

General Dental Practice Inspection (Announced)

Parkside Dental Practice – Cardiff

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2017

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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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 Parkside Dental Practice, 170 Cathedral Road, Cardiff, CF11 9JD on 7 February 2017.

HIW explored how Parkside Dental Practice 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

Parkside Dental Practice provides private dental services to patients in the Cardiff area.

The practice staff team includes two dentists, three dental nurses, one hygienist, one receptionist and a practice manager.

A range of private dental services are provided, including general dentistry and cosmetic treatments, including tooth whitening.

3. Summary

Overall, we found evidence that Parkside Dental Practice 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
- Relevant audits were being undertaken
- The environment provided clinical facilities that were well-equipped, and maintained.

This is what we recommend the practice could improve:

- All the policies and procedures needed to be consistent and include issue and review dates
- Infection control audits needed to be aligned to Welsh guidelines (WHTM 01-05)
- Immunisation records, specifically hepatitis B, needs to be obtained and kept on file for all dentists
- Signage is required for the decontamination room to identify clean and dirty areas and controlled area signs are required for the rooms where X-rays take place

Our findings in relation to staff immunisation resulted in HIW issuing an immediate assurance letter. This meant that the practice had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. The practice has since supplied HIW with a response, the content of which did provide us with sufficient assurance that prompt and appropriate action was taken.

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

“always excellent, friendly and professional service”

”I have recommended this dentist to my friends”

“wouldn’t go anywhere else, staff and dentist are wonderful”

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 dentist.

The majority of patients told us they knew how to access out of hours dental care. Staff told us that an emergency number was accessible via the practice’s answerphone. We also observed the practice’s telephone number displayed outside on a sign close to the entrance of the practice.

Individual care

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

A 'patient information' book was available in reception that included all the necessary information a patient might require about the service, including contact details, opening hours, emergency care and how to raise concerns/complaints about their dental care.

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

The practice had a complaints policy and procedure in place. The documents contained contact details for external organisations which could assist patients with their concerns if not resolved locally, including contact details for Healthcare Inspectorate Wales (HIW).

Systems were in place to record, monitor and respond to any complaints and/or comments the practice received. For example, the practice had specific logs to record complaints/comments and entries would also be made on the patient notes if necessary as a means of minimising the risk of further concerns.

The practice's website held information about how patients could provide their views/feedback. In addition, patient surveys were regularly conducted by the practice and an external dental payment provider. We saw evidence of recent survey results and staff told us how the feedback was used to continually improve the service and patient experience.

Regular staff meetings took place and we observed a number of minutes recorded at those meetings. In addition, staff told us that informal discussions took place daily between members of the dental team to ensure any relevant messages were communicated. This type of communication worked well and the staff we spoke to confirmed this.

The reception and waiting area was open plan, however, the practice had space to conduct private conversations and phone calls. This separate 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.

Delivery of Safe and Effective Care

Overall, we found evidence that patients were 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.

We made recommendations for Welsh guidance to be used, specifically WHTM 01- 05 for decontamination audits. Staff Disclosure and Barring Services (DBS) and first aid certificates needed to be obtained to evidence compliance with the regulations and cancer screening needed to be clearly documented on patient notes.

Safe care

Clinical facilities

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients and we found all surgeries to be clean and uncluttered.

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.

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

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 was visibly well maintained both internally and externally and all areas within the practice were clean and orderly. During our visit we observed that there was no sanitary bin in the staff toilet. We recommended that one was located there for staff use.

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

An accident book was in place but was missing contact details for the Health and Safety Executive (HSE). Those details needed to be added.

Improvement needed

Contact details for the HSE need to be added to the accident book.

Infection control

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

- A dedicated room for the cleaning and sterilisation of dental instruments
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- Logbooks for checking sterilisation equipment had been kept and maintained, including daily testing.

We saw evidence that the practice had undertaken infection control audits, however the audit tool referenced HTM (English) 01-05 guidelines. We advised staff that the Welsh Health Technical Memorandum (WHTM 01-05¹) needed to be used for dental services in Wales.

Improvement needed

All decontamination activity and documentation must be aligned to the WHTM 01-05 guidelines.

It was recommended that the practice identify the clean and dirty areas within the decontamination room to minimise the risk of cross infection.

Emergency drugs and resuscitation equipment

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.

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 and use by staff. 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)².

The practice had an identified member of staff as their first aider. We recommended the practice consider having an additional member of staff trained in first aid to ensure cover was available at all times. During the visit, the first aid certificate (to confirm the training was valid), was not available. The first aid certificate therefore needs to be obtained and a record kept on file at the premises.

Improvement needed

First aid certificates need to be obtained and a record kept on file to demonstrate that training is valid.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable, or are at risk. There were safeguarding policies for the protection of children and vulnerable adults and staff had completed training on both topics.

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. Staff had a Disclosure and Barring Service (DBS) certificate in place. At the time of our visit, however one DBS certificate was unavailable (and we were told that this was lost). The DBS certificate in

² [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.

question, therefore needs to be obtained and we recommended that the practice address this matter immediately.

Improvement needed

A review of DBS checks for staff is required to ensure all staff have a valid certificate

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 staff involved in taking radiographs had completed the required training. This was in accordance with the requirements of the General Dental Council³ 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. At the time of our visit, we noted that the practice did not have a radiation protection policy in place and we recommended that one was put in place. Following our visit, the practice notified us that their policy was on file titled 'practice declaration'. Therefore it is essential that all staff are made aware of the policy and their responsibility in relation to it.

We were unable to locate a room plan of surgery two within the radiation protection file which would identify the controlled area/s within the surgery.

Improvement needed

The radiation protection file needs to be updated with a plan for surgery two and the identification of controlled areas.

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.

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

We recommended that the practice place signs on the doors of radiation controlled areas to control access to the room/s whilst treatments were in progress.

Improvement needed

Signs are required on the doors for all controlled areas within the practice to prevent access at times when X-rays are being carried out.

Patient records

We looked in detail at a sample of five 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.

Based on the records we reviewed we recommended that clear evidence of writing cancer screening on patients' notes was required. Despite evidence that the checks were being carried out, some notes were not specific with noting that cancer screening had been explained and documented.

Discussions with staff confirmed that the patient record system would be updated to evidence that patient consent had been obtained.

Improvement needed

Patient notes need to clearly evidence that cancer screening has been carried out and explained to the patient.

Effective care

Patients benefitted from receiving care from a practice that made efforts to continuously improve the service provided. We were told and saw evidence that the practice engaged in some relevant audits, including infection control, clinical waste and radiograph audits.

There were no formal internal arrangements for staff at the practice to conduct regular peer review audits together, however, staff told us that the practice had obtained Excel accreditation. This accreditation demonstrated the practice's competence in delivering high standards and quality of care, which has been awarded by an external body.

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 ensure the correct organisations, regulations and standards, were listed.

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 however, that all the policies and procedures were marked with an issue and review date (for consistency and clarity), 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.

In reviewing the policies, we noticed that some included references to regulations, standards and organisations applicable in England and needed to be updated to reflect guidelines that apply to Wales.

Improvement needed

All policies and procedures must be appropriate and applicable for Wales, including ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.

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 also 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 appraisal, which ensured staff had opportunities to reflect on their work and identify any relevant training they may feel is required. There were some staff which required an up to date appraisal because over 12 months had passed since their last review. Regular

team meetings took place which were recorded, showing evidence of the discussions.

We saw records relating to Hepatitis B immunisation status for all dental nurses working at the practice. There were though, no records available for the dentists, despite verbal confirmation that all essential vaccinations had been received. We recommended that such records were obtained to evidence the immunisation status of the staff concerned to ensure/demonstrate that the practice had a system in place to protect patients and staff from this blood borne virus.

As a consequence of these findings, HIW issued the practice with an immediate assurance letter. At the time of writing, the practice had provided HIW with a response and this provided us with assurance that the action taken by the practice is sufficient.

We confirmed that all relevant staff were registered with the General Dental Council, All dentists providing private treatment were registered with HIW and their registration certificates were prominently displayed, in accordance with the private dentistry 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 Parkside Dental Practice 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 2008⁴ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁵. 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.

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

⁵ <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: Parkside Dental Practice

Date of Inspection: 7 February 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	<i>n/a</i>		-		
Delivery of Safe and Effective Care					
7	<i>Contact details for the HSE need to be added to the accident book.</i>	Health & Safety Executive General Dental Council Standards 1.5.4	Complete – HSE contact details have been added to the accident book	Kayleigh Webster	Complete
8	<i>All decontamination activity and documentation must be</i>	WHTM 01-05	Complete – Clean & Dirty area signage is	Kayleigh Webster	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>aligned to the WHTM 01-05 guidelines.</i>		displayed in the decontamination room.		
9	<i>First aid certificates need to be obtained and a record kept on file to demonstrate that training is valid.</i>	Private Dentistry Wales Regulations 14 (2)	First Aider course booked for the team	Kayleigh Webster	31/05/2017
10	<i>A review of DBS checks for staff is required to ensure all staff have a valid certificate</i>	Private Dentistry Wales Regulations 13 (3) (C) Schedule 2 point 2	Complete – the single missing DBS check for a member of staff has been obtained and is on file.	Kayleigh Webster	Complete
10	<i>The radiation protection file needs to be updated with a plan for surgery two and the identification of controlled areas.</i>	Ionising Radiations Regulations 1999 (IRR99) Ionising Radiation (Medical Exposure) Regulations 2000	Complete – The new plans for Surgery 2 have been drawn up.	Owen Jones	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		(amended 2006) (IR(ME)R).			
11	<i>Signs are required on the doors for all controlled areas within the practice to prevent access at times when X-rays are being carried out.</i>	Private Dentistry Wales Regulations 14 (1) (b) (d) Private Dentistry Wales Regulations 1.5	Complete – Radiographic signs are displayed outside each room where x-rays are taken	Owen Jones	Complete
11	<i>Patient notes need to clearly evidence that cancer screening has been carried out and explained to the patient.</i>	The General Dental Council Standards 4.1	Complete – Prompt box added to computerised notes	Owen Jones	Complete
Quality of Management and Leadership					
12	<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</i>	The General Dental Council Standards 6.6.8 6.6.9	All policies have a review and issue date present. Staff have now signed to confirm they have read and understood all	Kayleigh Webster	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>they have read and understood the documents.</i>		policies.		
12	<i>All policies and procedures must be appropriate and applicable for Wales, including ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.</i>	Private Dentistry Wales Regulations paragraph 14 General Dental Council Standards 1.9 WHTM 01-05	All policies reviewed and we believe they are suitable for Wales	Kayleigh Webster	Complete
N/A	<i>Immunisation records, specifically hepatitis B, for all clinical staff must be obtained to ensure patients and staff are protected from this blood borne virus.</i>	General Dental Council Standards 1.5.2	This matter resulted in the issue of an HIW immediate assurance letter. We have since received sufficient assurance of the action taken by the practice in this regard.	Kayleigh Webster	Complete – awaiting written confirmation report from Dr Adams occupational health

Practice Representative: Kayleigh Webster

Name (print): Kayleigh Webster

Title: Practice Manager

Date: 10/03/2017