

# **General Dental Practice Inspection (Announced)**

## **David Pitt's Dental Centre – Cardiff**

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2017

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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 David Pitt's Dental Centre, First Floor Suite, Parade House, 50 The Parade, Cardiff, CF24 3AB on 23 January 2017.

HIW explored how David Pitt's Dental Centre complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 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

David Pitt's Dental Centre provides private dental services to patients in the Cardiff area.

The practice staff team includes three dentists, four dental nurses, two hygienists, two reception staff and one business manager.

A range of private dental services are provided, including specialist treatment in restorative work (implants, crowns, veneers and bridgework) and endodontics (root fillings).

### 3. Summary

Overall, we found evidence that David Pitt's Dental Centre provides safe and effective care.

This is what we found the practice did well:

- Patients who completed HIW questionnaires said they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- There were arrangements in place for the safe use of x-rays
- Systems were in place to capture patient feedback, comments and complaints
- Relevant audits were being undertaken
- The environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy.

This is what we recommend the practice could improve:

- All the policies and procedures needed to include issue and review dates
- Infection control audits needed to be aligned to Welsh guidelines (WHTM 01-05) instead of English guidelines (HTM 01-05)

## 4. Findings

### *Quality of the Patient Experience*

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. Twenty two questionnaires were completed and returned to us. Patient comments included:

*"This is a first class practice and that's why I continue to use it"*

*"This practice always provides courteous, informative services and have always reacted quickly when emergency treatment has been required. The level of every aspect of care is second to none and the staff are highly qualified"*

*"I am very satisfied with the service provided. Having experienced very poor practise and suffered as a consequence at my previous dental practice, Andrew and Dr Pitt have always provided me with an excellent service."*

### **Dignified care**

We saw evidence that patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in a private area, away from other patients if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were satisfied with the care and treatment they received at the practice.

### **Timely care**

We found that the practice made efforts to ensure patients were seen in a timely manner. The majority of the patients who completed a HIW questionnaire told us they had not experienced a delay in being seen by the dentists.

The majority of patients told us they knew how to access out of hours dental care. Staff told us that emergency numbers were on the practice's answerphone, website and displayed by the practices' entrance.

### **Individual care**

All patients who completed HIW questionnaires told us they received enough information about their treatment.

The waiting area displayed various patient information including dental health promotion and disease prevention leaflets and posters, complaints information and a price list. The practice should however consider adding a high/maximum price range, (where prices vary) as recommended by the GDC (standard 2.4).

### ***Improvement needed***

***The price list should include a maximum price range for treatments where prices vary.***

The practice had a complaints policy and procedure in place. The documents contained contact details for alternative organisations which could assist patients with their concerns if not resolved locally. In addition, the Healthcare Inspectorate Wales (HIW) Merthyr Tydfil office address, needed to be added to the policy.

### ***Improvement needed***

***The complaints policy and procedure needs to be updated to include Healthcare Inspectorate Wales' office address and contact details.***

Systems were in place to record, monitor and respond to any complaints the practice received, including any verbal/informal comments. These systems were reviewed regularly to ensure any themes were identified. In addition, the practice had a suggestion box located in the waiting area enabling patients to provide feedback on their care and treatment at any time.

We were told that regular staff team meetings took place and we looked at a number of minutes from previous meetings. The minutes showed evidence of



shared learning from staff meetings which we noted as good practice. One example observed was in relation to updating staff on WHTM 01-05<sup>1</sup>.

The practice had a reception area and a separate waiting room. Private conversations could be conducted with patients in the surgeries and there was also additional space available for private conversations and phone calls. This additional space ensured that patient's privacy, dignity and confidentiality was maintained. 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.

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<sup>1</sup> [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.

## *Delivery of Safe and Effective Care*

**Overall, we found evidence that patients are provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were also satisfied that X-ray equipment was used appropriately and safely.**

**Record keeping was of a high standard.**

**We made recommendations for the documentation (specifically relating to infection control) to be aligned to Welsh guidelines instead of English guidelines.**

### **Safe care**

#### *Clinical facilities*

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients. We found that all surgeries were clean, and uncluttered. They were well equipped and equipment was in good order. We did identify a small tear in the dental chair of surgery 2 and we recommended that the floor edges in all surgeries were sealed to assist with effective cleaning. A review of these areas is required to ensure infection control procedures are not compromised.

#### ***Improvement needed***

***A review of the flooring in the surgeries is required to ensure they are sealed at the edges in line with WHTM 01-05 guidance***

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. The practice was visibly well maintained.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We observed waste being stored securely.

The practice 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
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- Digital recordings and logbooks for checking sterilisation equipment had been kept and maintained, including daily testing.

We saw evidence that the practice had undertaken an infection control audit, however the audit tool referenced HTM (English) 01-05 guidelines. We advised staff that the Welsh Health Technical Memorandum (WHTM) 01-05 needed to be used for dental services in Wales. The practice should consider using an audit tool aligned to the WHTM 01-05, such as the Wales Deanery infection control audit tool.

### ***Improvement needed***

***All decontamination activity and documentation must be aligned to the WHTM 01-05 guidelines instead of (English) HTM 01-05 guidelines.***

The decontamination room benefited from clear signage indicating dirty and clean areas. This system enabled staff to avoid any misunderstanding and to prevent clean areas from cross contamination.

We noted a procedure for manual cleaning displayed on the wall in the decontamination room. The written procedure did not relate to what we observed staff doing. We advised staff to modify the written procedure to ensure it corresponded with the practice's procedure. This would ensure that all staff, including any agency nurses adopted the correct procedure and to avoid any confusion.

### ***Improvement needed***

***The procedure for manual cleaning needs to be updated to reflect the correct process used by staff.***

The boxes used to transport dirty and clean instruments to and from the decontamination room, need to be reviewed to ensure the 'clean' and 'dirty' sections were clearly marked.

The decontamination room was located on the ground floor of the premises, situated opposite a waiting room of a separate dental practice. We recommended that a risk assessment was carried out to ensure that all necessary measures were in place so that no patients were able to enter the decontamination room when it was unoccupied by staff. This was necessary because there was no lock on the door to prevent unauthorised access.

### ***Improvement needed***

***A risk assessment needs to be carried out to determine the probabilities and dangers of patients entering the decontamination room when it is unoccupied by staff.***

### ***Emergency drugs and resuscitation equipment***

The practice had 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 for easy 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)<sup>2</sup>.

The practice had identified staff as first aiders and the names of these were clearly displayed.

### ***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 for the protection of children and vulnerable adults. All

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<sup>2</sup> [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.

clinical staff had completed training in the protection of children and vulnerable adults.

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 via head office and all staff had a Disclosure and Barring Service (DBS) certificate in place.

### *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 was in accordance with the requirements of the General Dental Council<sup>3</sup> and Ionising Radiation (Medical Exposure) Regulations 2000.

We observed that the radiation protection file was completed and maintained as required, including the notification letter from the Health and Safety Executive acknowledging that X-rays were being undertaken at the practice.

The practice had a quality assurance system in place to ensure that the image quality of patient X-rays was graded and recorded. This would identify possible issues with the taking of X-rays and indicate where improvements should be made if required to ensure that good, clear X-rays supported decisions about patient care and treatment.

### **Patient records**

We looked in detail at a sample of six patient records at the practice. Overall, we found that the record keeping was of a high standard, sufficiently detailed with information about each patient's treatment.

As a large number of patients were seen on a referral basis, the treatment plans and consent forms were very detailed, with risks identified. We found evidence that patients were provided with sufficient information about their treatment in order that they could make an informed decision about their care.

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<sup>3</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

The practice had a system for checking medical histories of patients which showed smoking status, alcohol consumption and the patients signature. The records reviewed had evidence that the dentist's had countersigned the medical histories. This demonstrated that patients' medical histories had been properly considered ahead of dental care and treatment as required.

### **Effective care**

Patients benefit from a practice that seeks to continuously improve the service provided. We were told and saw evidence that the practice engages in some relevant audits, including infection control.

The dental practitioners were involved in internal peer reviews, but the process was informal and plans were to be put in place to document these reviews in the future. The dental team have detailed knowledge and experience in dentistry that enabled them to lecture and be involved in a number of specialist areas.

## *Quality of Management and Leadership*

**We found evidence of effective management and leadership at this practice. We saw a staff team at work who seemed happy in carrying out their roles. We saw there was a range of policies and procedures in place, but we recommended these were updated to include issue and review dates.**

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 the practice had a range of policies and procedures in place. We recommended that all the policies and procedures contained an issue and review date, as well as staff signatures confirming that they had read and understood the documents.

### ***Improvement needed***

***The practice needs to review all policies and procedures to ensure they contain an issue and review date as well as staff signatures to confirm they have read and understood the documents.***

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.

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 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.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were displayed.

## 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 David Pitt's Dental Centre will be addressed, including timescales.

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.



## 6. Methodology

Any dentist working at the practice who is registered with HIW to provide private dentistry is subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>4</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>5</sup>. 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 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.

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<sup>4</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>5</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

Dental inspections capture a snapshot of the application of relevant regulations at the practice visited on the day of the inspection.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: David Pitt's Dental Centre**

**Date of Inspection: 23 January 2017**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	<i>The complaints policy and procedure needs to be updated to include Healthcare Inspectorate Wales' office address and contact details.</i>	Private Dentistry Wales Regulations 15 (4) (a) (b)	<ul style="list-style-type: none"><li>- All published notices now updated to include HIW</li><li>- Address and contact details</li></ul>	DPitt	01.03.17
6	<i>The price list should include a maximum price range for treatments where prices vary.</i>	Private Dentistry Wales Regulations 14 (1) (b) The General Dental	<ul style="list-style-type: none"><li>- All published fee scales now carry minimum to maximum price range for treatments</li></ul>	D Pitt	01.03.17

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		Council Standards 2.4			
<b>Delivery of Safe and Effective Care</b>					
8	<b><i>A review of the flooring in the surgeries is required to ensure they are sealed at the edges in line with WHTM 01-05 guidance</i></b>	WHTM 01-05 6.46 – 6.50	All floor/wall joints will be filled with silicone as discussed	D Pitt	06.03.17
9	<b><i>All decontamination activity and documentation must be aligned to the WHTM 01-05 guidelines instead of (English) HTM 01-05 guidelines</i></b>	Private Dentistry Wales Regulations 14 (1) (b) WHTM 01-05 document	We will update/train staff on differences between the documents. We will make the necessary adjustments in practice and policies to align with WHTM01-05 guidelines. We will provide each member of clinical staff with a copy of WHTM01-05 guidelines	D Pitt	01.04.17
9	<b><i>The procedure for manual cleaning needs to be updated to reflect the correct process used by staff.</i></b>	WHTM 01-05 3.37	The procedure for manual cleaning will be updated to reflect the current process used by staff	D Pitt	01.04.17
10	<b><i>A risk assessment needs to be</i></b>	Private	The risk assessment has been	D Pitt	01.04.17

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>carried out to determine the probabilities and dangers of patients entering the decontamination room when it is unoccupied by staff.</i>	Dentistry Wales Regulations 14 (2)	completed. An appropriate sign has been commissioned and the handle of the door raised above the reach of young children.		
<b>Quality of Management and Leadership</b>					
13	<i>The practice needs to review all policies and procedures to ensure they contain an issue and review date as well as staff signatures to confirm they have read and understood the documents.</i>	The General Dental Council Standards  6.6.8 6.6.9	All policies now display an issue and review date. Recurring diary notes have been entered onto practice electronic diary have been generated to ensure ongoing update programme.	J Rose  (Business Manager)	01.03.17

**Practice Representative:**

**Name (print): DAVID PITT**

**Title: PRINCIPAL**

**Date: 03.03.17**