.***

The practice had appointed first aiders in the team who had completed relevant training and a first aid kit was available. The storage and housekeeping issues where the medication is kept are addressed under the 'safe care' heading above.

#### *Safeguarding*

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was up to date for all relevant staff. We were told there were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We were told that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. However, DBS three yearly refresher clearance checks needed to be renewed for three dentists.

***Improvement needed***

***Three dentists require their DBS safeguarding checks to be updated.***

*Radiographic equipment*

We saw that the environment had been planned and laid out to ensure the safe use of radiation equipment. However, we advised the practice to review the positioning of one radiology switch to ensure it was safely positioned.

***Improvement needed***

***The practice must seek advice regarding the radiation control switch identified, to ensure it is safely positioned.***

We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. The practice completed radiograph audits for quality assurance purposes.

We found that the majority of staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council<sup>3</sup> and Ionising Radiation (Medical Exposure) Regulations 2000. However, one dentist required refresher training in this area and a training date had already been arranged for January 2017. Two hygienists and two dental nurses also required training updates to be arranged.

***Improvement needed***

***Radiation protection refresher training to be arranged for staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.***

*Patient Records*

We viewed a sample of dental records and spoke with one of the dental practitioners on the day of our inspection. Overall, we found there was a good quality of record keeping and patient care.

However, we identified the following areas for improvement:

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<sup>3</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

- Medical histories were not consistently countersigned by the dentist and patient. There was not a clear system of updating them.
- Smoking cessation advice and mouth cancer screening was not being consistently recorded.

### ***Improvement needed***

***The following improvements should be made to patient notes, including the consistent and correct recording of:***

- ***Medical histories and updates***
- ***Smoking cessation advice and mouth cancer screening***

### **Effective care**

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in some relevant audits, including infection control.

There were no formal arrangements for staff to conduct regular peer review audits together. We advised the practice that learning from peer review and audits contributes to the quality of care provided. We discussed the range of audit topics provided by the Welsh Deanery and the practice manager told us they had considered arranging time for staff to conduct audits as a team.

### ***Improvement needed***

***The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.***

## *Quality of Management and Leadership*

**We found evidence of effective management and leadership at this practice. Staff we spoke with were happy in their roles, understood their responsibilities and felt supported by the practice manager. A range of relevant policies and procedures were in place.**

We found that the dental surgery was well run. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team. We were told there were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice. We saw that pre-employment checks were being carried out, including Disclosure and Barring Service (DBS) clearance.

The day to day management of the practice was the responsibility of the practice manager. The practice had in recent years been acquired by Oasis Dental Ltd and we were told of the improvements that had been made to the environment/facilities and also to the management arrangements.

We saw a staff team at work that seemed happy and competent in carrying out their roles. Staff we spoke with told us they felt supported by the practice manager. Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD).

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the practice.

The practice manager stated that appraisals had been conducted for staff. We found there were systems in place to ensure any new staff received an induction and that they were made aware of practice policies and procedures.

We looked at the policies and procedures in place and saw evidence that they had been reviewed regularly and organised. We were told that staff meetings were held on a regular basis and these were recorded.

## 5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

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

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



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>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

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 (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.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Smiles Oasis Dental Care**

**Date of Inspection: 24 November 2016**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
7	Staff must review the practice website to ensure that patients have up to date information in line with GDC advertising guidance.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>General Dental Council (GDC) Guidance on Advertising</i>	Website has been updated.	Sarah Webb	Completed
<b>Delivery of Safe and Effective Care</b>					
8	The practice must undertake and maintain a deep cleaning schedule in	Health and Care Standards 2.4	Deep clean completed and monthly deep clean scheduled.	Sarah Webb	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	surgeries.	Private Dentistry (Wales) Regulations 2008 14 (1) (d) and 14 (6) <i>Workplace (Health, Safety and Welfare) Regulations 1992</i>			
9	The practice to undertake remedial works to cupboard areas and one dental chair and stool.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b) and (d) and 14 (6) <i>Workplace (Health, Safety</i>	New surgery cupboards to be fitted in surgery 2 and 4. New chair in surgery 4.	Sarah Webb and Gemma Hawkins	30 <sup>th</sup> April 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>and Welfare) Regulations 1992</i>			
9	The five yearly electrical wiring certificate to be updated and a copy to be sent to HIW.	Private Dentistry (Wales) Regulations 2008 14 (1) (b) and (d) <i>The Electricity at Work Regulations 1989 (HSE)</i>	Check completed on 24/1/2017. Some works to be carried out and certificate issued.	Sarah Webb and Gemma Hawkins	28 <sup>th</sup> February 2017
9	The practice must seek advice from an appropriate fire safety expert regarding the fire exit door.	Health and Care Standards 2.1; The Regulatory Reform (Fire Safety) Order 2005	New fire door to be fitted and risk assessment carried out.	Sarah Webb and Gemma Hawkins	28 <sup>th</sup> February 2017
9	The practice must review and update environmental risk assessments and ensure that all risks within the	Health and Care Standards 2.1 Private Dentistry	New full risk assessment carried out by practice manager	Gemma Hawkins	28 <sup>th</sup> February 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	environment are identified and managed appropriately.	(Wales) Regulations 2008  14 (1) (b) <i>Management of Health and Safety at Work Regulations 1999</i>			
11	Inoculation checks should be undertaken with records maintained and/or life long immunity records kept at the practice.	Private Dentistry (Wales) Regulations 2008  14 (1) (b) and 14 (6)  <i>General Dental Council (GDC) Guidance Standard 1.5.2</i>	All staff have been asked to provide evidence of immunity.	Sarah Webb and Gemma Hawkins	28 <sup>th</sup> February 2017
11	One dentist, one hygienist and one dental nurse require refresher training in CPR.	Health and Care Standards 7.1  Private Dentistry (Wales) Regulations	Dentist no longer works at the practice. Nurse and hygienist booked on course February 2017	Gemma Hawkins	28 <sup>th</sup> February 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		2008 14 (1) (b) <i>General Dental Council (GDC) Guidance Standard 1.5.3</i>			
12	Three dentists require their DBS safeguarding checks to be updated.	Health and Care Standards 7.1 Private Dentistry (Wales) Regulations 2008 13.2	1 Dentist no longer works at the practice. 2 Dentists checks completed.	Sarah Webb	Completed
12	The practice must seek advice regarding the radiation control switch identified, to ensure it is safely positioned.	Health and Care Standards Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>General Dental Council and Ionising</i>	Switch moved to inside of surgery by engineer.	Sarah Webb	Completed

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		<i>Radiation (Medical Exposure) Regulations 2000.</i>			
12	Radiation protection refresher training to be arranged for staff in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008 14 (1) (b) <i>General Dental Council and Ionising Radiation (Medical Exposure) Regulations 2000.</i>	All staff accessing online continuing professional development course to complete IRMER by end of February 2017.	Sarah Webb, dental nurse staff, Dentist	28 <sup>th</sup> February 2017
13	The following improvements should be made to patient notes, including	Health and Care Standards 3.3	Feedback and 1 to 1 with Dentists to countersign all medical histories and include	Sarah Webb, Dentists	Completed and ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>the consistent and correct recording of:</p> <ul style="list-style-type: none"> <li>• Medical histories and updates</li> <li>• Smoking cessation advice and mouth cancer screening</li> </ul>	<p>Private Dentistry (Wales) Regulations 2008</p> <p>14 (1) (b)</p> <p><i>General Dental Council (GDC) Guidance Standard 4</i></p>	<p>smoking cessation and oral cancer screening.</p>		
13	<p>The practice should formalise quality assurance arrangements, including regular peer review audits, as a way of increasing learning, sharing best practice and helping to ensure the quality of the care provided.</p>	<p>Health and Care Standards 3.3</p> <p>Private Dentistry (Wales) (Amendment) Regulations 2008 section 16A (1)</p>	<p>Regular meetings and peer reviews to be completed on a monthly basis.</p>	<p>Sarah Webb and Gemma Hawkins</p>	<p>Completed and ongoing</p>
<b>Quality of Management and Leadership</b>					
	None				

**Practice Representative:**

**Name (print): Sarah Webb/Gemma Hawkins**

**Title: Practice Manager**

**Date: 26/1/2017**