

General Dental Practice Inspection (Announced)

Cardiff & Vale University
Health Board

{My}dentist, Quay Street
Dental Clinic

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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 {My}dentist, Quay Street Dental Clinic, Alliance House, 17 Quay Street, Cardiff CF10 1AE on 21 March 2017.

HIW explored how {My}dentist, Quay Street 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

{My}dentist, Quay Street Dental Clinic provides services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

{My}dentist Quay Street Dental Clinic is a mixed practice providing both private and NHS dental services.

The practice staff team includes three dentists, two dental nurses, two hygienists, one receptionist, one receptionist/treatment coordinator and a practice manager.

{My}dentist Quay Street Dental Clinic is owned by Integrated Dental Holdings (IDH).

3. Summary

Overall, we found evidence that {My}dentist Dental Clinic provides patients with safe and effective dental care.

This is what we found the practice did well:

- Patients who completed HIW questionnaires said they were happy with the service provided
- There was a system in place to evidence that staff had read and understood the policies and procedures at the practice
- Staff we spoke to were happy in their roles and understood their responsibilities
- Relevant audits were being undertaken which provided evidence of a practice continually looking to improve their services

This is what we recommend the practice could improve:

- A review of the environment, specifically the surgeries to ensure the cabinetry and equipment is in satisfactory condition to minimise infection control issues that could arise from the damage we observed
- The bins situated in clinical areas needed replacing with foot pedal bins that can be closed when not in use
- Staff must receive regular and documented appraisals
- Patient records needed to be improved, specifically to ensure that the correct stationary is used for NHS and private patients; treatment plans contain full and comprehensive information; PRW forms need to be consistently completed and stored appropriately.

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients. Patient feedback from HIW questionnaires highlighted that patients were satisfied with the care they received and information provided. We recommended the practice display the price list for private treatment showing a maximum price range (where applicable).

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

“Before I went to Quay Dentist Surgery I was so terrified of the dentist to the point of having panic attacks and would cancel appointments, but since attending Quay I no longer have panic attacks and no longer cancel appointments. All the staff make me feel comfortable from when I walk into the surgery, all very polite, best dental surgery in Cardiff”

”The reception staff always make me feel at ease. Have great care from the dentists and hygienist”

“The service and dentistry provided by the team has always felt to be of a high standard and the health of my teeth and gums have improved significantly”

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner, although there was limited space for staff to have conversations with patients apart from in the surgeries. We heard staff speaking to patients in a friendly and professional way and 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. Staff told us that if the dentist was running late they would make sure they kept patients informed.

The majority of the patients who completed HIW questionnaires told us they knew how to access out of hours dental care. An emergency contact telephone number for patients' use was displayed on the TV within the waiting room and on the window of the practice.

Staying healthy

Health promotion information was available in the waiting areas, including information leaflets and posters. A TV advertising different forms of treatments was visible within the waiting area and we noted that NHS posters contained information in both English and Welsh.

Signs displaying 'no smoking' were displayed in the reception/waiting area which confirmed the emphasis being placed on compliance with smoke free premises legislation.

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 posters, treatment leaflets, and a price list. In accordance with the GDC standards (2.4) the practice should include (where applicable), a maximum price range for private treatment.

Systems were in place to record, monitor and respond to any complaints the practice received. We also found that the practice had a complaints procedure in place. The private complaints procedure contained contact details for alternative organisations which could assist patients with their concerns if not resolved locally, including details for Healthcare Inspectorate Wales (HIW). Complaint procedures for private and NHS treatments were displayed in the waiting area.

Staff told us that verbal feedback from patients was recorded onto the electronic computer system and that formal surveys were issued via head office and the results sent to the practices to action (where applicable). We were told that patient feedback (whether verbal or via head office surveys) would be discussed with staff via team meetings.

Staff told us that regular staff meetings took place and that they are documented. However at the time of the visit, there were no minutes available to observe, therefore no comment could be made regarding meeting outcomes and evidence of any learning as a result of staff meetings.

Delivery of Safe and Effective Care

Overall, we found evidence that patients were provided with safe and effective dental care.

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

We recommended that patient records were improved by ensuring all records could easily be found and that appropriate stationary is used to distinguish NHS patients from private patients. We also advised of the need to ensure treatment plans contained full and comprehensive information, including the need to be specific about NHS and (where applicable) private treatments- including costs.

We also recommended that the dental surgery environments be reviewed. This was because we identified issues that would prevent effective cross infection procedures due to the condition of some cabinetry and equipment.

Safe care

Clinical facilities

Overall, we found arrangements were in place to protect the safety and well being of staff working at, and people visiting, the practice.

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored securely outside the practice. Arrangements with the local council were in place for the disposal of non hazardous (household) waste.

Amalgam separator equipment was installed, so that 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 had been re-branded with the {My}dentist name and trademark logos and colours. The practice building was compact with an open plan reception and waiting area. One surgery was situated next to reception. Downstairs there were two surgeries, a decontamination room, staff kitchen and

a shared staff/public toilet. Any persons with mobility issues could access the facilities situated on the ground floor, but the areas downstairs including the public toilet were only accessible via a staircase. The public toilet was compact with no handrails or space for walking aids.

Our observations of the condition of the dental surgeries highlighted that improvements were required. Specifically, we noted corrosion of the handles of the drawers in surgery one and the surfaces were short of space due to the number of items stored on them. Surgery two had damaged laminate on the drawers and in surgery two and three, the bins were not able to close. Surgery three also had peeling laminate and duct tape on the dental units. Signs of corrosion were also noted. These areas required immediate attention to ensure that they can be easily cleaned in accordance with infection prevention and control guidelines.

Improvement needed

A review of the environment is required, specifically the surgeries. All dental units and equipment must be in satisfactory condition to minimise infection control issues and enable safe dental treatments.

A review of all bins is required, specifically those situated in the clinical areas and replaced with pedal operated bins that can close when not being used.

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
- Logbooks for checking sterilisation equipment had been kept and maintained, including daily testing

We saw evidence that an infection control audit had been completed using the Wales Deanery audit tool which was aligned to the Welsh Health Technical

Memorandum (WHTM) 01-05¹ guidance. We recognised this as good practice due to the comprehensive content the audit covers.

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

Emergency drugs and resuscitation equipment

The practice had procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)².

The practice had two named, appointed first aiders.

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 in place.

We were told there were arrangements in place for staff to raise any concerns about the delivery of services to patients. The practice told us that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance. All staff had completed training in the protection of children and vulnerable

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 [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.

adults but one staff member's certificates were not available at the time of our visit. Staff confirmed they were awaiting the certificates which will be placed on their file to evidence the required training in the protection of vulnerable adults and children.

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.

The practice had a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. This 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.

Effective care

We looked in detail at a sample of twelve patient records at the practice. Overall, we found that the records were appropriate and sufficiently detailed with information about each patient's treatment. However we identified issues that needed to be addressed, including:

- Two record cards requested could not be located at the time of our visit
- NHS stationary (FP25A) cards were being used for non-NHS patients
- Inconsistent storage/availability of NHS paperwork. We identified PRW NHS forms stored in month order and not in patient record

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

cards. We asked the practice to consider scanning the paperwork to the patient record.

- PRW NHS forms were not consistently completed with the course of treatment (COT) number and treatment completed (TC) date.
- Patient treatment plans should clearly outline the treatment options, whether NHS and/or private and the costs associated

Improvement needed

A review of the storage of patient records is required to ensure all patient records are obtainable.

A review of patient information recording practices is required to ensure the correct stationary is being used for NHS patients and private patients.

Treatment plans must contain full and comprehensive information, including and where applicable treatments that are NHS and those which are private including costs.

NHS forms, specifically PRW forms need to be consistently completed and stored appropriately.

Patients benefitted from a practice that seeks to continuously improve the service provided. We saw that the practice completed relevant audits, including infection control and X-ray audits. Staff confirmed that there was limited peer review activity taking place and this is an area that should be considered to continuously improve practice.

Quality of Management and Leadership

We found evidence of good management and leadership at this practice. Staff we spoke to were happy in their roles, understood their responsibilities and felt supported. A range of relevant policies and procedures were in place. We recommended that staff receive regular and documented appraisals.

{My}dentist, Quay Street is part of a group of practices, with the other practices located across the UK. The practice is supported by a management team, but the day to day management of the practice was the responsibility of the practice manager.

We found that the practice was committed to ensuring that patients' care and treatment was delivered safely and in a timely way. This was supported by a range of policies and procedures. We were also able to confirm such arrangements by looking at a variety of records and through discussions with members of the dental team.

We identified that the practice had a range of policies and procedures in place. We noted that a version control form was attached to the policies which included information such as the author, date of issue and date of next review. This was identified as noteworthy practice because it provided reassurance that there were systems in place for regular review of the policies. However, we did identify some policies (Medical Emergency, Equal Opportunities and Safeguarding) which had not been reviewed in accordance with planned review dates .

Improvement needed

A review of the policies and procedures is required to ensure they have been reviewed in line with timescales stated and/or best practice.

Staff had all signed and dated a sheet to confirm they had read and understood the policies and procedures. This was again recognised as good practice, ensuring staff understand their roles and responsibilities in relation to the services provided at the practice.

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 and undertook essential training.

Discussions with staff confirmed that regular appraisals had not been undertaken and we recommended that these take place to provide staff with the opportunity to reflect on their work and identify any relevant training required.

Improvement needed

Regular, documented appraisals for all staff must be undertaken.

Regular team meetings took place which we were told were recorded, however there were no minutes on site to review. The practice should consider having a system whereby the minutes of the meetings are available to allow any members of staff that are unable to attend a meeting to review the minutes and keep up to date with the practice issues.

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, all dentists providing private treatment were registered with HIW and their registration certificates were prominently displayed, in accordance with the private dentistry regulations.

All clinical staff had a Disclosure and Barring Service (DBS) certificate in place which we noted as good practise because it provided further reassurance that staff are suitable to work with children and adults who may or may not be vulnerable.

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 {My}dentist Quay Street Dental Clinic 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 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

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

⁵ <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: {My}dentist Quay Street Dental Clinic

Date of Inspection: 21 March 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					
8	<i>A review of the environment is required, specifically the surgeries. All dental units and equipment must be in satisfactory condition to minimise infection control issues and enable safe dental treatments.</i>	Health & Care Standards 2.1 Private Dentistry Wales Regulations 14 (3) (a)	The practice has obtained a quote for the works of repairs/replacements to the damaged and worn areas in each of the Surgeries. We are now confirming dates to get this work carried out as will have to be co-ordinated when practice/ surgeries are not in use.	Facilities/ Practice Manager	By end of August 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		(b) & (6)			
8	<i>A review of all bins is required, specifically those situated in the clinical areas and replaced with pedal operated bins that can close when not being used.</i>	Health & Care Standards 2.1 Private Dentistry Wales Regulations 14 (3) (a) (b) & (6)	All bins have been reviewed as part of the works required in all 3 surgeries and will be repaired or replaced to be compliant.	Facilities/ Practice Manager	End of August 2017
11	<i>A review of the storage of patient records is required to ensure all patient records are obtainable.</i>	Health & Care Standards 3.5	All patient cards are stored and have been checked that they are all now in alphabetical order. All paperwork is held at the practice and once treatment is completed is also scanned on to the system on the patients electronic card on the R4 system.	Practice Manager/ Reception	26 th May 2017
11	<i>A review of patient information recording practices is required to ensure the correct stationary is being used for NHS patients and private patients.</i>	Health & Care Standards 3.5	Correct stationary has now been ordered and put in use so that it is clear if a patient is NHS or Private.	Practice Manager	30th June 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	<i>Treatment plans must contain full and comprehensive information, including and where applicable treatments that are NHS and those which are private including costs.</i>	Health & Care Standards 3.5	Treatment plans have been discussed with team and the importance of containing full information - treatment plan can also be printed off R4 system and attached to the FP17DC so the patient can have treatment written in full words and also pictures. These also detail the costings of NHS and Private charges separately so there is no confusion. Reception informed if there is any confusion then the Dentist must speak to the patient to confirm treatment and costs.	Practice Manager/ Reception Team/ Clinical Team	16 th June 2017
11	<i>NHS forms, specifically PRW forms need to be consistently completed and stored appropriately.</i>	Health & Care Standards 3.5	Staff spoken to and reinforced of the required paperwork needed. This will also be audited to check consistency. Forms are then scanned on to the patients electronic copy of the notes and also kept in the paper record card in alphabetical order.	Practice Manager/ Reception Team - Clinical staff also aware	16 th June 2017
Quality of Management and Leadership					
12	<i>A review of the policies and</i>	Health & Care	The practice is using a internal system called Mycomply which will	Practice Manager	Ongoing

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	<i>procedures is required to ensure they have been reviewed in line with timescales stated and/or best practice</i>	Standards 3.4 The General Dental Council Standards 6.6.8 & 6.6.9	ensure Policies and procedures are reviewed at the required time frame as this system creates weekly tasks for the Practice manager to ensure required timescales of reviews are met. This system is also visible to line management and the company Regulatory Officers for monitoring compliance.		
13	<i>Regular, documented appraisals for all staff must be undertaken.</i>	Health & Care Standards 7.1 General Dental Council Standards 6.6	Staff appraisals have been looked at as a whole piece of work within the business and they are due to be conducted in June. They will then be completed annually or reviewed at 1-2-1 sessions held with the team at any time required.	Practice Manager	June 2017

Practice Representative:

Name (print):Lisa O’Leary.....

Title:Regulatory

Officer.....

Date:26.5.17.....