

**General Dental Practice
Inspection (Announced)**
Aneurin Bevan University
Health Board. Cardiff Road
Dental Practice

21st March 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 Cardiff Road Dental Practice at 67, Cardiff Road, Newport. NP20 2EN on 21st March 2016].

HIW explored how Cardiff Road Dental Practice 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

Cardiff Road Dental Practice provides services to patients in the Newport area of Gwent. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board

Cardiff Road Dental Practice is a mixed practice providing both private and NHS dental services

The practice staff team includes two owner dentists who do not work at this practice, ten associate dentists, a practice manager, a deputy practice manager, a hygienist, one nurse/receptionist, one nurse and six trainees and one receptionist. The staff work at this practice and at one or other of the practices in this group.

3. Summary

Overall, we found evidence that Cardiff Road Dental Practice provides safe and effective care and we were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.

This is what we found the practice did well:

- Patients we spoke to said the practice team had made them feel welcome and they were happy with the care they received.
- Staff we spoke to were happy in their roles and understood their responsibilities
- The general conditions at the practice were very good, visibly clean and tidy.
- The clinical facilities we saw were well equipped and in good condition.

This is what we recommend the practice could improve:

- Several policies and procedures need to be made specific to the practice and all should be regularly updated
- Emergency drugs should be locked away and checked regularly.
- The radiation file should be updated to ensure it contains all documents relating to the use of x-rays at the practice.

See Appendix A for further details of improvements needed.

4. Findings

Quality of the Patient Experience

We found evidence to demonstrate that the practice is committed to providing a positive experience for their patients. All patients we spoke to on the day of the inspection indicated that the practice team had made them feel welcome and they were happy with the care they received. However, we recommended the practice develop a system for regularly seeking patient feedback as a way of assessing the quality of the service provided. We also recommended updates were made to the complaints procedure and for this to be displayed for patients to see.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. Patient comments included:

"The dental staff are always courteous and the dentists are professional and efficient."

"Very good dental practice, I feel comfortable having treatment."

"Staff are always friendly and helpful"

Dignified care

We observed staff speaking to patients in a friendly, dignified and professional way. All patients told us that they were satisfied with the care and treatment they received and felt welcomed by staff. We found there was an office for staff to have conversations with patients in a private area, away from other patients if required.

Cardiff Road Dental Practice has two sister practices, one in Newport and another in Cardiff. The three practices share a website, which contains relevant information. Price lists for treatment were displayed in the waiting areas.

There was one patient toilet and two for staff use. None of the toilets contained sanitary bins; we advised the practice that these should be installed in all of the toilets.

Improvement needed

The practice must ensure that toilets contain sanitary bins for feminine hygiene waste.

Timely care

The practice tries to ensure that care is provided in a timely way. We were told that there was a flexible appointment system in place that allowed patients to book appointments both in advance and on an emergency basis. The majority of patients told us they did not experience delay in being seen by the dentists. Those that had experienced delay said this had not been for long. Staff described the process for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment.

The majority of patients told us they knew how to access out of hours dental care. We saw a sign near the entrance of the practice with details of the emergency contact telephone number so that patients could access emergency dental care when the practice is closed. The message left on the practice answer-phone contained suitable information.

Staying healthy

We found evidence to indicate that the practice recognises the need for health promotion to support the well-being of their patients. There was a variety of leaflets and posters promoting oral health and general well being. We spoke to some patients who told us they felt they were getting sufficient information.

Individual care

The practice is situated in an area with a very diverse population and although it had an Equal Opportunities policy this had not been signed or dated to show it was reviewed regularly. We recommended the policy be updated to ensure the practice can show it has recognised the diversity of its patient population and has considered its responsibilities under Equality and Human Rights legislation.

Access to the practice was good for patients using wheelchairs and for those with mobility difficulties. The downstairs surgery was accessible.

The practice had a system for seeking patient feedback and complaints. Any verbal complaints/feedback were entered onto patient notes and formal complaints were detailed in a file. We recommended to the practice that written and verbal complaints are logged to show timescales and outcome of the complaint. This was to ensure that all complaints are dealt with in an appropriate time and that any trends might be identified quickly and resolved.

The practice had an NHS "Putting things right" leaflet on display and several available to give to patients if requested. The procedure for making complaints for private patients was not displayed and the one kept on file did not contain HIW contact details. We advised the practice to display complaints procedures, relevant to the practice, for both NHS and private patients that complied with the relevant guidelines. We also recommended that the practice has leaflets available in the waiting rooms so that patients did not have to ask for information to take away.

Improvement needed

The practice must show that the Equal Opportunities policy is regularly updated.

The practice must update the complaints policy/procedure for private patients to ensure that the contact details of HIW are visible on the policy.

The full complaints procedure should be displayed where this can be seen by patients and copies left in the waiting room. Patients should not have to ask for this information.

Introduce a complaints logbook to monitor verbal complaints

Delivery of Safe and Effective Care

Overall, we found evidence to support the conclusion that patients are provided with safe and effective dental care. We were generally satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were satisfied that radiographic equipment was used safely, checked and maintained appropriately. We recommended that safeguarding policies were updated. We looked at patient records and found that overall they were of a good standard.

Safe care

We found evidence to indicate the practice has taken some steps to ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been undertaken to ensure the safe use of small electrical appliances. The practice was well maintained, clean and tidy with no obvious hazards. The building was well lit, appropriately heated and provided toilet and hand washing facilities. Fire extinguishers were placed strategically and had been serviced regularly. The practice had a compressor located in the basement that had been inspected and maintained regularly.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We found that, in Surgery Two, clinical waste was put into white bin bags and we recommend the practice use orange bags to ensure that clinical waste does not become mixed with non hazardous waste. We also found sharps containers were kept on the floor in the surgeries we looked at and recommended they be wall mounted to ensure patient safety.

Improvement Needed

The practice should ensure that all waste bins are lined with the appropriate colour bags.

Ensure sharps boxes are kept up off the floor.

We were mostly satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice. Records of checking equipment had been maintained and routine audits of infection control requirements had been carried out by dentists at the practice. We suggested these audits be done by the nurses involved in the

decontamination process as recommended by Welsh Health Technical Memorandum (WHTM01-05) Wales' guidelines.

The practice has a dedicated decontamination room. Manual pre sterilisation techniques were used. The equipment used for sterilisation of instruments (three autoclaves) had the relevant inspection, insurance and maintenance certificates in place. We recommended that the flow from dirty to clean areas was signposted on the walls of the decontamination room and clear signs to designate clean and dirty areas were displayed. In addition decontamination procedures should be posted on the walls and regularly updated if any products are changed. The decontamination training protocol at the practice involves on-line training courses and new staff start their training in the decontamination room under the supervision of an experienced dental nurse.

Instruments were stored and dated appropriately after sterilisation so that staff knew the instruments were safe to use for patients' treatments, however we suggested that endodontic instruments are kept in their original packaging until ready for use.

Personal protective equipment (PPE) such as disposable gloves, aprons and eye protection were available. There was a sink dedicated for hand washing.

Resuscitation equipment and emergency drugs were available at the practice, all equipment was ready for use and all drugs were in date. The drugs were kept in an unlocked room and the logbook showed there was inconsistent recording of checks being carried out. We recommended the emergency drugs are kept in a locked room/drawer in accordance with the guidelines of the Resuscitation Council (UK). Emergency drugs should be checked weekly and the oxygen cylinder and defibrillator checked daily. The logbook should be updated to clearly show when these checks are being made. The drugs and procedures used during emergencies were not kept together; we recommended they be kept together for easy access during an emergency.

We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff we interviewed were aware of their roles during a medical emergency. The named first aider at the practice is the practice manager but since she is not always at the practice we recommended another member of staff receive first aid training. There was no resuscitation policy specific to the practice so we recommended that since several staff members move between the three practices it was essential to have a resuscitation policy customised for this practice and all members of staff have a copy.

Improvement needed

We recommend infection control audits be carried out by the nurses involved in the decontamination process.

The practice should ensure that the flow from dirty to clean areas is signposted on the walls of the decontamination room together with clear signs to designate clean and dirty areas. In addition decontamination procedures should be posted on the walls.

The practice should ensure the emergency drugs are kept in a locked room/drawer in accordance with the guidelines of the Resuscitation Council (UK).

Emergency drugs and equipment (oxygen cylinder and defibrillator) should be checked regularly to ensure they are fit for use. The logbook should be updated to clearly show when these checks are being made.

We recommended that emergency drugs and procedures were kept together to ensure ease of access during an emergency.

The practice should ensure it has a customised resuscitation policy and all members of staff have a copy.

We found the practice had taken some steps to promote and protect the welfare and safety of children and vulnerable adults. Most of the staff had received child protection and protection of vulnerable adults (POVA) training. Those that had not were scheduled to do so in the next training session later this year. We saw information about child protection from the NHS dated 2012. There was similar generic information about the protection of vulnerable adults. We advised the practice that they should create safeguarding policies specific to their own situation at the practice.

Improvement needed

The practice must have up to date child protection and protection of vulnerable adults policies that are specific to the practice.

We were told there were arrangements in place for staff to raise any concerns. Pre employment checks had been carried out for all employees and the dentists had DBS checks in line with the regulations for private dentistry.

We saw documentation to indicate that x-ray machines had been regularly serviced and maintained to ensure they were safe for use. In addition to this, we were also able to confirm that all staff involved in taking radiographs had completed training to meet standards for personnel who carry out these procedures. This is in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations(IR(ME)R) 2000.

The practice had not conducted quality assurance audits for x-ray image quality. We recommended that the practice carry these out annually

We looked at the procedure displayed in the surgeries, which detail the safe operation of the x-ray equipment in that surgery (Local Rules) and we found that the contact details of the radiation protection advisor were not included. In addition diagrams of the control areas for each machine were not documented.

The radiation protection file contained very limited information. We recommended that the practice update the file to ensure it contained all relevant information relating to the use of x-rays and details of relevant training courses and dates when the courses were attended by the staff.

Improvement needed

We recommended that the practice carry out radiographic quality assurance audits annually

The rules governing the safe use of x-rays should be updated to include contact details of the radiation protection advisor.

Diagrams of the control areas for each x-ray machine should be documented.

The radiation protection file should contain all the information relating to the use of x-rays at the practice and details of relevant training courses and dates when the courses were attended by staff.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We found evidence that audits relating to infection control were conducted at the practice.

We were told that the dentists had a variety of clinical governance/quality assurance arrangements in place. These included; in house peer reviews every three months, attending forum discussion groups and using a variety of on line training courses to ensure the dentists were aware of best practice.

Patient records

We looked in detail at a small sample of patient records for several of the dentists at the practice. Overall, we found that record keeping was of a good standard but we found some improvements could be made:

- Medical histories should be signed by the patient and counter signed by the dentist at each examination.
- Verbal updates of medical history should be recorded at every visit to ensure nothing has changed.
- Justification and recording of findings of radiographs were noted but only in one case were radiographs graded. A quality assurance audit should be carried out and the grade of the x-ray recorded.
- Patients should be advised, as a duty of care, that if they smoke they have increased risk of oral cancer.

Improvement needed

Medical histories should be signed in accordance with regulations and a note made of verbal updates

All radiographs should be graded

Patients who smoke should be informed of their increased risk of oral cancer.

Quality of Management and Leadership

This practice is one of a group of three practices, which share a common management team. A deputy practice manager is responsible for the day to day running of the practice. She is supported by an associate dentist who works at the practice most of the week. Through observations on the day of inspection, we saw the practice was efficiently run and staff worked together as a team. Staff we spoke to were committed to providing high quality care to patients. We found that a number of improvements were needed to the policies and procedures that underpin the safety of care provided and help protect the health, safety and welfare of patients and staff.

We were told that the practice manager visits the practice regularly and principal dentists are available if needed but spend most of their time in a sister practice. We were told that staff meetings including all staff from the three practices were held every three months and these were recorded by the practice manager. In addition we saw evidence that this practice has its own team meetings monthly, which are recorded and outcomes checked in a timely manner. We were told that regular informal meetings also took place. Overall, we were satisfied there was effective management at this practice.

We saw an example of records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD). We were told that all new staff had a mandatory induction programme designed by external organisations.

We were told that the practice manager had conducted six monthly appraisals for staff. All staff we spoke to said they felt able to discuss concerns and training needs with the deputy practice manager.

In house peer reviews were conducted for all the dentists every three months. Clinical staff regularly attend local meetings and use online training programmes.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the Private Dentistry (Wales) Regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed at the practice. Appropriate indemnity insurance was seen.

We looked at a selection of policies and procedures at the practice and found that some policies were not signed or dated to show when they were updated.

We found that some of the policies at the practice did not include details of the arrangements at the practice e.g. the whistle blowing policy and the child/adult protection policies. The practice also did not have a data security policy for staff.

Improvement Needed

The practice should ensure that all of the required policies are in place, reviewed regularly and are made specific to the procedures at the practice according to current guidelines

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 Cardiff Road Dental Practice 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 2008¹ and the Private Dentistry (Wales) (Amendment) Regulations 2011². 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

¹ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

² <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: Cardiff Road Dental Practice

Date of Inspection: 21 March 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	The practice must ensure that toilets contain sanitary bins for feminine hygiene waste.	Workplace (Health, Safety and Welfare) Regulations 1992 Health & Care standards 2.1	SANITARY BINS NOW IN PLACE	SCR	DONE
7	The practice must show that the	Health & Care			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Equal Opportunities policy is regularly updated.	standards 6.2 ; General Dental Council (GDC) Standards 1.6.1, 6.12	UPDATED AS OF 21.4.16	SCR	DONE
7	The practice must update the complaints policy/procedure for private patients to ensure that the contact details of HIW are visible on the policy.	Health & Care Standards 6.3 GDC Standards 5.	UPDATED AS OF 21.4.16	SCR	DONE
7	The full complaints procedure should be displayed where it can be seen by patients and copies left in the waiting room. Patients should not have to ask for this information. Introduce a complaints logbook to monitor verbal complaints	Health and Care Standards 6.3; GDC Standards 5.1	PROCEDURES NOW IN VIEW – AVAILABLE TO PATIENTS LOG BOOK ALREADY IN USE PRIOR TO INSPECTION – SHOWN TO INSPECTOR	SCR SCR	DONE DONE
Delivery of Safe and Effective Care					

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
8	The practice should ensure that all waste bins are lined with the appropriate colour bags.	Health and Care Standards 2.1 Hazardous waste (England/ Wales) Regulations 2005	ALL WASTE BINS NOW LINED WITH APPROPRIATE COLOUR BAGS	SCR	DONE
8	Ensure sharps boxes are kept up off the floor.	Health and Care Standards 2.1 Hazardous waste (Wales) Regulations 2005	SHARPS BOXES MOVED TO WORK AREA (OFF FLOOR)	SCR	DONE
10	We recommend infection control audits be carried out by the nurses involved in the decontamination process.	WHTM01-05 2.23	IN PROCESS OF IMPLEMENTING AUDITS	SCR	3 MONTHS
10	The practice should ensure that the	WHTM01-			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	flow from dirty to clean areas is signposted on the walls of the decontamination room together with clear signs to designate clean and dirty areas. In addition decontamination procedures should be posted on the walls.	05 5.3, 5.4	VISIBLE SIGNS (DIRTY TO CLEAN) NOW PLACED ON WALLS	SCR	DONE
10	<p>The practice should ensure the emergency drugs are kept in a locked room/drawer.</p> <p>Emergency drugs and equipment (oxygen cylinder and defibrillator) should be checked regularly to ensure they are fit for use. The logbook should be updated to clearly show when these checks are being made.</p> <p>We recommended that emergency drugs and procedures were kept together to ensure ease of access during an emergency.</p>	Dental Practitioners Formulary. Health & Care standard 2.6, 2.9	<p>CODE LOCK ORDERED FOR DOOR</p> <p>LOG BOOK IN USE PRIOR TO INSECTION – SHOWN TO INSPECTOR</p> <p>PROCEDURES NOW PLACED WITH EMERGENCY DRUGS (ALL KEPT TOGETHER)</p>	<p>SCR</p> <p>SCR</p> <p>SCR</p>	<p>8 WEEKS</p> <p>DONE</p> <p>DONE</p>
10	The practice should ensure it has a	Health &	POLICY NOW PLACED AT		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	customised resuscitation policy and all members of staff have a copy.	Care standards 5.1	RECEPTION AND IN STAFF ROOM. ALL STAFF HAVE BEEN GIVEN A COPY	SCR	DONE
10	The practice must have up to date child protection and protection of vulnerable adults policies that are specific to the practice.	Health and Care Standards 2.7; GDC Standards 4.3,3 & 8.5	SEPARATE FOLDER NOW KEPT FOR THESE POLICIES	SCR	DONE
11	We recommended that the practice carry out radiographic quality assurance audits annually.	Health & Care Standards 2.9	IN PROCESS OF IMPLEMENTING AUDITS	SCR	6 MONTHS
11	The rules governing the safe use of x-rays should be updated to include contact details of the radiation protection advisor.	The Private Dentistry (Wales) Regulations (2008), regulation 14(1); Health & Care Standards, 2.1 and 2.9	RULES UPDATED AND PLACED WITH ALL RADIOGRAPHIC EQUIPMENT	SCR	DONE

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	Diagrams of the control areas for each x-ray machine should be documented.	Health & Care Standards 2.1 and 2.9; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000	CONTROLLED AREAS NOW DOCUMENTED – ALL STAFF AWARE OF SAFE WORKING AREAS	SCR	DONE
11	The radiation protection file should contain all the information relating to the use of x-rays at the practice and details of relevant training courses and dates when the courses were attended by staff	Health and Care Standards 2.1 and 2.9; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000	SEPARATE FOLDER NOW KEPT FOR THESE POLICIES. TRAINING LOG NOW AVAILABLE	SCR	DONE

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
12	Patient notes should all contain signed medical histories and verbal updates should be noted. In addition all radiographs should be graded and patients who smoke should be informed of their increased risk of oral cancer.	Health and Care Standards 3.5;GDC 4.1.1, 4.1.2	MEDICAL HISTORIES NOW COUNTER SIGNED BY GENERAL DENTAL PRACTITIONER (GDP) AL GDPs NOTIFIED RE UPDATING PATIENT RECORDS RE SMOKING	SCR	DONE
Quality of Management and Leadership					
14	The practice should ensure that all of the required policies are in place, reviewed regularly and are made specific to the procedures at the practice.	Health and Care Standards 2.1; GDC Standards 6.6	IN PROCESS OF UPDATING ALL POLICIES	SCR	6 MONTHS

Practice Representative:

Name (print): SARAH REES.....

Title: PRACTICE MANAGER.....

Date: 30.5.16 (UPDATED).....