

**General Dental Practice  
Inspection (Announced)**  
Cardiff and Vale University  
Health Board, Charles  
Street Dental Surgery

19 March 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Charles Street Dental Practice, 54 Charles Street, Cardiff, CF10 2GF within the area served by Cardiff and Vale University Health Board on 19 March 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

Charles Street Dental Surgery provides services to patients in the city centre area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

Charles Street Dental Surgery is a mixed practice providing both private and NHS dental services. A range of general dental services are provided to adults and children including examination, periodontal treatments, extraction, crowns/veneers/bridgework, sedation, dentures, visiting implant surgeon, tooth coloured fillings and cosmetic work/teeth whitening.

The practice employs a staff team which includes three dentists, four dental nurses, one dental nurse in training and one practice manager/receptionist.

As Charles Street Dental Practice 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 Charles Street Dental Practice meets the standards of care set out in *Doing Well, Doing Better: Standards for Health Services in Wales*.

Without exception patients told us they were extremely satisfied with the practice and the standard of care. Patients told us staff were welcoming and gave them detailed information about their treatment. Certain aspects of the complaints procedure and capturing patients' feedback required improvements.

Overall, we found care and treatment was planned and delivered with the intention of delivering a safe service to patients. Clinical facilities were clean and tidy with all relevant equipment to treat patients safely. Appropriate arrangements were in place for medical emergencies and waste disposal and decontamination procedures were robust. We made recommendations around radiographic equipment, emergency drugs and patient records.

We found that the practice was being run with the intention of providing safe, patient centred services. However, there were aspects of the management and leadership that required improvements to ensure that staff, and the practice as a whole, met ongoing requirements to work safely. On the day of the inspection we found that full staff and practice records could not be located and we could not be assured that there were robust administrative systems in place for managing all aspects of the practice and staff team. Therefore, the practice should improve their systems for checking that staff records and other required documentation are up to date, monitored to ensure compliance, and accessible.

We found the practice provided a safe and welcoming environment for patients to receive treatment.

## 5. Findings

### *Patient Experience*

**Without exception patients told us they were extremely satisfied with the practice and the standard of care. Patients told us staff were welcoming and gave them detailed information about their treatment. Certain aspects of the complaints procedure and capturing patients' feedback required improvements.**

We sent patient questionnaires to the practice and 22 patients had completed these prior to our inspection. We also spoke with three further patients on the day. The patients had been registered at the practice between four to 52 years.

All patients told us they were satisfied with the treatment they had received at the practice and all patients said they were made to feel welcome by staff. Patients also told us they did not experience any delay in being seen by the dentist. A sample of patient comments included the following:

*"They have always proven to be very accommodating and helpful throughout my visits to the surgery. The fact that I have been a patient with the practice for 30 years is testament to the efficient, professional service they offer".*

*"Always incredibly helpful and polite. Excellent service".*

*"The dentists and all the staff are very friendly. The best practice I have ever been to, you are put at ease as soon as you walk through the door".*

*"...first class treatment".*

When we asked patients about treatment information, all patients said the dental team explained the treatment they needed in enough detail. Patient comments included the following about treatment information;

*"Always kept well informed"*

*"During and after treatments I am informed about procedures what I have had done and what I will have done on next appointment".*

*"Well explained".*

*"Questions always answered".*

The majority of patients knew how to access out of hours services. We checked the practice's answerphone message outside of office hours and found that out of hours information was recorded. Out of hours information was also available in the patient information leaflet.

The practice offered both routine and emergency appointments. The practice was open extended hours, until 7pm on Thursdays every week. This meant patients who worked, or had other commitments during the day, could access appointments outside of their working hours.

The majority of patients knew how to make a complaint, should the need arise. However, patients indicated that they were extremely satisfied with services and had no complaints. We saw that the complaints procedure was displayed in waiting areas. The patient information leaflet advised patients to request a copy of the complaints procedure from staff at the practice.

We looked at the complaints procedures in detail. We found that the practice had made the separate arrangements for NHS and private patients clear and indicated the correct timescales for managing complaints according to recognised guidance and legislation. We found two details that needed to be added to the NHS complaints procedure to ensure it was fully compliant with the 'Putting Things Right'<sup>2</sup> requirements for NHS patients. Under these arrangements the contact details for the local health board should be stated and information about how patients could access complaints advocacy through their Community Health Council included.

### ***Improvement needed***

***The practice should ensure that the NHS complaints procedure includes the contact details for the local health board and details for the Community Health Council.***

We saw that information in the practice information leaflet invited patients to give feedback to the practice. This referred to a new patient questionnaire. However, staff told us patient surveys were last carried out 4 years ago. There was a patient suggestion box in the surgery and we observed patients giving some informal feedback to staff on the day of the inspection. Staff told us they did not have a system to capture informal feedback or concerns.

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<sup>2</sup> **Putting Things Right** aimed to make it easier for patients and carers to raise concerns. It introduced a single more integrated approach bringing together the management of complaints, incidents and claims, based on the principle of 'investigate once, investigate well'.

***Improvement needed***

***The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.***

There was a range of health promotional material available within clinical areas. Practice information leaflets were available to patients and gave a summary of useful information.

There was a low staff turnover and most of the staff had been working at the practice for many years. This meant patients received continuity in their care, receiving care from the same staff.

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

Overall, we found care and treatment was planned and delivered with the intention of delivering a safe service to patients. Clinical facilities were clean and tidy with all relevant equipment to treat patients safely. Appropriate arrangements were in place for medical emergencies and waste disposal and decontamination procedures were robust. We made recommendations around radiographic equipment, emergency drugs and patient records.

### **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 was available. Staff had attended ionising radiation training. A notification letter as required by the Health and Safety Executive to inform them the practice was using radiographic equipment was not available.

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

***The practice must ensure the Health and Safety Executive has been notified about the radiographic equipment used at the practice.***

The practice had not carried out quality assurance audits for radiographic equipment but was able to show us the forms for a planned future audit.

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

***The practice must conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations 2000.***

### **Resuscitation and First Aid**

We found that all staff had received up to date CPR/resuscitation and first aid training. Staff had access to appropriate resuscitation equipment in the event of medical emergencies (collapse) which was clearly labelled for ease of access. A resuscitation policy was in place and procedures were displayed.

### **Emergency drugs**

Emergency drugs were stored securely and were easily accessible by staff in an emergency, except for the midazolam which was stored off the premises.

***Improvement needed***

***The practice must ensure midazolam is stored securely on the premises in accordance with requirements.***

Prescription pads were not stored securely to prevent unauthorised access and use.

***Improvement needed***

***The practice must ensure prescription pads are stored securely in accordance with requirements.***

There was a system in place for monitoring the expiry dates of drugs and all drugs seen were in date.

Staff told us there was no policy, procedure or system in place for responding to, or reporting, adverse reactions to drugs as this had not been needed. This meant patients could potentially be at risk and staff did not have a consistent approach to follow, should a patient respond adversely to drugs administered.

***Improvement needed***

***The practice must ensure there is a system in place for responding to and reporting adverse reactions to drugs.***

**Handling, storage and disposal of hazardous and non-hazardous waste**

Waste was handled, stored and disposed of appropriately at the practice and a current clinical waste disposal contract was in place. There was a policy and procedure in place for the safe handling of amalgam (mercury).

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

The practice had a dedicated room for the cleaning and sterilisation of dental instruments linked to, and accessible directly by, all surgeries. Only one sink was available in the decontamination room so staff used dedicated hand washing sinks in surgeries which led straight into the decontamination room. Suitable processes were in place to protect patients from cross infection and appropriate personal protective equipment for staff was available.

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

We found that all staff conducting decontamination procedures had received appropriate training to demonstrate competency in their duties.

We saw that the practice had conducted audits of its infection control requirements. Plans were in place to improve and potentially refurbish the decontamination room.

### **Clinical facilities**

We looked at the clinical facilities in each of the surgeries and found them to be clean and tidy with all relevant equipment for the safety of patients and staff. X-ray equipment was set up to be safely used. There were sufficient dental instruments within surgeries which were safely stored. Disposable items were used where appropriate.

We saw that the compressor (device used to compress air for use during dental procedures) had been inspected and regular servicing and sufficient checks took place.

Instruments were stored appropriately and were used within the specified time of processing to ensure they were clean when used.

We saw documentation that showed dental equipment was maintained and inspected in line with requirements.

### **Patient records**

We looked in detail at a sample of fourteen patient records. Overall, the patient records at the practice were satisfactory. We found excellent records for periodontal (gum disease) assessment and treatment.

We found recording of medical histories was intermittent in patient notes.

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

***The practice must ensure that medical histories are obtained, updated and recorded every time a patient is treated.***

Although we found consent forms for extractions and root canal treatment we did not find consistent recording of consent for general dental treatment.

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

***The practice must ensure that dentists consistently document the consent of the patient has been obtained.***

We saw that smoking cessation advice was not always recorded as being offered to patients where this was appropriate.

***Improvement needed***

***The practice must ensure that appropriate oral health advice around smoking cessation is given to patients where appropriate and that this is recorded.***

Treatment plans were given verbally to patients. We advised the practice they should provide written treatment plans to patients as best practice, in line with GDC Standard 2.3.6.

## ***Management and Leadership***

**We found that the practice was being run with the intention of providing safe, patient centred services. However, there were aspects of the management and leadership that required improvements to ensure that staff, and the practice as a whole, met ongoing requirements to work safely. On the day of the inspection we found that full staff and practice records could not be located and we could not be assured that there were robust administrative systems in place for managing all aspects of the practice and staff team. Therefore, the practice should improve their systems for checking that staff records and other required documentation are up to date, monitored to ensure compliance, and accessible.**

The practice was family run and the current owner had taken over in 1980. The practice provides approximately one third of its services to NHS patients, one third of services through a private insurance based scheme and one third to private patients. A practice manager was responsible for the day to day running of the practice. Staff told us they were comfortable in raising concerns with management and directly with dentists.

All dentists were registered with the General Dental Council (GDC) and we were told all clinical staff had indemnity insurance cover although not all records were available on the day. This meant we could not be assured from the documentation provided on the day that all staff had indemnity insurance cover.

### ***Improvement needed***

***The practice must ensure all clinical staff have indemnity insurance cover.***

We found one dentist who was providing a small amount of private dentistry was registered with HIW, but not at this practice. We advised the practice that the dentist should provide updated details to HIW as soon as possible to ensure they were correctly registered.

### ***Improvement needed***

***Dentists working at the practice and registered with HIW to provide private dental services must inform HIW of changes as required by Regulation 18 of the Private Dentistry (Wales) Regulations 2008.***

We saw that certificates for each of the dentists confirming their registration were available, but not on display, at the practice, as required through the Private Dentistry (Wales) Regulations.

***Improvement needed***

***The practice must ensure certificates of registration to undertake private work are kept affixed in a conspicuous place in line with the regulations.***

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

***Improvement needed***

***All dentists providing private dentistry require DBS checks to be carried out every three years. The practice must ensure they comply with this.***

We saw some hepatitis B immunity records for clinical staff, however, these records were not available for all staff members on the day. This meant that from the documentation we saw on the day of the inspection, we could not be assured that all staff members were sufficiently protected against blood-borne viruses.

***Improvement needed***

***The practice should ensure that all clinical staff have appropriate vaccinations to protect against blood-borne viruses and that records are kept and monitored.***

We found that the health and safety poster was on display for staff but did not include the contact details for health and safety representatives or contact details. We suggested the practice add these contact details to the poster for ease of use.

Staff members told us annual appraisals had recently been started at the practice and we saw some records for staff dated February and March 2015. Where we saw records these were detailed and covered a range of relevant topics. Records of appraisals were not available for all staff.

***Improvement needed***

***The practice should ensure that records of appraisals are maintained for all staff and appraisals are carried out regularly.***

We found evidence of continued professional development completed by clinical staff. Staff told us they had training opportunities relevant to their role.

### **Policies and Procedures**

Overall, we found the practice had a range of relevant policies, procedures and maintenance certificates in place, most of which had been recently updated. There were several policies dated 2007 and 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 new policies, which would demonstrate staff were aware of them.

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

***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.***

There was a COSHH file in place but this wasn't complete and up to date.

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

***The practice must ensure COSHH assessments are updated on an ongoing basis.***

There was a gas supply on the premises and we requested the gas maintenance certificate. Staff were unable to locate this. Therefore we could not be assured from the evidence we gathered on the day of the inspection that gas supplies were being satisfactorily maintained.

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

***The practice must ensure gas supplies are maintained in line with requirements. The practice must provide HIW with a copy of the gas maintenance certificate.***

We found evidence that some staff had completed training in the protection of vulnerable adults. Staff told us they had not completed training in child protection but training was planned. A child protection policy was available at the practice although this did not include local contact details. A written protection of vulnerable adults (POVA) policy was not in place at the practice. This meant staff did not have an agreed written process to follow should staff suspect someone they treated of being abused.

***Improvement needed***

***The practice should ensure there is a protection of vulnerable adults policy in place, with local contact details and that all staff are aware of it. Local contact details should be added to the child protection policy. All staff should receive training in child and adult protection.***

Staff told us they had informal team meetings and discussions. We saw one sample of notes from a meeting in November 2014. We suggested the practice improve their recording of meetings so that clear records of discussions could be seen.

The practice had suitable arrangements for the recording of accidents and incidents.

The practice manager, responsible for managing complaints, was not available on the day of the inspection to discuss the procedure with us. Staff we spoke with on the day told us complaints were recorded and we saw blank templates, but no evidence of a central log and records being kept. Staff did not know whether verbal and informal concerns were captured.

***Improvement needed***

***The practice should ensure that complaints records, for both formal and informal complaints are recorded.***

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 practice provided a safe and welcoming environment for patients to receive treatment.**

The practice was located in the city centre of Cardiff. The practice had three surgeries all on the ground floor. Paid car parking was available in city centre car parks.

The practice was located on the ground floor and access was via some small steps at the front. There was alternative access for wheelchair users and patients with mobility difficulties at the rear of the property.

There was a sign outside the practice with the names and qualifications of two of the dentists. We suggested the practice update this with the names of all three dentists providing services at the practice. Price lists for both NHS and private patients were clearly displayed in the reception area.

We found the practice to be satisfactorily maintained internally and externally. The practice had male and female toilets available for patient use at the rear of the property. These were visibly clean and contained suitable hand washing facilities to prevent cross infection. The waiting area was a suitable size for the number of surgeries. The waiting room contained reading materials and toys and books for children.

The fire exit was signposted and fire extinguishers had undergone recent inspection. Appropriate security measures were in place to prevent unauthorised access to the building.

The practice used paper records and had taken precautions to ensure records were stored in an area not accessible to patients. We suggested the practice could further improve record security by locking filing cabinets in these areas.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of improvements identified 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 Charles Street Dental Surgery 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: Charles Street Dental Practice**

**Date of Inspection: 19 March 2015**

<b>Page Number</b>	<b>Improvement Needed</b>	<b>Practice Action</b>	<b>Responsible Officer</b>	<b>Timescale</b>
	<b>Patient Experience</b>			
7	The practice should ensure that the NHS complaints procedure includes the contact details for the local health board and details for the Community Health Council.  [Putting Things Right 2011]			
8	The practice should develop a robust method of gaining patient views and feedback to regularly assess the quality of the service provided.  [Doing Well, Doing Better: Standards for Health Services in Wales standard 5a-c; GDC			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Standards 2.1]			
<b>Delivery of Standards for Health Services in Wales</b>				
9	<p>The practice must ensure the Health and Safety Executive has been notified about the radiographic equipment used at the practice.</p> <p>[Doing Well Doing Better: Standards for Health Services in Wales standard 1b, Ionising Radiation Regulations 1999 (IRR99) regulation 6]</p>			
9	<p>The practice must conduct quality assurance audits for radiographic equipment as required in the Ionising Radiation (Medical Exposure) Regulations.</p> <p>[Doing Well Doing Better: Standards for Health Services in Wales standard 6a; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000]</p>			
10	<p>The practice must ensure midazolam is stored securely on the premises in accordance with requirements.</p> <p>[Doing Well Doing Better: Standards for Health Services in Wales standard 4, 15a]</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
10	<p>The practice must ensure prescription pads are stored securely in accordance with requirements.</p> <p>[Doing Well Doing Better: Standards for Health Services in Wales standard 15a]</p>			
10	<p>The practice must ensure there is a system in place for responding to and reporting adverse reactions to drugs.</p> <p>[Doing Well Doing Better: Standards for Health Services in Wales standard 15c]</p>			
11	<p>The practice must ensure that medical histories are obtained, updated and recorded every time a patient is treated.</p> <p>[GDC Standards 4.1.1]</p>			
11	<p>The practice must ensure that dentists consistently document the consent of the patient has been obtained.</p> <p>[GDC Standards 4.1.2]</p>			
12	<p>The practice must ensure that appropriate oral health advice around smoking cessation is given to patients where appropriate and that this is recorded.</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Doing Well Doing Better: Standards for Health Services in Wales standard 8b, GDC Standards 1.4.2]			
<b>Management and Leadership</b>				
13	The practice must ensure all clinical staff have indemnity insurance cover. [GDC Standards 1.8]			
13	Dentists working at the practice and registered with HIW to provide private dental services must inform HIW of changes as required by Regulation 18 of the Private Dentistry (Wales) Regulations 2008. [Private Dentistry (Wales) Regulations 2008]			
14	The practice must ensure certificates of registration to undertake private work are kept affixed in a conspicuous place in line with the regulations. [Private Dentistry (Wales) Regulations 2008]			
14	All dentists providing private dentistry require DBS checks to be carried out every three years. The practice must ensure they comply with this.			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	[Private Dentistry (Wales) Regulations 2008 Regulation 13]			
14	The practice should ensure that all clinical staff have appropriate vaccinations to protect against blood-borne viruses and that records are kept and monitored. [GDC Standards 1.5.2]			
14	The practice should ensure that records of appraisals are maintained for all staff and appraisals are carried out regularly. GDC Standards 6.6.1			
15	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. [Doing Well, Doing Better: Standards for Health Services in Wales standard 25e]			
15	The practice must ensure COSHH assessments are updated on an ongoing basis. [Doing Well, Doing Better: Standards for			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Health Services in Wales standard 16a, Control of Substances Hazardous to Health Regulations 2002 (COSHH)]			
15	The practice must ensure gas supplies are maintained in line with requirements. [Gas Safety (Installation and Use) Regulations 1998]			
16	The practice should ensure there is a protection of vulnerable adults policy in place, with local contact details and that all staff are aware of it. Local contact details should be added to the child protection policy. All staff should receive training in child and adult protection. [General Dental Council Standards 8.5; Doing Well, Doing Better: Standards for Health Services in Wales standards 11c ]			
16	The practice should ensure that complaints records, for both formal and informal complaints are recorded. [Doing Well, Doing Better: Standards for Health Services in Wales standard 23, GDC Standards 5.1.7]			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Quality of Environment			
	None			

**Practice Representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....