

Orthodontic Practice Inspection (Announced)

Cardiff and Vale University
Health Board, The
Orthodontic 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 The Orthodontic Centre at Beck Court, Cardiff Gate Business Park, Cardiff, CF23 8RP on 5 January 2017.

HIW explored how The Orthodontic Centre met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

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

The Orthodontic Centre is a mixed practice providing both private and NHS orthodontic services

The practice staff team includes two orthodontists, one dentist, one hygienist, two therapists, seven nurses, four reception staff and a practice manager.

A range of NHS and private orthodontic services are provided.

3. Summary

Overall, we found evidence that The Orthodontic Centre provides safe and effective care.

This is what we found the practice did well:

- Patients told us they were very happy with the service provided
- A thorough process for cleaning and sterilising orthodontic instruments was demonstrated by staff
- Documentation and information was available showing that X-ray and decontamination equipment was used with the aim of promoting staff and patient safety
- Staff told us they felt supported by senior practice staff and the practice team.

This is what we recommend the practice could improve:

- Some clinical facilities required attention and updating
- Orthodontists needed to improve aspects of their record keeping.

4. Findings

Quality of the Patient Experience

We saw that patients visiting the practice on the day of inspection 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:

'The staff always give you time to answer queries and inform you about next steps.'

'Very helpful and friendly staff, always willing to accommodate appointments to suit if possible. Fun environment to have treatment. Orthodontists are very friendly and chatty. Immaculate centre, pristine, modern and comfortable. Recommend the 'OC' to anyone!'

'I'm so happy with the service and results for all 3 of my children.'

'Extremely satisfied, excellent service, very professional and extremely helpful.'

Dignified care

We observed that interactions between patients, family members and the practice team were professional and respectful.

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 private orthodontic treatment prices was 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 available for patients to take away, providing general information about the practice. Information about the practice could also be found on the practice's website.

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.

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, included 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.

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

Individual care

The practice is located in a purpose built building over two floors. At the time of inspection the ground floor of the practice was in the process of being refurbished and was not open to patients. Two surgeries were located on the first floor of the practice, one single patient surgery and one open plan surgery with two patient chairs. We were advised that following refurbishment, the ground floor would have one single patient surgery, and one open plan surgery with four patient chairs. We were informed by the practice that patient confidentiality or privacy was not compromised by the use of open plan surgeries as anything that needed to be discussed with the patient was able to be carried out in a private meeting room or single patient surgery.

The practice was accessible to patients using wheelchairs and those with mobility difficulties and when reopened, the ground floor surgeries were arranged so that they would also be accessible.

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 was displayed in the reception area. We were told that the practice rarely receives complaints, but described a suitable process in the event of receiving one. This would allow the practice to review concerns (both verbal and written), take steps to resolve any issues and feedback any actions taken to patients.

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 were told that patients' views were sought through the use of patient questionnaires at the end of treatment. We saw that the questionnaires were reviewed and considered by the practice to identify ways of improving patient experience.

Delivery of Safe and Effective Care

We found the practice provided patients with safe and effective care.

A thorough process for cleaning and sterilising dental instruments was demonstrated.

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

Whilst the clinical facilities were of a good standard, improvements were required to ensure effective cleaning was achievable.

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 practice is located over two floors and at the time of inspection the ground floor of the practice was being refurbished and closed to patients. The building, as we are able to see it, appeared to be well maintained internally and externally. During a tour of the building we saw that generally all areas were clean, tidy and free from obvious hazards. We did see that during the course of the inspection day, one surgery floor became littered with pieces of discarded orthodontic materials. We recommended to the practice that they should introduce a process for ensuring that the floors of the surgeries are kept clean at all times.

Improvement needed

The practice should introduce a process to ensure that surgery floors are kept clean and tidy between patients

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 fire safety equipment to check 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 outside of the practice building 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 generally clean and tidy. We did see that the floor in one surgery had tape covering unsealed gaps and recommended that the flooring needed to be sealed to allow for effective cleaning to reduce cross infection. The practice agreed to do this. We also saw that the surgeries had glass work surfaces and two pieces were joined together with sealant. We saw that this had created a 'dip' between the pieces of glass and had become difficult to clean. The practice must ensure that measures are put in place to allow for effective cleaning of the work surfaces. The practice agreed to do this.

Improvement needed

The practice must ensure the floor is sealed appropriately (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floor of the surgery identified to the practice

The practice must ensure that the work surfaces within the identified surgeries are suitably sealed to allow for effective cleaning to take place

We looked at the equipment and instruments available to the clinical staff within the surgeries. We saw that the curing lights¹ being used by the clinical staff were in poor condition and bound by insulating tape. For reasons of safety, the practice must replace instruments that were in poor condition. We were informed that this had previously been brought the attention of senior management but replacements had not been authorised. We informed the practice manager of our findings who agreed to do address this.

We saw that some sterilised equipment and materials stored in the surgeries which had gone past their use by date. This was brought to the attention of the practice and we were informed that some materials and equipment, that were not used, had been brought to the first floor of the practice during the period of refurbishment. The practice agreed to remove and discard any unused and out of date equipment and materials immediately.

¹ Instrument used to bond dental material to teeth

Improvement needed

The practice must ensure that all instruments and equipment being utilised by the clinical staff are in suitable condition and replaced where necessary

The practice must have a robust process for audit of equipment and materials that are no longer in use and/or out of date and dispose of appropriately

The practice had recently relocated the decontamination room to the first floor of the practice during the refurbishment of the ground floor. We saw that the room set up generally met the principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)² policy and guidance document. We did see that the floor in one of the decontamination rooms needed sealing up to the walls to allow for effective cleaning to reduce cross infection. The practice confirmed that the decontamination room would be moved back down to the ground floor of the practice within one month following completion of the refurbishment. During the period of refurbishment the practice was reminded to ensure that due care and attention is required to ensure effective and thorough cleaning of the room is maintained.

Decontamination equipment appeared in good condition on inspection. Two autoclaves³ were in use and installation/inspection certification was available showing they were safe to use. We saw that daily checks were being carried out and logbooks maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show it remained safe to use.

A thorough decontamination process was demonstrated by staff and we saw certificates showing nursing staff had attended training on decontamination.

Instruments were being stored in sealed bags to prevent cross contamination. We did see that some sealed bags contained more than one hand-piece. We informed the practice of this and they agreed that it was not appropriate for

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

more than one hand-piece to be stored in each sealed bag. The practice agreed to address this issue.

Improvement needed

The practice must ensure that only one dental-hand piece is stored in a sealed bag following decontamination

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. The practice agreed to do this and use it as a measure against the soon to be completed refurbished ground floor of the practice.

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 had been checked regularly, in accordance with standards set out by the Resuscitation Council (UK)⁴, to ensure they remained safe to use should they be needed. We saw training records that showed all staff were up to date with cardiopulmonary resuscitation (CPR) training.

At the time of inspection the practice was not taking patient radiographs (X-rays) whilst the refurbishment of the ground floor was being carried out because the radiographic equipment and room was located on the ground floor. We were told that there were no plans to change the layout of the X-ray room and X-rays would be taken as normal following completion of the refurbishment. We concluded that the practice had arrangements in place for the safe use of 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 recommended that the practice consider reviewing the local rules for the safe use of the X-ray equipment following completion of the refurbishment to confirm whether any changes need to be made by. The practice agreed to do this by arranging for their Radiation Protection Advisor to visit the practice following completion of the refurbishment.

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.

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.

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 whole practice team were committed to providing safe and effective care to patients.

The practice carried out a range of 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 were assured that a range of audits were being undertaken by the practice. We were told that peer review of clinical staff does occur, but we were unable to determine how often this happens and what format it takes. We recommended to the practice that they consider formalising the process for clinical peer review. The practice agreed to consider implementing this.

We considered a sample of patient orthodontic 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:

- Confirmation of patients' medical history being checked at each appointment was not always countersigned or consistently recorded, meaning that the records could not always confirm whether medical records had been appropriately checked
- The oral health of patients was not consistently recorded at the beginning of treatment, meaning that any changes could not easily be identified

- The Recording of extra oral findings was not consistently recorded for every patient in the examination process, meaning that the clinical notes could not always confirm the extra-oral findings had been appropriately evaluated

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 accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, the justification for taking X-rays and the orthodontists' findings was routinely recorded.

Quality of Management and Leadership

The orthodontic practice was efficiently operated by the practice manager, and a team of experienced, motivated staff. A management structure with clear lines of reporting and accountability was demonstrated. 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.

The Orthodontic Centre is an established orthodontic practice and forms part of the larger {my}dentist group which has over 600 dental and orthodontic practices in England and Wales. The practice manager had overall responsibility for the day to day management of the practice and was supported by a lead nurse in this respect. Clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the management team demonstrated a willingness and commitment to address these promptly.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw that formal team meetings were held regularly with more frequent informal meetings held each morning. 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, and that these were reviewed on a regular basis and updates provided 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 the orthodontists, dentist 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 and dentist working at the practice provided private orthodontic services. Their HIW registration certificates had been removed from the ground floor of the practice whilst renovation work is being carried out. The practice manager agreed to display the certificates in the first floor of the practice, as required by the regulations for private dentistry, during the renovation work. Disclosure and Barring Service (DBS) certificates were available 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 orthodontic 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 The Orthodontic 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, measurable, 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.

Appendix A

Orthodontic Practice: Improvement Plan

Practice: The Orthodontic Centre

Date of Inspection: 5 January 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	<i>No improvement plan required</i>				
Delivery of Safe and Effective Care					
Page 8	The practice should introduce a process to ensure that surgery floors are kept clean and tidy between patients <i>Workplace (Health, Safety and Welfare) Regulations 1992</i>	Health and Care Standards April 2015 Standard 2.9	Actioned Staff have been made aware to be more vigilant in keeping floors clear of debris and now also sweep/clean floors through the staggered lunch break to ensure it's kept free of any debris throughout the day. They are	CLINICAL STAFF - Lead Nurse	8 th January 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
			also thoroughly cleaned and disinfected by cleaners every evening.		
Page 9	<p>The practice must ensure the floor is sealed appropriately (or make other suitable arrangements) to prevent water, dust and debris from accumulating in the unsealed part of the floor of the surgery identified to the practice</p> <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05</i></p>	<p>Health and Care Standards April 2015 Standard 2.9</p> <p>The Private Dentistry (Wales) Regulations 2008 (as amended)</p> <p>Regulation 14</p>	This has been addressed with our facilities team and contractors are replacing all flooring on both levels as part of the works being carried out at the practice.	Contractors & Practice Manager (PM)	31 st March 2017
Page 9	<p>The practice must ensure that the work surfaces within the identified surgeries are suitably sealed to allow for effective cleaning to take place</p> <p><i>The Welsh Health Technical</i></p>	<p>Health and Care Standards April 2015 Standard 2.9</p>	As above this has been added to the works being carried out at present and will be compliant in all identified areas	Contractors & PM	31 st March 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>Memorandum (WHTM) 01-05</i>	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14			
Page 10	The practice must ensure that all instruments and equipment being utilised by the clinical staff are in suitable condition and replaced where necessary	Health and Care Standards April 2015 Standard 2.9	The equipment that was noted in poor repair has been replaced and the Manager has been made aware to contact her compliance or clinical team if she needs support in authorising necessary clinical equipment.	PM/ Area Manager. Clinical / Compliance team if required	30 th Jan 2017
Page 10	The practice must have a robust process for audit of equipment and materials that are no longer in use and/or out of date and dispose of appropriately <i>The Welsh Health Technical</i>	Health and Care Standards April 2015 Standard 2.9	All staff have been reminded that part of the weekly surgery checklist is that all materials and equipment is checked and signed off that all is in date and in good repair. An issues to be escalated to the PM. Head Nurse to spot check periodically to ensure this is happening	PM/Head Nurse	30 th Jan 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>Memorandum (WHTM) 01-05</i>				
Page 11	<p>The practice must ensure that only one dental-hand piece is stored in a sealed bag following decontamination</p> <p><i>The Welsh Health Technical Memorandum (WHTM) 01-05</i></p>	<p>Health and Care Standards April 2015 2.9</p>	<p>All staff have been spoken to and informed that only one hand piece is to be stored in the sealed bag following decontamination. This will be monitored by the head nurse periodically to ensure this is completed.</p>	Head Nurse	20 th Jan 2017
Page 13	<p>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</p> <p><i>General Dental Council Standards for the Dental Team, Standards 3 and 4</i></p>	<p>Health and Care Standards April 2015 Standard 3.5</p> <p>The Private Dentistry Regulations 2008 (as amended)</p> <p>Regulation 14</p>	<p>This point has been discussed with the orthodontist and will be monitored with regular 6 monthly record card audits where any findings/learnings will be documented to ensure all regulatory requirements are met.</p>	PM/Head Nurse/ Orthodontist / clinical team if required	24 th Feb 2017

Quality of Management and Leadership

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>No current improvement identified</i>				

Practice Representative:

Name (print): JANET HEWITSON

Title PRACTICE MANAGER

Date 06/02/2017