

General Dental Practice Inspection (Announced)

**Cwm Taf University Health
Board**

Glenhaven Dental Care

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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 Glenhaven Dental Care, 129 Cardiff Road, Taff's Well, Cardiff, CF15 7PP on 12 December 2016.

HIW explored how Glenhaven Dental Care 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

Glenhaven Dental Care provides services to patients in the Taff's Well area of Cardiff. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

Glenhaven Dental Care is a mixed practice providing mainly private, as well as some, NHS dental services.

The practice staff team includes five dentists, including one foundation¹ dentist, eight dental nurses, three of which are trainee dental nurses, two hygienists and an administration team including two directors and a reception administrator.

¹ The principal dentist is also a qualified Dental Foundation trainer. As a result, the practice offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

3. Summary

Overall, we found evidence that Glenhaven Dental Care 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 unanimously stated they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- Relevant audits were being undertaken which were comprehensive and provided evidence of a practice continually looking to improve their services
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently
- The premium environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy.
- All the dental practice patient facilities were situated on the ground floor enabling it suitable for patients using a wheelchair and/or patients with mobility issues

There were no areas of non compliance identified at this inspection.

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients and patient feedback confirmed this. 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. In total, 22 were completed and returned. All of the patients indicated that they were satisfied with the services received at the practice. Patient comments included:

'A superb dental service received each and every time. I wish all services were like that'

'Having been with the practise for 35 years, I have been privileged to see the development of the practice, in both quality and dentistry, all is to a very high standard. The staff and dental nurses have also grown with the practice and are a credit to their profession'

'an excellent practice who are always very polite and helpful'

'the children actually enjoy visiting Glenhaven'

Dignified care

We found the staff to be professional and friendly, and we observed 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 had 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. The practice used a system called instant message which informed staff of any delays. This information would then be verbally communicated to the patient.

An emergency contact telephone number for patients' use was displayed at the entrance to the dental practice and on the dental practice's website. 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. A range of patient information leaflets regarding different forms of treatments and preventative care was recognised as good practice. The practice also displayed patient information on TV screens in the waiting areas of the practice and newsletters and social media was used to keep patients informed.

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

Individual care

The practice had a complaints policy and procedure in place for both NHS and private treatments. The documents contained contact details for alternative organisations which could assist patients with their issues if not resolved locally. A complaints leaflet was available in reception and information on the website, which contained all the necessary details a patient might need.

Systems were in place to record, monitor and respond to any complaints the practice received. An 'on the spot' system was used to capture any verbal/informal comments, which also included compliments. These systems were regularly reviewed to identify any themes and discussed with staff at meetings.

Regular staff meetings take place and we observed the team meeting folder which contained comprehensive minutes of the meetings. In addition, staff told us that informal discussions took place daily between members of the dental team to ensure any daily messages were communicated. This type of communication worked well and the staff we spoke to confirmed this.

The practice had a way of seeking patient feedback via a suggestion box and a supply of patient questionnaires situated in the waiting area. We saw that the last survey results had been completed and analysed by a dental payment plan provider (Denplan) and provided comprehensive data on what the practice did well and where improvements could be made.

The reception and waiting areas were open plan, however, the practice had a consultation room available for staff to conduct private conversations and phone calls. This separate room ensured 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

We found evidence that patients were provided with safe and effective dental care.

The practice's facilities provided a premium environment for staff and visitors. We saw evidence of various contracts in place to ensure the environment and facilities were safe and well maintained.

Infection control procedures were aligned to the necessary guidance and audit tools. We saw evidence that regular checks of the equipment and decontamination processes were taking place.

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 cupboard. Arrangements with the local council were in place for the disposal of non hazardous (household) waste.

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.

The practice building has been extensively renovated, providing a premium environment for staff and visitors, which won an award in 2013 for the design and renovations completed. The building was visibly well maintained both internally and externally and all areas within the practice 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

- 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
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection

We saw evidence that an infection control audit had been completed using the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05² guidance. We recognise this as good practice due to the comprehensive content the audit covers.

The decontamination room benefited from different colour cabinets which indicated the 'dirty' to 'clean' flow to avoid any misunderstanding and to prevent clean areas from cross contamination.

The practice had a daily maintenance programme for checking the sterilisation equipment. A logbook was in place for each autoclave and we saw evidence that start and end of the day checks were taking place.

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).

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 checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)³.

² [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.

³ [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 had a named, appointed first aider.

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 at risk.

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 were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance.

Staff told us how they use a national charities subscription service to receive regular awareness updates regarding safeguarding. This we noted as an area of good practice because it ensured that the practices' policy and procedures were updated according to the latest safeguarding practices.

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 dentists involved in taking radiographs had completed the required training. This is in accordance with the requirements of the General Dental Council⁴ and Ionising Radiation (Medical Exposure) Regulations 2000.

We observed that the radiation protection file was completed and maintained as required.

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 helped to identify possible issues with the taking of X-rays and indicate where improvements should be made if required. This was to ensure that good, clear X-rays supported decisions about patient care and treatment.

Effective care

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

We looked in detail at a sample of 17 patient records at the practice and we found that the records were appropriate and sufficiently detailed with information about each patient's treatment. We found medical histories present in all the records we reviewed. Appropriate oral hygiene instruction had been given in line with national guidance. In all cases, the patient records we reviewed contained appropriate patient identifiers, previous dental history and reason for attendance.

We did identify some patient records that had inconsistencies regarding the 6 point pocket chart (6 PPC⁵). However from discussions with staff, we were satisfied that the practice had identified the issues via an internal audit and a system for recording 6PPC into the patient records had been revised and was now consistently and routinely being carried out for every patient that requires this specific charting to be done.

The patient records we identified which did not have the 6PPC recorded were patients that were seen prior to the results of the above action being taken.

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice completed relevant audits, including infection control, risk assessments, clinical audits and audits for a dental payment plan provider.

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

⁵ A 6-point pocket chart (6PPC) is the measurement (in millimetres) of the depth of the cuff of gum tissue at six points around each tooth. The dentist uses this information to measure the extent of any gum disease that may be present and also to assess the response of the gums to treatment. For more information go to www.bsperio.org.uk.

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 and there were comprehensive systems to induct, train and support staff.

The practice has been managed by the current dentist since 2009.

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 that all policies and procedures were reviewed annually or as, and when, required. This area of good practice ensured that the policies and procedures remained effective.

We saw a staff team at work who told us they were happy in carrying out their roles and received the support and training they required. 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 told us that the induction was an on-going process to ensure staff were fully competent and confident in their roles.

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 was required. Regular team meetings had taken place which were documented.

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 not resulted in the need for the service to complete an improvement plan. This report will be published on HIW's website and will be evaluated as part of the ongoing 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 2008⁶ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁷. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical

⁶ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁷ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- 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.