

**General Dental Practice  
Inspection (Announced)**  
Cardiff and Vale University  
Health Board, PD Care  
Limited

27 August 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to PD Care Limited at 31 Kenmare Mews, Cardiff within the area served by Cardiff and Vale University Health Board on 27 August 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. 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>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</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 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

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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.

### 3. Context

PD Care Limited provides services to patients in Cardiff and the surrounding areas. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

PD Care Limited is a mixed practice providing mainly NHS and some private dental services.

The practice staff team includes one dentist, one nurse and one practice director/receptionist.

A range of general dental services are provided.

## 4. Summary

HIW explored how PD Care Limited meets the standards of care set out in the Health and Care Standards (April 2015).

Patient feedback to HIW questionnaires was positive. All patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. We recommended the practice develop a system for regularly gaining patient views as a way of continually assessing the quality of the service provided.

Overall, we found care and treatment was planned and delivered safely to patients. We found that the surgery was visibly clean and tidy. We recommended improvements to the system for checking the resuscitation equipment and emergency medication to ensure this was safe for use. We also recommended the practice conduct x-ray audits to ensure image quality and install radiation warning signs in controlled areas. We found patient record keeping was appropriate.

The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients, but we identified some improvements were needed to policies. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team.

We recommended the practice should formalise quality assurance arrangements, including the conduction of audits and peer review. We also recommended the practice should formalise arrangements for all staff to have appraisals, including the principal dentist and records of this should be maintained.

We found the practice was visibly well maintained to provide a safe environment for patients to receive treatment. Access to the practice is generally suitable for wheelchair users.

## 5. Findings

### *Patient Experience*

**Patient feedback to HIW questionnaires was positive. All patients told us they were satisfied with the service they received from the dental practice and that they were given enough information about their treatment. We recommended the practice develop a system for regularly gaining patient views as a way of continually assessing the quality of the service provided.**

Before the inspection, the practice was asked to give out HIW questionnaires to obtain patient views of the dental services provided. Nineteen patient questionnaires were completed prior to the date of inspection. Overall, patient feedback was positive. All patients said they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. The majority of patients told us they did not experience any delay in being seen by the dentists. A sample of patient comments (with the permission of those who completed the HIW questionnaires) included the following:

*“The practice is always very helpful, can always find appointments to suit my schedule and explain what treatment is required. I am extremely happy with the service I receive.”*

*“Very happy with this practice. They endeavour to accommodate me when necessary. Excellent levels of communication regarding check-ups and appointment reminders.”*

*“Always given time by the dentist and adequate details of what is being done. Never feel rushed. Always explains to our children and speaks directly, which is very much appreciated. Happy all round!”*

*“All members of staff are always helpful and easy to approach...”*

All patients said they received enough information about their treatment. The majority of patients said they knew how to access out of hours dental services. We confirmed there was an emergency contact number provided on the practice’s answer phone message and displayed outside the practice.



There was a flexible appointment system in place enabling appointments to be booked both in advance and on an emergency basis. There were patient information leaflets available in the reception area detailing appointment and payment information. The practice did not have a website, but basic contact details were available through the health board website.

We found there was good health promotion information provided to patients through poster displays, pictures and via education DVDs of how patients can improve their oral health shown on the TV screen in the waiting area. We were told that during school holidays, health promotion was tailored towards children, which is noteworthy practice. This means patients at the practice are supported to take responsibility for their own health.

The practice had a suggestions box and blank paper for patients to write feedback, but did not have a comprehensive method for regularly seeking patients' views, such as by conducting patient questionnaires.

***Improvement needed***

***The practice should develop a comprehensive system of regularly obtaining patient views, such as through patient questionnaires, in order to monitor the quality of the service provided.***

When we asked about the complaints process, the majority of patients said they knew how to make a complaint. We saw that the complaints procedure was displayed in the patient waiting area.

## *Delivery of Health and Care Standards*

**Overall, we found care and treatment was planned and delivered safely to patients. We found that the surgery was visibly clean and tidy. We recommended improvements to the system for checking the resuscitation equipment and emergency medication to ensure this was safe for use. We also recommended the practice conduct x-ray audits to ensure image quality and install radiation warning signs in controlled areas. We found patient record keeping was appropriate.**

### **Clinical facilities**

We looked at the clinical facilities of the surgery at the practice and found it contained relevant equipment for the safety of patients and staff. The surgery was visibly clean and tidy.

We saw evidence that portable appliance testing (PAT) had been conducted to check that small electrical appliances were fit for purpose and safe to use. We also looked at the checks conducted on the machine that provides compressed air to the surgeries (compressor) and found this had been serviced. However, there was no recorded evidence of daily/regular checks being performed in accordance with the manufacturer's guidelines.

### ***Improvement needed***

***Regular checks of the compressor machine (in accordance with the manufacturer's guidelines) should be recorded.***

### **Decontamination of instruments**

The practice had a small dedicated room for the cleaning and sterilisation of dental instruments. The process/flow of cleaning instruments was not ideal, but we were shown plans for improvements to be made to the layout of the decontamination room. Overall, we found there were suitable processes in place to prevent patients from cross infection. There was also a system to ensure that instruments were used within the recommended storage period.

We saw that there were log books completed for the daily testing and maintenance of cleaning equipment, to help ensure instruments could be cleaned effectively.

There was a dedicated hand washing sink to help with infection control. We also saw evidence that staff had individual records of decontamination training. The practice conducted an infection control audit.

## **Waste disposal**

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

## **Radiographic (x-ray) equipment**

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment. Relevant documentation, including safety checks, maintenance and testing were available. We saw evidence that the dentist had conducted appropriate training on ionising radiation. We found that while x-ray images were graded for quality, radiographic audits were not performed.

### ***Improvement needed***

***The practice should conduct regular radiographic audits.***

We also noticed that radiation exposure warning signs to identify controlled areas were not displayed; specifically, this was missing from the door to the surgery. The Ionising Radiations Regulations 1999 state that in addition to describing controlled areas in local rules, there should be suitable and sufficient signs displayed giving warning of radiation controlled/supervised areas. The practice agreed to correct this.

### ***Improvement needed***

***The practice should ensure suitable radiation warning signs are in place.***

## **Medical emergency equipment and medication**

Staff had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. The practice had a resuscitation policy detailing the procedure for staff to follow which had recently been updated. We saw that the resuscitation equipment and emergency medication was in date and safe for use. However, the pads on the emergency defibrillator had expired. We were shown a chart which included the dates that medication expired, but there was no evidence that regular checks of medication and resuscitation equipment were performed, as this was not recorded.

### ***Improvement needed***

***The practice should ensure that regular (weekly) checks are performed and recorded on all resuscitation equipment and emergency medication to ensure it is safe for use.***

***The expired defibrillator pads must be replaced.***

We saw evidence that staff at the practice had received training on how to deal with medical emergencies and there was an appointed first aider. We noticed that the training for the dentist had expired in August 2015, but we were shown evidence that they planned to attend a course in September 2015. We advised the practice to ensure in future that the resuscitation training does not expire, as this is important to help ensure they can respond appropriately in a medical emergency.

### **Patient records**

We looked in detail at a sample of five patient records for the dentist. Overall, we found the record keeping was appropriate.

We advised the dentist to ensure that oral cancer screening information was explained to patients (including their risk of oral cancer) and recorded in patient notes, as part of good practice.

We were told that all patients requiring treatment were provided with treatment plans. Due to the limited space at the practice for storage, completed treatment plans were sent weekly to a secure storage facility, so we were not able to access these during the inspection.

## ***Management and Leadership***

**The practice had a range of relevant policies and procedures in place with the intention of providing safe care to patients, but we identified some improvements were needed to policies. Through observations on the day of inspection, we saw the practice was being efficiently run and staff worked effectively together as a team.**

**We recommended the practice should formalise quality assurance arrangements, including the conduction of audits and peer review. We also recommended the practice should formalise arrangements for all staff to have appraisals, including the principal dentist and records of this should be maintained.**

The practice is independently owned by the principal dentist and practice director. The building is part of a health centre complex and is leased from the partners of the general practice who own the complex.

The practice director was responsible for day-to-day running of the practice. We saw the practice was being run efficiently and staff worked effectively together as a team.

We found the practice had a range of relevant policies, procedures and maintenance certificates in place and there was a suitable system to ensure these policies were regularly reviewed and staff were aware of them. However, we found that there was no freedom of information act compliance document and the whistleblowing policy needed to be updated with the arrangements for staff to contact independent organisations. This is particularly important due to the small staff team at the practice, because in a small group environment staff may feel uncomfortable in raising concerns. We also advised the practice to ensure that all policies are appropriately tailored for use at the practice.

### ***Improvement needed***

***The practice must develop a freedom of information act compliance document/policy.***

***The whistleblowing policy should be updated with details of arrangements for staff to contact independent organisations.***

We were told that staff talked about any issues on a daily basis and formal practice meetings were conducted approximately every two months. We saw meeting notes from recent meetings, but we advised the practice to record

more details of discussions and agreed actions, so that this could be referred to at a later date.

We looked at the arrangements for appraisals at the practice and we were told that the dentist conducted an appraisal for the nurse, but this was not recorded. There was no arrangement for the dentist to have an appraisal and we recommended that the practice address this. Appraisals are important to ensure the competency of staff and to identify any training needs.

***Improvement needed***

***The practice should formalise arrangements for all staff to have appraisals, including the principal dentist and records of this should be maintained.***

We were told that all new staff, including agency staff were given an induction. We saw evidence of the induction completed for the nurse, but this was not recorded for agency staff and we advised the practice to record agency staff inductions in future. We were told that agency staff were used when the nurse was unavailable and that the practice director requested evidence of their training and certificates to ensure that staff were competent.

We looked at the clinical governance arrangements at the practice. We found there were very few audits conducted and there were no formal arrangements for peer review to help ensure the quality of the care provided. This is particularly important as the dentist and nurse were working alone and did not have the benefit of collaboration with other dental professionals.

***Improvement needed***

***The practice should formalise quality assurance arrangements, including the conduction of audits and peer review.***

We saw examples of personal continuing professional development (training) completed by staff at the practice, which showed that staff had access to training opportunities relevant to their role. We also found that staff had received recent training in both adult and child protection.

We found that the dentist was registered with HIW to provide private dentistry and an up-to-date certificate was displayed at the practice.

At the time of our inspection, we found the dentist did not have a Disclosure and Barring Service (DBS) certificated dated within the last three years in line with the regulations for private dentistry. We were told that an updated DBS certificate had been applied for. Whilst not mandatory for practice staff, an updated DBS certificate had also been requested for the nurse.

The practice had suitable arrangements for the recording of accidents and incidents. However, we found that the completed accident records had not been removed from the accident book in order to protect the confidentiality of information.

***Improvement needed***

***All completed accident records should be removed from the accident book to protect the confidentiality of staff and patient information.***

We were told that the practice had arrangements for occupational health support through the health board. We saw records to show that clinical staff had received appropriate vaccinations to protect them against blood-borne viruses. We also advised the practice to ensure that additional checks are in place for any new clinical staff regarding Hepatitis B, Hepatitis C and HIV, in accordance with the guidance for the NHS on health clearance for healthcare workers issued by the Welsh Government.

We looked at how patient complaints were handled at the practice and we found there were suitable arrangements for recording and responding to them. We saw that complaint correspondence was kept together in a paper file. We were told that verbal and informal complaints were not recorded and we advised the practice to capture this to ensure that any themes emerging were identified and addressed.

We found the complaints process complied with arrangements in the NHS patient complaints procedure known as 'Putting Things Right' and the private dentistry regulations. The policy gave a list of relevant organisations for patients to contact in the event they had a complaint, including HIW, the health board, Public Services Ombudsman for Wales and the Community Health Council.

## *Quality of Environment*

**We found the practice was visibly well maintained to provide a safe environment for patients to receive treatment. Access to the practice is generally suitable for wheelchair users.**

The practice is located in a residential area of Cardiff, within a health centre complex. The practice has two surgeries, but at the time of inspection only one surgery was in use. There is limited dedicated car parking and disabled parking outside the practice.

Access to the practice is generally suitable for wheelchair users, although there is limited space in the reception/waiting area which may pose some difficulties for manoeuvring larger wheelchairs.

A tour of the building confirmed the practice was visibly well maintained. The practice is compact in size, with two surgeries, a reception/waiting area, a small decontamination room, a storage cupboard and a unisex patient/staff toilet. All areas were visibly clean, tidy and satisfactorily lit throughout.

There was a sign outside the practice with the opening hours, emergency contact number and the name and qualifications of the dentist. A price list for both NHS and private treatment was displayed in the waiting area.

The fire exits were signposted and fire extinguishers had been appropriately inspected. Detailed examination of other fire protection systems was not part of this inspection; however, it is the responsibility of the practice to ensure that suitable measures and systems are in place to protect staff and patients in the event of a fire.

We found there were suitable arrangements in place to ensure that patient records were stored securely and backed-up appropriately.



## 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 PD Care Limited 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: PD Care Limited**

**Date of Inspection: 27 August 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
7	The practice should develop a comprehensive system of regularly obtaining patient views, such as through patient questionnaires, in order to monitor the quality of the service provided. [Health and Care Standards 6.3]	Survey template drafted and issued to patients. Staff informed of the survey in a staff meeting.	Practice Director	1 Week
<b>Delivery of Health and Care Standards</b>				
8	Regular checks of the compressor machine (in accordance with the manufacturer's guidelines) should be recorded. [Health and Care Standards 2.9]	Schedule compiled to facilitate tick box compliance.	Dentist	1 Week

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
9	The practice should conduct regular radiographic audits. [Health and Care Standards 2.9; Ionising Radiation (Medical Exposure) Regulations 2000]	Dentist to carry out regular radiographic audits.	Dentist	3 Months
9	The practice should ensure suitable radiation warning signs are in place. [Health and Care Standards 2.1; Ionising Radiations Regulations 1999 - 18 (1) (a) and (ii)]	Signs acquired and fixed to doors.	Practice Director	1 Week
10-11	The practice should ensure that regular (weekly) checks are performed and recorded on all resuscitation equipment and emergency medication to ensure it is safe for use. The expired defibrillator pads must be replaced. [Health and Care Standards 2.9; General Dental Council Standards 6.6.6; UK Resuscitation Council - Primary dental care guidelines]	Check lists drawn up and checking commenced on a weekly basis. Staff informed at meeting.  Defibrillator pads replaced.	Practice Director  Practice Director	1 Week
<b>Management and Leadership</b>				

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
11	<p>The practice must develop a freedom of information act compliance document/policy.</p> <p>The whistleblowing policy should be updated with details of arrangements for staff to contact independent organisations.</p> <p>[Health and Care Standards 7.1; Freedom of Information Act 2000 ]</p>	<p>Policy compiled and discussed in meeting with staff.</p> <p>Policy updated and discussed in meeting with staff.</p>	<p>Dentist</p> <p>Practice Director</p>	<p>1 Day</p> <p>1 Week</p>
12	<p>The practice should formalise arrangements for all staff to have appraisals, including the principal dentist and records of this should be maintained.</p> <p>[Health and Care Standards 7.1; Private Dentistry Regulations Section 14(2); General Dental Council Standards 6.6]</p>	<p>Plans to effect formal written appraisals instead of verbal appraisals of staff and records maintained introduced. Staff informed of this change in staff meeting</p> <p>Peer appraisals to be introduced.</p>	Dentist	3 months
12	<p>The practice should formalise quality assurance arrangements, including the conduction of audits and peer review.</p> <p>[Health and Care Standards 3.1 and 3.3]</p>	Dentist to contact dental post graduate department for assistance in accessing groups to discuss reviews.	Dentist	3 months
13	<p>All completed accident records should be removed from the accident book to protect the confidentiality of staff and patient information.</p> <p>[Health and Care Standards 3.5; Data</p>	Removed the “offending” documents.	Practice Director	Immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Protection Act 1998]			
	<b>Quality of Environment</b>			
	-			

**Practice Representative:**

**Name (print):**        **Royston Richard Liddle**

**Title:**                **Dentist**

**Date:**                **11 October 2015**