

Orthodontic Practice Inspection (Announced)

Cardiff and Vale University Health Board, Cathedral Orthodontics

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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 Cathedral Orthodontics at 80 Cathedral Road, Cardiff, CF11 9LN on 5 December 2016.

HIW explored how Cathedral Orthodontics 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

Cathedral Orthodontics provides specialist orthodontic services to patients in the Cardiff area of South Wales. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Cathedral Orthodontics is a mixed practice providing both private and NHS orthodontic services.

The practice staff team includes seven orthodontists, a practice manager, one trainee therapist, 13 dental nurses and seven support team members.

A range of NHS and private orthodontic services are provided.

3. Summary

Overall, we found evidence that Cathedral Orthodontics provided safe and effective care.

This is what we found the practice did well:

- Patients told us they were happy with the service provided
- Clinical facilities were well-equipped, visibly clean and tidy
- Dental instruments were cleaned and sterilised appropriately
- Documentation and information was available showing that X-ray equipment was used safely
- Staff told us they felt supported by senior practice staff.

This is what we recommend the practice could improve:

- More frequent checks needed to be done on the emergency drugs and equipment to ensure it is available and safe to use in the event of a patient emergency (collapse)
- Recording of checks on sterilisation equipment needed to be more detailed
- Orthodontists needed to improve aspects of their record keeping
- A review of some policies and procedures were required.

4. Findings

Quality of the Patient Experience

We saw that patients visiting the practice were treated with dignity, respect and kindness by the practice team. Patients who provided comments indicated they were very satisfied with the service they had received.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the orthodontic services provided. In total, 20 were completed and returned to us. Patient comments included:

“Very happy with my daughters’ treatment. Friendly and professional staff”

“Overall, very happy with the practice level of service”

“Very helpful, friendly team and the treatment is beyond both our expectations”

Dignified care

We observed that engagement between staff and patients was friendly, respectful and professional.

Completed patient questionnaires showed that all patients were satisfied with the care they received. Patients told us that they had been made to feel welcome by the practice. Some patients added their own positive comments about the level of service received and the attitude and approach of the whole practice team.

The practice provided both private and NHS orthodontic treatments. Information on orthodontic treatment prices and NHS costs were displayed in the waiting areas of the practice. This meant patients had access to information on how much their treatment may cost. A credit facility was available to patients, subject to certain criteria, enabling them to pay for treatment over a longer period of time. The practice had a consumer credit licence enabling it to offer this facility.

A practice information leaflet was provided to all patients during their first appointment for patients to read and take away, providing general information about the practice.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. The majority of patients who completed questionnaires told us that they had not experienced a delay in being seen by an orthodontist on the day of their appointment. Those who had, told us that any delay had been minimal and the practice had offered an explanation for the reason of delay. Staff also told us that patients would be informed about any delay to their appointments by the receptionists.

An out of hours telephone number was available for patients should they require urgent treatment. The telephone number was available through a variety of means, including being displayed near the front door of the practice, on the answer phone message, in the practice information leaflet and on the website of the practice.

Staying healthy

We saw that health promotion information was available to patients to help promote the need for them to take care of their own oral health and hygiene. All patients receiving orthodontic treatments were shown a video demonstrating how to maintain their oral health whilst in receipt of orthodontic treatments.

Without exception, all the patients who returned completed questionnaires told us they felt they had been given enough information about their dental treatment.

Individual care

The practice is located in a converted house with surgeries arranged over two floors. One surgery was located on the ground floor, with a further three surgeries located on the first floor of the practice accessibly only via stairs. There was one step leading into the practice and one further step down to the ground floor surgery. The practice had use of a ramp so that patients who use wheelchairs could access the practice. We were told that patients with mobility difficulties would be offered an appointment with their own orthodontists in the ground floor surgery.

The practice provided detailed information to patients setting out expectations of orthodontic treatments. Consent forms for treatment were available in English and Welsh, and 'smile check' forms were produced specifically for younger patients to help them understand the treatments provided and their outcomes.

The practice made information available to patients on how they could raise a concern (complaint). Patients could also provide feedback through a suggestions box and through regular patient surveys.

We saw that the practice had a written complaints procedure. Information for NHS and private patients on how to raise a concern (complaint) was displayed in the reception areas. We recommended that the complaints process needed to be more clearly defined for private patients to help ensure private patients were aware of a different process. The policy also required updates to include the contact details for HIW. The practice has a Complaints Manager and all complaints, both verbal and written, were recorded and details of actions taken in respect of each complaint maintained. This allowed the practice to review concerns, take steps to resolve any issues and feedback to patients. This meant that the practice was learning from concerns with a view to improve practise and patient experience.

Improvement Needed

The practice's complaints procedure must include information for private patients on how to raise a complaint with the practice

The complaints procedure for private patients must include the correct contact details for Healthcare Inspectorate Wales

We saw that patients were able to provide feedback on the services provided through a suggestions box in the reception area of the practice. We also saw that patient views were sought through the use of patient questionnaires on different practice areas. We saw the results of one questionnaire regarding patient satisfaction of the opening hours of the practice, meaning that the practice were considering and taking on board patients' views.

Delivery of Safe and Effective Care

We found the practice provided patients with safe and effective care. The practice premises were visibly well maintained both internally and externally.

A thorough process for cleaning and sterilising dental instruments was demonstrated. We saw that improvements need to be made in the recording of checks on the sterilisation equipment.

We saw that checks on emergency drugs and equipment, whilst being carried out, needed to be done more frequently.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

Safe care

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

The building appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. We saw that fire safety equipment was available at different locations around the practice. We saw evidence that the practice had a contract in place for annual servicing of the equipment to ensure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the past 12 months, to help ensure equipment was safe to be used.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored securely whilst waiting to be collected by the contractor company. Non hazardous (household waste) was collected through arrangements with the local county council.

We looked at all the clinical facilities (surgeries) within the practice. These were clean and tidy. Floors and surfaces within surgeries were easily cleanable to reduce cross infection. All surgeries were equipped with instrumentation and appliance components to readily facilitate clinicians in the provision of treatment, including the full range of orthodontic appliance therapy, from any location.

The practice had two decontamination rooms set up and generally met the principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ policy and guidance document. We did see that the floor in one of the decontamination rooms needed sealing to allow for effective cleaning to reduce cross infection.

Improvement needed

The practice owner must ensure the floor is sealed between the cabinets and the existing flooring (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floor of one decontamination room

One of the decontamination rooms was also used for some administrative activities and had computers and chairs located in it. We saw that the chairs were old and looked tired and not easily cleanable. We recommended that the practice may wish to consider relocating these to another part of the surgery, away from the decontamination area.

A thorough decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on decontamination. Instruments were manually cleaned and then processed in a washer-disinfector². The practice had two washer-disinfectors and we saw logbooks had been maintained of daily checks of the machines to show they remained safe to use.

Three autoclave³ machines were in use at the practice, and located in the two decontamination rooms. We saw evidence that the three machines had been inspected and were safe to use. We were verbally told by staff about the daily checks and tests undertaken on the autoclave machines, to show that they remained safe to use as recommended by WHTM 01-05. We saw that some of the tests and checks had been recorded, but not all. We informed the practice owner and manager of our findings who provided verbal assurance that

¹ [The Welsh Health Technical Memorandum \(WHTM 01-05\) \(Revision 1\)](#) document provides professionals with guidance on decontamination in primary care practices and community dental practices.

² An automated cleaning process that both cleans and disinfects equipment

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

corrective action would be taken. On the day of inspection the practice manager provided a copy of the order made for the relevant logbooks and agreed to implement changes to the testing of the autoclave machines effective from the afternoon session.

Improvement Needed

The practice must make suitable arrangements to ensure staff comply with guidance set out within the WHTM 01-05 (Revision 1) guidance document in respect of:

- ***performing tests and procedures on autoclave machines***
- ***maintaining logbooks of the tests and procedures on autoclave machines***

Instruments were being stored in sealed bags to prevent cross contamination. The dates by which instruments must be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05.

The practice had recently conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity. We recommended that the practice may wish to consider using a different version of an infection control audit to ensure any areas for improvement are fully compliant with WHTM 01-05.

We saw that equipment and drugs were available for use in a patient emergency (collapse). We also saw records showing that the drugs and equipment were being checked on a monthly basis. We recommended to the practice owner that weekly checks should be undertaken on emergency drugs and equipment in accordance with the Resuscitation Council (UK)⁴ guidelines. The practice owner confirmed that this would be implemented immediately. We did see that some of the emergency equipment, specifically airways, were out of date. We informed the practice manager of our findings who provided verbal assurance that corrective action would be taken. On the day of our inspection we were provided with confirmation that the equipment had been ordered and planned for delivery the following day.

⁴ [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

The practice must make suitable arrangements to ensure that:

- ***a full emergency kit is available at the practice, and***
- ***regular checks are being conducted on the emergency equipment***

in accordance with the quality standards set out by the Resuscitation Council (UK)

We saw training records that showed staff were up to date with cardiopulmonary resuscitation (CPR) training.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training certificates demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. We saw that image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable or are at risk. We saw a sample of training records that demonstrated staff had completed training on child and adult protection. We saw that the safeguarding policy had not been reviewed since 2011. We recommended that the policy should be reviewed on a regular basis to ensure that it contains the relevant contact details for external bodies in the event of a safeguarding concern. The practice agreed to address this.

Staff we spoke to confirmed they felt able to raise any work related concerns they may have with senior practice staff and were confident these would be acted upon.

Effective care

We found that the practice team were committed to providing safe and effective care to patients.

We saw that the practice carried out a range of clinical audits to monitor the quality and safety of the care and treatment provided to patients. These included clinical audits to identify areas for improvement and checks on equipment to make sure it was working effectively.

We considered a sample of 16 patients' dental records to assess the quality of record keeping. Patient records were maintained electronically. Overall the

notes made were sufficiently detailed. However we did identify some common themes where improvement should be made. These were:

- The oral health of patients was not consistently recorded, meaning that any changes or improvements could not easily be identified
- The reason for patients' attendance and/or presenting complaint was not consistently recorded
- The aims of treatment was not always recorded, meaning that patient outcomes could not easily be assessed
- Patients' social history was not consistently recorded e.g. self esteem and confidence, which could be used as a way of measuring outcomes for patients.

As a result of some of the issues identified we recommended to the practice owner and manager that they may wish to consider introducing a patient record audit as part of their quality improvement activity. The practice agreed to consider this.

Improvement needed

The orthodontists working at the practice must make suitable arrangements to ensure patient records completed by them are maintained in accordance with regulatory requirements and professional standards for record keeping

In addition, the reason for taking X-rays and the orthodontists' findings from them had not always been recorded as required by the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Improvement needed

The orthodontists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising Radiation (Medical Exposure) Regulations 2000

Quality of Management and Leadership

The practice was owned and managed by one orthodontist who was supported on a daily basis by a practice manager. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior practice staff and the wider team. They also told us they had opportunities to attend relevant training.

A practice manager was responsible for the day to day management of the practice. The manager worked closely with the practice owner. Where we identified areas for improvement, the practice manager and owner demonstrated a willingness and commitment to address this promptly.

Conversations with staff working on the day of our inspection indicated they felt well supported in their roles by senior practice staff and the practice team. We also found that staff were clear and knowledgeable about their various responsibilities. Staff told us that they felt communication within the practice was good. We saw that team meetings were held regularly within the practice and staff told us they felt able to discuss any issues during these meetings.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The majority of the policies we saw were not signed by staff, did not have review dates or a version number. This meant that we were unable to see whether all staff had read and understood the policies and procedures in place and whether the most up to date version was available. We recommended to the practice that they should annotate all policies and procedures with a date of review, version number and staff signatures. The practice agreed to consider this.

Improvement Needed

The practice should ensure that they have a system in place to review policies and procedures and demonstrate that these have been communicated appropriately to staff

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities

We saw evidence that staff had received an appraisal of their performance within the last year.

We found that orthodontists and nursing staff were registered with the General Dental Council to practise and had indemnity insurance cover in place.

Records were available that demonstrated staff had received immunisation against Hepatitis B to protect patients and themselves against infection. Occupational health advice and support was available from the health board.

The orthodontists working at the practice provided private dental services. Their HIW registration certificates were prominently displayed as required by the regulations for private dentistry. Some certificates required updating to include HIW's correct address. The orthodontists agreed to contact HIW so that updated certificates could be issued. We saw up to date Disclosure and Barring Service (DBS) certificates for the orthodontists working at the practice. These had been issued within the last three years as required by the regulations.

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 Cathedral Orthodontics 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 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. 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

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <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.

Cathedral Orthodontic Practice:

Improvement Plan

Practice:

Cathedral Orthodontics

Date of Inspection:

5 December 2016

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
Page 7	<p>The practice's complaints procedure must include information for private patients on how to raise a complaint with the practice</p> <p>The complaints procedure for private patients must include the correct contact details for Healthcare Inspectorate Wales</p>	<p>Health and Care Standards April 2015 Standard 6.3</p> <p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p>	<p>Private patient complaints procedure is now produced. Procedure and patient leaflet have HIW contact details. Waiting room posters produced</p>	P Naish	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Regulation 15			
Delivery of Safe and Effective Care					
Page 9	The practice owner must ensure the floor is sealed between the cabinets and the existing flooring (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floor of one decontamination room <i>The Welsh Health Technical Memorandum (WHTM) 01-05</i>	Health and Care Standards April 2015 Standard 2.9 The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14	The missing area of sealant has been placed by the practice owner	P Naish	Done
Page 9	The practice must make suitable arrangements to ensure staff comply with guidance set out within the	Health and Care Standards April 2015	Log books have been obtained from Isopharm and are now in use. Coloured strips are now being used in the autoclaves	P Naish	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<p>WHTM 01-05 (Revision 1) guidance document in respect of:</p> <ul style="list-style-type: none"> • performing tests and procedures on autoclave machines • maintaining logbooks of the tests and procedures on autoclave machines <p><i>Welsh Health Technical Memorandum WHTM 01-05 Revision 1 – February 2014 Section 4</i></p>	Standard 2.4			
Page 10	<p>The practice must make suitable arrangements to ensure that:</p> <ul style="list-style-type: none"> • a full emergency kit is available at the practice, and • regular checks are being conducted on the emergency equipment <p>in accordance with the quality standards set out by the</p>	<p>Health and Care Standards April 2015 Standard 2.9</p> <p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p>	Emergency kit has been checked and is comprehensive. A procedure is now in place for weekly checks on emergency equipment	P Naish	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Resuscitation Council (UK) <i>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary Care</i>	Regulation 14			
Page 12	The orthodontists working at the practice must make suitable arrangements to ensure patient records completed by them are maintained in accordance with regulatory requirements and professional standards for record keeping <i>General Dental Council Standards for the Dental Team, Standards 3 and 4</i>	Health and Care Standards April 2015 Standard 3.5 The Private Dentistry Regulations 2008 (as amended) Regulation 14	A meeting of the Orthodontists has been arranged to discuss patient record-keeping., including justification for xrays. Practice records to be audited to assess improvement	P Naish	August 2017
Page 12	The orthodontists working at the practice must ensure they record the justification for taking X-rays and their findings as required by the Ionising	Health and Care Standards April 2015		P Naish	August 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Radiation (Medical Exposure) Regulations 2000 <i>General Dental Council Standards for the Dental Team, Standard 4.1</i>	Standard 3.5 The Ionising Radiation (Medical Exposure) Regulations 2000			
Quality of Management and Leadership					
Page 13	The practice should ensure that they have a system in place to review policies and procedures and demonstrate that these have been communicated appropriately to staff <i>General Dental Council Standards for the Dental Team, Standard 6</i>	Health and Care Standards April 2015 Governance, leadership and accountability	A spreadsheet is in production to identify when policies need reviewing. At renewal each policy will be allocated a version number and a staff signature sheet produced for policies that don't already have one. All policies are kept in the staff room so are readily available to staff	P Naish	December 2017

Practice Representative:

Name (print): ...Philip Naish.....

Title: **Practice Owner**.....

Date: ...20-01-2017.....