

General Dental Practice Inspection (Announced)

Cardiff & Vale University
Health Board

Cardiff Smile 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 at Cardiff Smile Centre, 113 Clare Road, Grangetown, Cardiff, CF11 6QR on 15 November 2016.

HIW explored how the Cardiff Smile Centre 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

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

Cardiff Smile Centre is a mixed practice providing both private and NHS dental services.

The practice staff team includes one dentist, three dental nurses, (one of whom is also the practice manager) and a hygienist.

Cardiff Smile Centre is a private limited company.

3. Summary

Overall, we found evidence that the Cardiff Smile Centre provides patients with safe and effective dental care.

This is what we found the practice did well:

- Systems were in place to capture patient feedback, comments and complaints
- Patients stated they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Clinical facilities were well-equipped and visibly clean and tidy

This is what we recommend the practice could improve:

- The arrangements for decontamination and infection control to be improved in line with Welsh Health Technical Memorandum (WHTM) 01-05
- Record keeping needs to be improved by ensuring patient records include cessation advice, informed consent, cancer screening and x-ray justification recorded on patient records
- Policies and procedures to be updated to reflect the correct organisations and/or appropriate guidance
- A review of staff training is required to ensure everyone has the appropriate skills, knowledge and competence to undertake their roles and responsibilities

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. The practice had systems in place for seeking patient feedback and used this as a way of assessing the quality of the service provided.

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients, to obtain their views on the services provided. Seventeen were completed and returned. All of the patients indicated that they were satisfied with the services received at the practice. Patient comments included:

“The staff here are all very friendly and helpful”

“I am made to feel very comfortable and relaxed”

“brilliant service, very efficient, I’m very happy with the treatment and service”

Dignified care

We found the staff to be professional and friendly, and we overheard them being polite and courteous to patients. Feedback from the patients who completed questionnaires was positive. All of the patients told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. All the patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. Any delays were verbally communicated to the patient.

An emergency contact telephone number for patients’ use was displayed at the entrance to the dental practice. We were told that the emergency number was also provided within the practice’s answer phone message, so that patients could access emergency dental care when the practice was closed.

Staying healthy

Health promotion information was available in the waiting area, including information in Welsh. A range of patient information leaflets regarding different forms of treatments and preventative care were recognised as good practice.

A 'no smoking' sign was displayed in the reception area which confirmed the emphasis being placed on compliance with smoke free premises legislation.

The practice had a way of seeking patient feedback via patient questionnaires and informal comments were captured and recorded onto the patients' electronic records. We also found that staff monitored patients' responses to identify emerging themes that would need to be addressed. One improvement made as a result of patient comments was a new recording of the practices answerphone message.

Individual care

The practice had a complaints policy and procedure in place for both NHS and private treatments. The complaints policy for private treatments needed to be updated to include HIW's contact details. Complaints information was displayed in the reception area and a system was in place to record, monitor and respond to any complaints the practice received.

Regular staff meetings took place and we observed the team meeting folder which contained minutes of the meetings. Staff also told us that informal discussions took place daily between members of the dental team as a result of which, changes, suggestions and improvements to the service were made, as far as possible. As the practice team was small, this type of communication worked well and the staff we spoke to confirmed this.

The reception/waiting area was open plan. Staff told us that private conversations would take place in a separate room to ensure that patient's privacy, dignity and confidentiality was maintained. Reception staff further told us that they always asked for information from patients, as opposed to stating personal information, when using the telephone to ensure patient privacy and confidentiality was preserved.

Delivery of Safe and Effective Care

Overall, we found evidence that patients were provided with safe and effective dental care.

We identified some improvements to the decontamination/infection control process that will ensure compliance with the WHTM 01-05 guidelines.

We recommended that staff training needed to be arranged and delivered in the subjects identified in this report. In addition we found that improvements were required regarding some of the content of patient records.

Safe care

Clinical facilities

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored behind a locked and unused front door, however the passage was a thoroughfare for staff to access the upstairs of the building which meant that the area was not totally secure. Consideration should therefore be given to either putting up a partition at the current location to ensure clinical waste is stored securely, or keeping clinical waste locked securely at the back of the premises.

Improvement needed

The practice needs to review the location of the clinical waste to ensure it is stored safely.

Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Arrangements with the local council were described for the disposal of non hazardous (household) waste.

The practice building appeared visibly well maintained both internally and externally. We saw all areas were clean and tidy. Fire safety equipment was

available at various locations around the practice and we saw this had been serviced within the last 12 months.

Infection control

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored appropriately and dated.

We saw evidence that an infection control audit had been completed, however, there was no date on the document to confirm when it had been undertaken. In addition, the audit tool had a column referencing guidance from HTM 01-05 (English version). It is recommended using and referencing the WHTM 01-05 (Welsh version) and consideration should be given to using an audit tool that is aligned to the WTHM 01-05. The Wales Deanery has an example of such an audit tool.

Improvement needed

Infection control audits need to be dated and aligned to WHTM 01-05 guidance.

The logbooks for checking sterilisation equipment had been maintained, including daily testing. At the time of our visit, there was no evidence that weekly protein testing¹ was taking place, but all other necessary tests were.

¹ This is a chemical test to detect residual protein on a processed load that cannot be seen by visual inspection. The test confirms that the cleaning process retains the capability of removing protein.

We recommended this test being carried out and recorded, in line with guidance in the WHTM 01-05.

Improvement needed

The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05 ensuring weekly protein tests are carried out and recorded.

Consideration should be given to the air flow within the decontamination room. Best practice would be for the room to have a forced air ventilation system to assist air flow from the 'dirty' side of the room to the designated 'clean' side. This is to minimise the risk of clean, sterilised instruments becoming re-contaminated. The practice was advised to address this issue in line with the guidance cited in the WHTM 01-05 (Environmental conditions, Chapter 6)

Emergency drugs and resuscitation equipment

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

At the time of our visit, we identified out of date airways and pads for the defibrillator. These items were immediately ordered by the practice team and we saw email evidence to confirm delivery the next day

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that regular (ideally should be weekly, in accordance with UK resuscitation guidelines) checks were being carried out to check and replace expired drugs and syringes. It was recommended that regular checks are undertaken and recorded for the defibrillator and consideration should be given to having a list of the drugs and their expiry dates to help identify when drugs need to be replaced.

Improvement needed

The practice should have a named person to be responsible for the regular checking of emergency drugs and equipment to ensure they are in date

Although staff knew who the appointed First Aider was, there was no sign visible to confirm this to the public. In addition, the first aid certificate needs to be obtained and kept in date.

Improvement needed

The practice must ensure that the appointed First Aider is visibly displayed and that certificates are obtained and retained.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies and procedures in place for the protection of children and vulnerable adults. Updated training on safeguarding was required for all staff.

We were told there were arrangements in place for staff to raise any concerns about the delivery of services to patients. The practice told us that pre-employment checks of any new members of staff are carried out before they join the practice, including Disclosure and Barring Service (DBS) clearance.

Radiographic equipment

The practice had digital X-ray equipment and the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. We saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe for use. We found that the dentist involved in taking radiographs had completed the required training. This is in accordance with the requirements of the General Dental Council² and Ionising Radiation (Medical Exposure) Regulations 2000. However, training in ionising radiation had not been fully completed by the dental nurses.

Improvement needed

Relevant training regarding the use of ionising radiation must be undertaken by the dental nurses.

We observed that the radiation protection file was completed as required. On examination of the patient's records however, we found that further information was required to justify why certain dental X-ray views had been taken. There was a lack of evidence of reporting on the radiographs.

² General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

The practice had a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. This meant that the dentist was able to ensure that good, clear x-rays supported decisions about patient care and treatment.

Effective care

We looked in detail at a sample of five patient records at the practice. Overall, we found that the records needed improvement, including the following areas:

- Patient addresses needed to be listed on all paper notes
- evidence of cessation (smoking and alcohol) advice needed to be recorded
- evidence of explaining cancer screening needed to be recorded
- informed consent needed to be recorded
- x-ray justification and reporting of radiographs needed to be recorded

Improvement needed

Patient records need to be improved by ensuring:

- ***Comprehensive patient information is recorded on all paper records, specifically addresses***
- ***Smoking cessation advice, informed consent and cancer screening needs to be recorded***
- ***Justification and reporting of radiographs needs to be recorded***

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice completed relevant audits, including infection control.

The dentist had been involved in external peer reviews. This is an area of good practice and contributes to the quality of care provided as such arrangements promote the sharing of information between practices for the benefit of patients.

Quality of Management and Leadership

We found evidence of effective management and leadership at this practice. Staff we spoke to were happy in their roles, understood their responsibilities and felt supported. A range of relevant policies and procedures were in place.

The practice has been managed by the current dentist since 1997.

We found that the practice was well run and supported by a range of clinical procedures and quality assurance processes to ensure that patients' care and treatment was delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team.

We identified some policies and procedures that needed updating to reflect the correct organisations and/or appropriate guidance. Notices displaying information about decontamination referred to the English version of such guidelines as opposed to those which apply in Wales.

The accident folder needed to reflect the correct details for the local Health and Safety Executive to assist staff in reporting any relevant incidents.

We also saw that the radiation protection policy needed to include HIW as the body to be contacted for IR(ME)R procedural errors. In addition, the private complaints policy needed to include contact details for HIW.

Improvement needed

A review of all policies and procedures needs to be undertaken to ensure the correct organisations and/or appropriate guidance is listed. Specific attention must be given to the private complaints policy, radiation protection policy and accident folder.

We also noted that some policies and procedures did not have issue and review dates recorded. To be consistent with the other policies and procedures that had them, we recommended that issue and review dates are added to all documents, so that staff were clear about whether they were looking at the most up to date version. We observed and noted the good practice in place for all staff to sign and date the policies and procedures to evidence that they had read and understood their responsibilities.

Improvement needed

All policies and procedures need to be consistent, with version and review dates added to all policy and procedure documents.

We saw a staff team at work who seemed happy in carrying out their roles. We found there were systems in place to ensure any new staff received an induction and that they were made aware of policies and procedures.

Staff had completed relevant training relevant to their role and for their continuing professional development (CPD), however, we identified some gaps that need to be addressed immediately. Updated training in child protection was required for the dentist and all the dental nurses require Ionising Radiation Medical Exposure Regulations (IRMER) and adult protection training. We also recommended staff complete regular in-house revision training in relation to decontamination and sterilisation procedures, which should be recorded on their training files. We were unable to find a current certificate for the first aider, which we recommended was obtained as soon as possible.

Improvement needed

A review of all staff training needs is required and courses are to be attended. This is to ensure staff have the skills, knowledge and competence to deliver safe and effective patient care and treatment.

There was a system in place for staff to receive an annual appraisal, which ensured staff had opportunities to reflect on their work and identify any relevant training they may feel is required. Regular team meetings take place which are documented.

We confirmed that all relevant staff were registered with the General Dental Council. The dentist providing private treatment was registered with HIW in accordance with the private dentistry regulations and their registration certificate was available within the practice.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. This meant that the practice had a system in place to protect patients and staff from this blood borne virus.

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 Smile 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 2008³ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁴. 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

³ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁴ <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 Smile Centre Ltd

Date of Inspection: 15 November 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Delivery of Safe and Effective Care					
7	<i>The practice needs to review the location of the clinical waste to ensure it is stored safely.</i>	Standard 2.1 & 2.4	To Install a lockable bin in present waste location, Request placed with cannon Hygiene.	Ben Omovie	01/04/2017
9	<i>The practice must improve the arrangements of decontamination and infection control in line with the guidelines of WHTM 01-05 ensuring weekly protein tests are carried out and recorded.</i>	Standard 2.4	Purchased protein testing kit and already implemented.	Danielle Webber	01/12/2016
9	<i>The practice must ensure that the appointed First Aider is visibly</i>	Standard 2.1	Find Appropriate course for all staff to attend.	Sian Beazer	01/05/2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p><i>displayed and that certificates are obtained and retained.</i></p> <p><i>General Dental Council Standards for the Dental Team, Standard 6.6</i></p>				
10	<p><i>Relevant training regarding the use of ionising radiation must be undertaken by the dental nurses.</i></p> <p><i>General Dental Council Standards for the Dental Team, Standard 6.6</i></p>	Standard 7.1	Find appropriate course by postgraduate dental education.	Ben Omovie	01/07/2017
11	<p><i>Patient records need to be improved by ensuring:</i></p> <ul style="list-style-type: none"> • <i>Comprehensive patient information is recorded on all paper records, specifically addresses</i> • <i>Cessation advice, informed consent and cancer screening needs to be recorded</i> • <i>Justification and</i> 	Standard 3.5	Already implemented	Ben Omovie	21/11/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p><i>reporting of radiographs needs to be recorded</i></p> <p><i>General Dental Council Standards for the Dental Team, Standard 4.1</i></p>				
Quality of Management & Leadership					
12	<p><i>A review of all policies and procedures needs to be undertaken to ensure the correct organisations and/or appropriate guidance is listed. Specific attention must be given to the private complaints policy, radiation protection policy and accident folder.</i></p>	Standard 3.4	Already actioned	Sian Beazer	21/11/2016
13	<p><i>All policies and procedures need to be consistent with version and review dates added to all policy and procedure documents.</i></p>	Standard 3.4	Actioned	Sian Beazer	21/11/2016
13	<p><i>A review of all staff training needs is required and courses are to be attended. This is to ensure staff have the skills, knowledge and</i></p>	Standard 7.1	Actioned, All staff now have CPD folder with courses earmarked to attend in 2017.	Kelly-Marie Brooks	21/11/2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>competence to deliver safe and effective patient care and treatment.</i>				

Practice Representative:

Name (print): Mrs Sian Beazer

Title: Dental Nurse/Nurse Manager

Date: 24/01/2017