

General Dental Practice Inspection (Announced)

Cardiff and Vale University
Health Board, Whites
Dental Centre

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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 Whites Dental Centre at Bryn Melyn, 3, Station Road, Radyr, Cardiff, CF15 8AA on 25th July 2016.

HIW explored how Whites Dental Centre complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 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

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

Whites Dental Centre provides private dental services only.

The practice staff team includes; 2 dentists, 2 hygienists, 4 nurses and 1 receptionist.

A range of private dental services are provided.

3. Summary

Overall, we found evidence that Whites Dental Centre 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 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
- Clinical facilities were well-equipped, visibly clean and tidy.
- There were arrangements in place for the safe use of x-rays.
- Dental instruments were cleaned and sterilised appropriately.

This is what we recommend the practice could improve:

- The documentation of decontamination procedures.
- The storage and logging of emergency drugs and equipment.

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. We recommended updates were made to the complaints procedure.

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 dentists are always thorough and very helpful with questions."

"I have always had excellent treatment and care at the clinic."

"A lovely friendly atmosphere and the staff are very helpful"

"All members of the practice are very professional - very satisfied"

Dignified care

We observed staff speaking to patients in a friendly, dignified and professional way. All patients told us that they were very satisfied with the care and treatment they received and felt welcomed by staff.

A leaflet describing the practice was available for patients and the practice had a website. This meant that patients had access, in a variety of formats, to relevant information. Price lists for treatment were displayed in the waiting area.

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. A very small card containing some practice details was displayed on the practice door. We recommended that the sign be enlarged and that emergency numbers for out of hours emergency dental treatment are included. The answer-phone message contained suitable information.

Improvement needed

A suitable sign containing practice details and emergency numbers should be displayed outside the clinic.

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. Questionnaires and conversations with patients indicated that they felt they were getting sufficient information. However we recommended leaflets on smoking cessation be available.

Individual care

The practice had an up to date Equality and Diversity policy, which showed that the practice has recognised the diversity of its patient population and has considered its' responsibilities under Equality and Human Rights legislation.

Access to the practice for wheelchair users and patients with mobility difficulties was good. There was one toilet for patient's use which was suitable for wheelchair users.

The practice keeps written patient notes stored in cabinets behind the reception desk. We recommended that these cabinets be fitted with locks for patient confidentiality.

Improvement needed

Filing cabinets containing patient information need to be kept locked to ensure confidentiality.

We saw evidence that the practice had a system for seeking patient feedback. A complaints book and log were seen and there was evidence that verbal comments were being noted appropriately.

The practice had a written complaints procedure, displayed in the reception area, for all patients to raise complaints. This procedure contained the addresses and telephone numbers of the organisations to whom patients could complain, however, it did not contain sufficient information regarding the timescale in which patients could expect their complaint to be dealt with. In addition, we recommended that the practice provided personalised complaints leaflets for patients to take away in addition to General Dental Council (GDC) leaflets.

Improvement needed

The practice must update the complaints policy/procedure to ensure it contains timescales for the resolution of complaints. Complaints leaflets specific for the practice should be made available in the waiting room.

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 satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections but recommended better validation of the decontamination process. The storage and logging of emergency drugs needed to be improved. We were satisfied that radiographic equipment was used appropriately and safely.

We looked at patient records and found that overall they contained sufficient detail.

Safe care

We found evidence to indicate the practice has taken 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. Fire extinguishers were placed strategically and had been serviced regularly. The compressor was checked and serviced regularly. Contract documentation was in place for the disposal of hazardous waste and we were told that non hazardous waste was collected by the council. Some clinical waste was stored under the stairs at the practice which could be accessed by patients. We therefore recommended that it be moved to a locked container outside the premises. Sharps bins were stored under the sink in the surgeries; we recommended these be moved onto the work-bench or wall mounted.

Improvement needed.

All clinical waste should be immediately transferred to the outside storage container.

Sharps containers should be stored on the work bench or be wall mounted.

The practice was clean and tidy and very well maintained. The building was well lit and appropriately heated. The clinical facilities were generally in very good order however; in the hygienist's surgery the sealant needed to be renewed on the corner work surface to enable effective cleaning and in the principal dentist's surgery an electrical cover over an unused electrical outlet was loose and we recommend that this be secured.

Improvement needed.

Renew sealant around the corner work surface in the hygienist's surgery

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at this dental practice.

Decontamination procedures were carried out using manual pre sterilisation methods. The practice had a washer-disinfector but this was broken on the day of the inspection. The integral magnifier in the decontamination pod was also broken. The dentist informed us that a date for repairs had been scheduled.

We saw inspection certificates for the autoclaves showing they had been tested to ensure they were working correctly. We recommended they improve the method of validation of their daily maintenance programme for each autoclave. We recommended they kept logbooks as suggested by WHTM 01-05 guidelines, ensuring daily checks are properly recorded and test strips are kept. We also recommended that individual training in decontamination procedures was carried out and protocols for decontamination procedures were displayed on the wall in the decontamination room.

Improvement needed

The practice should ensure the method of validation of daily maintenance programmes for each autoclave adhere to current guidelines. Protocols for decontamination procedures should be displayed on the wall in the decontamination room.

Sufficient instruments were available and all were stored and dated appropriately so that staff knew that instruments were safe to use for patient treatments. 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. We recommended the drugs be bagged separately so they could be found more easily in the event of an emergency. In addition the airways and masks in the resuscitation kit needed to be bagged and dated. The practice should keep a logbook to record the dates of expiry of each drug and the dates when the drugs and the emergency equipment were checked, in accordance with the guidelines of the Resuscitation Council (UK).

Improvement needed

The practice must put in place a system for ensuring that all emergency equipment and drugs are regularly checked to ensure they are suitable for use.

The practice had a resuscitation policy and we saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Staff interviewed were aware of their roles during a medical emergency. There was a nominated first aider.

We found the practice had taken some steps to promote and protect the welfare and safety of children and vulnerable adults. We saw a child protection policy and a policy for the protection of vulnerable adults. All staff had received training in the protection of children and in the protection of vulnerable adults.

We were told there were arrangements in place for staff to raise any concerns and all staff interviewed said they felt able to do so. There was an induction programme in place for new staff members to help ensure they were adequately trained.

We saw appropriate records relating to Hepatitis B immunisation status for all clinical staff working at the practice demonstrating that the practice was taking steps to protect patients and staff from infection.

We saw evidence to indicate that x-ray machines had been regularly serviced and maintained to ensure they were safe for use. X-Rays were processed digitally. Working instructions and identification of controlled areas were displayed for staff and patient safety. We suggested the radiation protection advisor (RPA) be added to local rules, to comply with the guidance notes for Dental Practitioners on the safe use of x-rays (NRPB), which states that the legal person should include the RPA and his contact details in the local rules. All staff involved in taking radiographs had completed the required training for personnel who carry out these procedures. This is in accordance with the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Improvement needed

The practice should ensure that the radiation protection advisor (RPA) be added to local rules.

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided and monitors its progress. Annual quality assurance audit logs for X-Rays were seen. An annual infection control audit was completed. We found that clinical staff did not receive formal peer reviews, which would further aid development and would ensure that the current good standards are maintained. We recommend that the clinical staff take part in a Clinical Audit & Peer Review Project.

Patient records

We looked in detail at a small sample of patient records for both of the dentists at the practice and we found that record keeping was of a good standard overall. Treatment plans were regularly discussed with the patient and treatment options were recorded. All radiographs taken were justified for treatment planning. We identified one area which could be improved; medical histories did not contain adequate details about patient social history and we recommend that more social history is discussed and recorded in more detail in patient records.

Quality of Management and Leadership

The management of the practice was provided by one of the practice owners. Staff we spoke to were committed to providing high quality care for patients. The staff worked well as a team with staff meetings each morning. Annual staff appraisals were conducted. We found that some improvements were needed to the policies and procedures seen at the practice.

The day to day management of the practice was the responsibility of one of the practice partners. The practice had a competent, friendly staff team. There was good internal communication and the staff showed commitment to caring for their patients

We saw training records to show that staff were able to access training relevant to their role and for their continuing professional development (CPD). We suggested the dentists' reformed links with others in the locality to ensure a system of peer review could be set up.

Communication between staff at the practice was good. We were told during staff interviews that formal meetings took place every morning and they felt able to discuss concerns or training needs with the principal dentist at any time if they needed to. Formal appraisals were conducted annually for all members of staff.

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 however, one of the registration certificates on display needed to be updated to contain the current address of the HIW. Appropriate indemnity insurance was displayed.

Improvement needed

Update HIW registration certificate for the principal dentist.

We found an induction procedure in place at the practice to ensure all new staff received appropriate induction training.

We looked at the policies and procedures at the practice and saw evidence that most contained sufficient detail and were well organised. However, the Child Protection Policy and the Protection of Vulnerable Adults Policy lacked detail. We also recommended that each policy and procedure be signed and dated by the member of staff who had reviewed it rather than including a signed

statement in the file saying that all policies and procedures were updated in January every year.

Improvement needed

Add more relevant detail to the Child Protection and the Protection of Vulnerable Adults Policies

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 Whites Dental Centre 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: Whites Dental Centre

Date of Inspection: 25th July 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	A suitable sign containing practice details and emergency numbers should be displayed outside the clinic.	Health and Care Standards 3.2, 4.2			
6	Filing cabinets containing patient information need to be kept locked to ensure confidentiality.	Health and Care Standards 3.5, 4.2 GDC Standards 4.5			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
7	The practice must update the complaints policy/procedure to ensure it contains timescales for the resolution of complaints. Complaints leaflets specific for the practice should be made available in the waiting room.	Health and Care Standards 6.3; GDC Standards 5.1, 5.3			
Delivery of Safe and Effective Care					
8	All clinical waste should be immediately transferred to the outside storage container. Sharps containers should be stored on the work bench or be wall mounted.	Health and Care Standards 2.1 Hazardous waste (Wales) Regulations 2005			
8	Renew sealant around the corner work surface in the hygienist's surgery.	Health and Care Standards 2.1 & 2.4; WHTM 01-05 sections 6.46			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
9	The practice should ensure that the method of validation of daily maintenance programmes for each autoclave adhere to current guidelines. Protocols for decontamination procedures should be displayed on the wall in the decontamination room.	Private Dentistry (Wales) Regulations section 14 (2); Health and Care Standards 2.9			
9	The practice must put in place a system for ensuring that all emergency equipment and drugs are regularly checked to ensure they are suitable for use.	Health and Care Standards 2.6 & 2.9; General Dental Council Standards 6.6.6; UK Resuscitation Council - Primary dental care guidelines.			
10	The practice should ensure that the radiation protection advisor (RPA) be	Health and Care			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	added to local rules.	Standards 2.1 and 2.9; Ionising Radiation Regulations 1999; Ionising Radiation (Medical Exposure) Regulations 2000; Health and Safety Executive. NRPB, Pg52 section A 4.5			
Quality of Management and Leadership					
12	Update HIW registration certificate for the principal dentist.	Health and Care Standards 7.1			
13	Add more relevant detail to the Child Protection and the Protection of Vulnerable Adults Policies.	Health and Care Standards			

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		2.1, 2.7; General Dental Council Standards 8.4, 8.5			

Practice Representative:

Name (print):

Title:

Date: