

General Dental Practice Inspection (Announced)

Gwena Dental Care;
Cardiff and Vale University
Health Board

Inspection Date: 2 March 2017

Publication Date: 5 June 2017

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the patient experience	5
	Delivery of safe and effective care	8
	Quality of management and leadership	13
5.	Next Steps	14
6.	Methodology.....	15
	Appendix A	17

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 Gwena Dental Care at 1st Floor Lancaster House, 106 Maes-y-Coed Road, Cardiff, CF14 4HE on 2 March 2017.

HIW explored how Gwena 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

Gwena Dental Care provides services to patients in the north east area of Cardiff. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

Gwena Dental Care is a mixed practice providing both private and NHS dental services.

The practice staff team includes six dentists, two hygienists, four dental nurses (two of which cover reception duties) and two trainee dental nurses.

A range of NHS and private dental services are provided.

Gwena Dental Care opened to patients for the first time in November 2016.

3. Summary

Overall, we found evidence that Gwena Dental Care 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
- Clinical facilities were modern, well-equipped and visibly clean and tidy
- A thorough process for cleaning and sterilising dental 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 well supported by senior practice staff and the practice owner.

This is what we recommend the practice could improve:

- More regular checks on emergency drugs and equipment needed to be done to ensure it is available and safe to use in the event of a patient emergency (collapse)

4. Findings

Quality of the patient experience

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

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

“A great deal of information before and during the treatment and advice on after care”

“Very welcoming with a lovely smile and very polite”

“After being here and having five appointments I feel that the dentist is doing his best for me and definitely trying to reassure a very nervous patient”

All patients who returned a questionnaire indicated that they were very satisfied with the care and treatment provided to them.

Staying healthy

We saw that there was a variety of health promotion information available to patients within the practice, to help promote the care of their own oral health and hygiene.

All patients told us that they felt they had been given enough information about their dental treatment. One patient told us that they had been provided enough information about their treatment *“both at reception and by the dentist”*.

Dignified care

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

Without exception, all patients who completed a patient questionnaire told us they were satisfied with the care they received. Patients also told us that they had been made to feel welcome by the practice. One patient told us that they had received *“very good service from start to finish”*.

The practice provided a range of private and NHS dental treatments. Information on prices for private dental treatments was available to view in the waiting area, as were costs for NHS dental treatments. This meant patients had access to information on how much their treatment may cost.

General information about the practice was available on the practice website and also in a practice information leaflet which was available for patients to read and take away from reception.

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 a dentist on the day of their appointment. Those who had, told us that any delay had been minimal and the practice had apologised for any inconvenience. We were told that patients would be informed about any delay to their appointments either by the receptionist or dentist, and alternative appointments offered if required.

The practice offered a confirmation and reminder service to patients to keep them informed of their appointment time and date. This included emails, appointment cards, text message reminders and telephone calls, depending on the preference of the patient.

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

Individual care

The practice was located on the first floor of the building with steps and a lift leading up to the reception area and surgeries, meaning that patients with mobility difficulties or those using wheelchairs could easily access the practice. Car parking facilities were available for patients directly outside the practice including a disabled parking space for those patients with mobility difficulties.

The practice made information available to patients on how they could raise a concern (complaint) and had systems in place for patients to provide feedback.

We saw that the practice had a written complaints procedure. Information for patients on how to raise a concern (complaint) was displayed in the reception area. We recommended that the practice should review their process to ensure that timescales for acknowledging and investigating complaints were in line with

relevant standards. We also recommended that the practice included their complaints process on their website. The practice agreed to do this.

Improvement Needed

The practice must update their complaints procedure to ensure timescales for both private and NHS patients are compliant with relevant standards and regulations.

The practice must include their complaints procedure on their website.

We were told that the practice had not received any verbal or written complaints since it opened. A suitable process was described by the practice should they receive a complaint, which included recording all verbal and written complaints and reviewing any actions that needed to be taken as a result of a concern being raised.

The practice had a patient suggestion box in the waiting area, allowing patients to provide both ad-hoc and anonymous feedback about the care and treatment provided to them. Patients were also able to provide feedback through an external review website. We were told that patients were contacted following their first appointment to be able to provide feedback on the service they had received. This feedback was then reviewed by the practice and discussed during team meetings with a view to improvement patient experiences.

Delivery of safe and effective care

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

Patients' records were detailed and demonstrated care and treatment had been planned to promote patient safety and well being.

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.

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

Safe care

We found that the practice had arrangements in place to protect the safety and well being of staff working at, and people visiting the practice.

The practice opened in November 2016 and the facilities and equipment were modern and new. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards.

We saw that fire safety equipment was available at different locations around the practice and we saw evidence that the practice had a contract in place for annual servicing of the equipment to ensure it was working properly.

We saw that written risk assessments had been completed that identified potential hazards and actions to reduce risk.

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

We looked at all the clinical facilities (surgeries) within the practice, which were new for opening in November 2016. These were modern, clean and tidy. Floors and surfaces within surgeries were easily cleanable to reduce cross infection.

A separate decontamination room was set up and met the principles set out within the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)¹ guidance document. Decontamination equipment appeared in good condition on inspection. Two autoclaves² 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 staff had attended training on decontamination.

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

We saw that the practice had recently started a formal infection control audit. We recommended that the practice should continue with this process to ensure that any actions identified as a result are implemented and include a routine infection control audit as part of their ongoing improvement activity. The practice confirmed that this was their intention.

We saw that equipment and drugs were available for use in a patient emergency (collapse). We saw that the drugs and equipment were being checked on a monthly basis by the practice. We recommended to the practice that weekly checks should be undertaken (and recorded) on emergency drugs

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

² An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

and equipment in accordance with the Resuscitation Council (UK)³. The practice provided verbal assurance that this would be addressed.

Improvement Needed

The practice must make suitable arrangements to ensure that they have a system in place for conducting regular checks on the emergency equipment in accordance with the quality standards set out by the Resuscitation Council (UK).

We saw training records that showed most staff were up to date with cardiopulmonary resuscitation (CPR) training. We were unable to see a certificate for one member of staff, but the practice confirmed that they were up to date with their training but the certificate was unavailable. We saw confirmation that the member of staff was booked onto a CPR training course shortly (in line with the individuals' annual training plan). We recommended to the practice that to ensure they have oversight of the training carried out by staff they should maintain a training matrix for their records and retain staff certificates of completed training. The practice agreed to do this.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw training certificates demonstrating that the dentists were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council.

We saw certificates to show that some dental nurses had received ionising radiation training, but not all. We advised that the practice seek advice on the requirements of the General Dental Council⁴ with regards to training recommended for clinical professionals.

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.

⁴ <http://www.gdc-uk.org/Newsandpublications/Publications/Publications/Continuing%20Professional%20Development%20for%20Dental%20Professionals.pdf>

Improvement Needed

The practice must ensure that all staff receive ionising radiation training in accordance with the requirements 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. All staff had completed training on child and adult protection and we saw training certificates that demonstrated this.

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

Effective care

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

We saw that the practice was in the process of implementing a range of audits to monitor the quality and safety of the care and treatment provided to patients. The practice was still developing their audit process due to being newly opened. We recommended that the practice should formalise the process for undertaking audit activity throughout the year as it develops. The practice confirmed that they would do this.

We considered a sample of patient dental records to assess the quality of record keeping. Patient records were in electronic format. The notes made were detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. We did however identify some common themes where improvement should be made to ensure a consistent high standard of record keeping across all dentists. These were:

- Whilst we were told that cancer screening was carried out verbally for all patients, it was recording inconsistently amongst practitioners
- Recording of patient informed consent to treatment was inconsistently recorded and patient treatment plans were not always signed

- Patients' alcohol and tobacco use had not always been noted by the dentists, together with any health promotion advice provided.

Improvement needed

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

In accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000, the reason for taking X-rays and the dentists' findings from them had been recorded.

.

Quality of management and leadership

A management structure with clear lines of reporting and accountability was demonstrated. Staff told us they felt well supported by the whole practice team.

Gwena Dental Care opened in November 2016 and is owned by two dentists. The owners are supported by a senior member of the practice administration team and a wider team of clinical and non-clinical staff. Where we identified areas for improvement, the practice owners demonstrated a willingness and commitment to address those 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. This was demonstrated within minutes of team meetings and nurse's only 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. All of the policies were signed and dated by the author and the practice had a process in place to ensure that all staff had read and understood the policies.

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 were told about plans for implementing staff appraisals and personal development plans within the forthcoming year.

We found that relevant clinical 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. We recommended to the practice that they should retain the outcomes of staff immunisation to ensure records are complete. The practice agreed to do this. Occupational health advice and support was available from the health board.

The dentists working at the practice provided private dental services. Their HIW registration certificates were displayed as required by the regulations for private dentistry. We saw up to date Disclosure and Barring Service (DBS) certificates for the dentists working at the practice. These had been issued within the last three years as required by the regulations.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

The improvement plan should clearly state when and how the findings identified at Gwena Dental Care will be addressed, including timescales.

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

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

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

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to inspections of the NHS in Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant

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

⁶ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

professional standards and guidance such as the GDC Standards for the Dental Team.

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

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

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

Appendix A

General Dental Practice: Improvement Plan

Practice: Gwena Dental Care

Date of Inspection: 2 March 2017

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
Quality of the patient experience					
Page 7	The practice must update their complaints procedure to ensure timescales for both private and NHS patients are compliant with relevant standards and regulations.	The Private Dentistry (Wales) Regulations 2008 (as amended)	We will review timescale legislation for private and NHS complaints procedures and update policies. Ensure all staff are aware of the update and sign an appropriately dated log sheet. Replace the current policies on the wall in the waiting area with the updated versions.	Anna Davies	31/3/17
	The practice must include their complaints procedure on their website <i>NHS Wales Putting Things Right</i>	Regulation 16 Health and Care Standards April 2015 Standard		We will add the updated complaints procedure to our practice website.	Anna Davies

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
		6.3			
Delivery of safe and effective care					
Page 10	<p>The practice must make suitable arrangements to ensure that they have a system in place for conducting regular checks on the emergency equipment in accordance with the quality standards set out by the Resuscitation Council (UK)</p> <p><i>Resuscitation Council (UK), Quality Standards for cardiopulmonary resuscitation practice and training, Primary Care</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(2)</p>	<p>We will check emergency drugs and equipment at weekly intervals, and enter this information on a log sheet.</p>	Sarah Arlotte	<p>3/3/17</p> <p>Immediately following inspection</p>
Page 11	<p>The practice must ensure that all staff receive ionising radiation training in accordance with the requirements set out by the General Dental Council</p>	<p>Health and Care Standards April 2015 Standard 7.1</p>	<p>Enrol employed staff on CPD course on ionising radiation training if they have not done it (two dental nurses). This has now been completed.</p> <p>All self employed clinical staff have now completed appropriate training</p>	Rebekah Smith	24/3/17

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
			within the last 12 months.		
	<i>General Dental Council Standards for the Dental Team, Standard 6.6, Standard 7</i>				
Page 12	<p>The dentists working at the practice must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with 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>Review FGDP Guidelines on Clinical Record Keeping.</p> <p>Update template on software to include oral cancer screening, alcohol and tobacco usage and oral health promotion.</p> <p>Ensure all treatment plans are printed and signed.</p> <p>Complete a patient record audit. 20 sets of each clinician's records to be reviewed retrospectively and following inspection.</p> <p>We are now following the BDA Good Practice self-assessment tool, and following recommendations on record keeping (as well as all other aspects of good practice).</p>	Anna Davies	<p>Immediately following inspection.</p> <p>Immediately following inspection.</p> <p>30/4/2017</p> <p>Currently working through. To complete by 30/4/2017</p>

Page number	Improvement needed	Regulation / Standard	Practice action	Responsible officer	Timescale
Quality of management and leadership					
	No improvement identified				

Practice Representative:

Name (print): Osian Davies

Title: Practice Owner

Date: 23 March 2017