

General Dental Practice Inspection (Announced)

Christopher Dalton Dental Surgery

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Christopher Dalton Dental Surgery at 7 Bishops Road, Whitchurch, Cardiff, CF14 1LT on the 31 July 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Christopher Dalton Dental Surgery was meeting the standards necessary to provide safe and effective care.

We found that the patients were treated with respect, the practice had appropriate processes in place to ensure equipment was safe to use and had a range of policies and procedures to ensure care was delivered in a safe and effective manner.

This is what we found the service did well:

- Patients told us they were happy with the service provided
- Equipment and dental surgeries were clean, tidy and well maintained
- A thorough process for cleaning and sterilising dental instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they felt supported by senior practice staff and the wider practice team.

This is what we recommend the service could improve:

- Some information for patients needed to be more clearly displayed
- Arrangements for a feminine hygiene bin to be made available
- More regular checks and recording of emergency drugs and equipment in line with national guidelines
- Confirmation to the Health and Safety Executive of the use of radiographic equipment on site
- Arrangements for clinical peer review
- Aspects of patient record keeping.

3. What we found

Background of the service

Christopher Dalton Dental Surgery is a private only dental practice.

The practice staff team includes a dentist, one dental nurse, a practice manager (who is also a qualified dental nurse) and an administrative employee. Reception duties are shared between the dental nurse and practice manager.

A range of private dental services are provided.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We saw that patients were treated with dignity, respect and kindness by the whole practice team. Patients who provided comments indicated that they were very satisfied with the service offered by the practice.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 13 questionnaires were completed; nearly two-thirds of questionnaires were from patients that had been at the dental practice for more than 2 years. One patient provided additional comment regarding the dental service provided to them:

"Been to surgery for 40 years. Always more than pleased with the dentist"

Staying healthy

We found that the practice had a range of health promotion information leaflets available in the waiting area. This was to help to promote the need for patients to take care of their own health and hygiene.

All patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

The practice displayed 'no smoking' signs throughout the practice which confirmed the emphasis being placed on compliance with smoke free premises legislation.

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. Without exception all patients agreed that they had been treated with respect when visiting the practice.

The practice confirmed they were able to provide privacy to patients if they wanted to discuss personal or confidential information with the dental team, away from other patients.

Patient information

The practice provided a range of private dental treatments. Information on prices for treatment were available for patients to view in a folder in the waiting room. We recommended that for ease of access for patients to view as advised by the General Dental Council¹, the practice should display the price list for dental treatments in a prominent place. The practice agreed to do this.

All patients that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment, and they all agreed that they understood how the cost of their treatment was calculated.

Without exception, all patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options. This meant that patients were able to make an informed decision about their treatment.

All patients that completed a questionnaire told us that they felt involved as much as they wanted to be, in any decisions made about their treatment.

Improvement needed

The practice should prominently display a price list for dental treatments for patients to easily access

Communicating effectively

None of the patients who completed HIW questionnaires confirmed themselves as Welsh speakers, but all respondents said they were able to speak to staff in their preferred language. We saw that some information, namely the practice complaints policy, was also available in Welsh.

Timely care

¹ General Dental Council Standards for the Dental Team <https://standards.gdc-uk.org/>

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed in the window of the practice, on the answer phone message and displayed in the patient waiting area. All patients that completed a questionnaire told us that they knew how to access out of hours dental services.

Individual care

Planning care to promote independence

All patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. However, in a sample of patient records, we did not find that this was consistently documented. This was brought to the attention of the dentist on the day of inspection and a recommendation made to improve the consistency and recording of patient medical histories within patient records.

People's rights

The practice had two dental surgeries, one located on the ground floor, and the second surgery on the first floor that was accessible via stairs. The practice had space for limited patient car-parking directly outside the practice, for those patients with mobility difficulties. The ground floor surgery of the practice was accessible to patients in wheelchairs and/or those with mobility difficulties. There was a toilet available for patients to use, however it was not accessible to patients using wheelchairs. Due to the location of the toilet, it was not possible to include a toilet facility with wheelchair access.

Listening and learning from feedback

We saw that the practice had a written complaints procedure and it was available for patients to read within a folder located in the waiting area. We found that the policy contained references to external bodies who patients could refer their complaints to that were not relevant. We recommended that the practice should review their complaints policy to ensure it has correct and up to date information, and that this should be displayed in a prominent place for patients access. The practice must also include the contact details for HIW within the policy. The practice agreed to make these changes. All patients that completed a questionnaire told us that they knew how to make a complaint about the services they receive should they need to.

We found that the practice had an appropriate and well documented system in place for recording any complaints received, including monitoring any outcomes of actions taken as a result and feeding back to patients. This meant that the practice was learning from concerns with a view to improve practice and patient experience.

We saw that patients were able to provide feedback on the services provided through a feedback box in the waiting area of the practice. We found that the practice had considered any feedback patients had provided and taken steps to address any issues raised.

Improvement needed

The practice should ensure their complaints policy is reviewed to ensure it is correct and up to date; that it contains contact details for HIW and is prominently displayed within the practice for patients to easily view

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

More regular checks on emergency drugs and equipment were needed to ensure adherence to national guidelines.

Improvements were necessary to some aspects of patient record keeping.

A process for clinical peer review was recommended.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice. We found the practice to be well maintained both inside and outside and surgeries were clean, tidy and well organised. There were no concerns given by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months to make sure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the last 12 months, to help ensure equipment was safe to be used.

A contract was in place for the safe transfer and disposal of hazardous (clinical) and household waste produced by the practice. We saw hazardous waste was being stored securely whilst waiting to be collected by the contractor company. The practice did not have suitable facilities for the disposal of feminine hygiene waste, and we recommended that suitable provision for storage and collection of sanitary waste should be arranged. The practice agreed to do this.

Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

Improvement needed

The practice needs to ensure that there are waste disposal facilities available for feminine hygiene waste

Infection prevention and control

The practice had a well equipped designated decontamination room and met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)² policy and guidance document.

Decontamination equipment and cabinets within the decontamination room were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination.

The practice had the use of one autoclave³ and a washer disinfector⁴, which meets with best practice guidance. Whilst we saw inspection certification to

² 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

show the washer disinfectant was safe to use, inspection certification for the autoclave was not available on the day of inspection as the inspection had very recently taken place. We did see confirmation that the inspection had taken place, and requested that a copy of the certificate be sent to HIW when the practice receives it. The practice agreed to do this. We saw that daily checks were being carried out and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show it remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on decontamination. Instruments were being stored in sealed bags to prevent cross contamination.

We found that the practice conducted regular audits of infection control to identify areas for improvement and development as part of the overall quality assurance monitoring activity.

Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse) and were stored in individual sealed bags for ease of access in the event of an emergency. We also saw records showing that the drugs and equipment had been checked regularly and were within their expiry dates. We recommended that the practice ensure that checks on the resuscitation equipment are conducted more regularly in accordance with standards set out by the Resuscitation Council (UK)⁵, to ensure they remained safe to use should they be needed. The practice agreed to do this.

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

⁴ Automatic washer disinfectors are the preferred method of cleaning instruments and medical devices. Critical cycle parameters are fully controlled, repeatable and a record of the cycle is usually available via printout or memory card. The process is fully automated. Washer disinfectors both clean and disinfect consecutively during a process cycle

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.

We saw records to show that staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months. We were also able to confirm that the practice had appointed and trained first aiders in the case of need.

Improvement needed

The practice must ensure that regular checks are carried out and recorded on the emergency drugs and equipment in accordance with the guidelines set out by the Resuscitation Council UK

Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. We saw that all staff had completed training in adult protection. We were unable to see an up to date training for one member of staff in child protection. The practice told us that the individual had completed the training, but an appropriate certificate was not available. We recommended that the practice ensure all training certificates are retained by the practice to confirm that staff are up to date with continuing professional development (CPD) requirements. The practice agreed to do this.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have and were confident these would be acted upon.

Medical devices, equipment and diagnostic systems

We looked at all the clinical facilities (surgeries) within the practice and noted they were clean, tidy and maintained to a high standard. Floors and surfaces within surgeries were easily cleanable to reduce cross infection.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We did not see confirmation that the practice had notified the Health and Safety Executive (HSE) of the use of X-ray equipment on the premises. We were told that this had been done, but no confirmation was available. We recommended that the practice reconfirm to the HSE the use of X-ray equipment on site. The practice agreed to do this. We saw training certificates demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

Improvement needed

The practice must notify the Health and Safety Executive of the use of X-ray equipment in the dental practice

Effective care

Safe and clinically effective care

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included clinical audits, around WHTM 01-05, surgery audits and a disability access audit, to help identify areas for improvement and checks on equipment to make sure it was working effectively.

Quality improvement, research and innovation

The practice did not have a process in place for peer review⁶, which would potentially support the staff in the development of practice improvement. We recommended to the practice that they should implement a process for peer review as a way of identifying practice improvement areas.

⁶ Peer review is one of the gold standards of science and is a process whereby healthcare professionals (“peers”) can evaluate the quality of other professionals' work. This is with the aim of ensuring their practise is rigorous, uses past research with a view to providing the best possible care and treatment.

Improvement needed

The practice should implement a process for clinical peer review

Information governance and communications technology

We noted that the storage of patient files was appropriate to ensure the safety and security of confidential patient data.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. We found that there were areas for improvement to ensure that patient records were sufficiently detailed enough. These were:

- We were told that medical histories were verbally checked at each appointment. However, this was not sufficiently documented within all patient records. Where medical histories had been taken, they were not always signed by the patient or countersigned by the dentist
- Patients' alcohol and tobacco use, together with any health promotion advice, provided was inconsistently recorded. This would demonstrate that an assessment of patient risk of developing oral cancer had been considered and provided advice on how this could be reduced
- Confirmation and the outcomes of BPE (Basic Periodontal Examination) checks were not consistently recorded

The findings were discussed with the dentist in detail and we recommended that they should implement a peer review programme to assist with the development of patient records, as well as introducing a patient record card audit.

In addition, the grading of X-rays was inconsistent, therefore making it difficult for a quality audit to take place.

Improvement needed

The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Private Dentistry Regulations and relevant professional standards.

The practice was owned and managed by one dentist with the support of a practice manager and a well established small, friendly staff team. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior practice staff and their colleagues. They also told us they had opportunities to attend relevant training.

Up to date Disclosure and Barring Service certificates were required.

Governance, leadership and accountability

Christopher Dalton Dental Surgery is owned and managed by one dentist who is supported by a practice manager and small practice team. The day to day management of the practice is undertaken by the dentist and practice manager, who is also a qualified dental nurse. Where we identified areas for improvement, the practice owner demonstrated a commitment to address these quickly.

The practice team was a small yet well established team and staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw records of team meetings that had been held on a regular basis.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients, and that these were reviewed on a regular basis.

Staff and resources

Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. We looked at staff training records and found that most clinical staff had completed training in areas 'highly recommended' by the General Dental Council.

We saw that staff had received an appraisal of their performance within the last year and personal development plans identified as a result of their appraisals.

We found that dentists and nursing staff were registered with the General Dental Council to practise and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. We recommended to the practice that they should obtain and retain the outcomes of staff immunisation to ensure records are complete. The practice agreed to do this.

The dentist working at the practice provided private dental services and we saw their HIW registration certificate displayed as required by the regulations for private dentistry. We found that the Disclosure and Barring Service (DBS) certificate was out of date for the dentist, and we recommended that this must be renewed to ensure compliance with the regulations. The practice agreed to do this.

Improvement needed

The practice must ensure that the dentist working at the practice, and registered with HIW to provide private dental services, has an up to date DBS certificate and that this is made available for inspection by HIW

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Our dental practice inspections are usually announced. Dental practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further details about how HIW inspects [dental practices](#) and [independent healthcare services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Christopher Dalton Dental Surgery

Date of inspection: 31 July 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Christopher Dalton Dental Surgery

Date of inspection: 31 July 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should prominently display a price list for dental treatments for patients to easily access	General Dental Council Standards for the Dental Team 2.4.1	Price list has been displayed on the waiting room notice board	Gaynor Dalton	Immediately post inspection
The practice should ensure their complaints policy is reviewed to ensure it is correct and up to date; that it contains contact details for HIW and is prominently displayed within the practice for patients to easily view	The Private Dentistry (Wales) Regulations 2008 (as amended)	Complaints policy has been reviewed and now contains contact details for HIW and also displayed on the waiting room notice board.	Gaynor Dalton	Immediately post inspection

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 15(2) General Dental Council Standards for the Dental Team, Standard 5.1			
Delivery of safe and effective care				
The practice needs to ensure that there are waste disposal facilities available for feminine hygiene waste	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (2)	Feminine hygiene waste container has now been added to our contract with SRCL	Gaynor Dalton	From August collection
The practice must ensure that regular checks are carried out and recorded on the emergency drugs and equipment in accordance with the guidelines set out by the Resuscitation Council	The Private Dentistry (Wales)	Regular checks are being done weekly and daily as set by the Resuscitation Council	Gaynor Dalton	Immediately post inspection

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
UK	Regulations 2008 (as amended) Regulation 14 (2) and 14 (3)(b)			
The practice must notify the Health and Safety Executive of the use of X-ray equipment in the dental practice	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1) (b)	HSE not able to find my original notification of the use of X-rays at this address because of time scale (1976) and centralisation of records. Thus new notification electronically sent to HSE and I am awaiting their acknowledgement.	C Dalton	Immediately post inspection
The practice should implement a process for clinical peer review	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14	To be carried out in conjunction with Professor Edward Lynch and colleagues	C Dalton	From September onwards 2017

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	(1)(b) and 14 (2)			
The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1) (b) General Dental Council Standards for the Dental Team, Standard 4	All recommendations given by the inspecting officers on the day and in the report are being implemented immediately. They both commented during the inspection this was a positive outcome.	C Dalton	Started on day of inspection
Quality of management and leadership				
The practice must ensure that the dentist working at the practice, and registered with HIW to provide private dental services, has an up to date DBS certificate and that this is made	The Private Dentistry (Wales)	In the process of obtaining an up to date DBS certificate which will be sent to HIW as soon as it is received.	C Dalton	Soon as possible

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
available for inspection by HIW	Regulations 2008 (as amended) Regulation 13 schedule 2			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Christopher Dalton

Job role: Practice Principle

Date: 23/08/2017