



General Dental Practice Inspection (Announced)

Calgary Dental, Cardiff and Vale
University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Calgary Dental, East Street, Llantwit Major, CF61 1XY within Cardiff and Vale University Health Board on the 8 May 2017.

Our team, for the inspection comprised of an HIW inspection manager (inspection lead), and a dental peer reviewer.

HIW explored how the service met the Health and Care Standards (2015).

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that Calgary Dental provides safe and effective care, however, we found some areas for improvement in order for the practice to meet with the relevant standards and regulations.

This is what we found the service did well:

- Patients told us they were very happy with the service provided
- Staff interaction with patients was observed as polite and courteous
- Some clinical facilities were well equipped, clean and tidy
- 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 the practice owner and the wider practice team.

This is what we recommend the service could improve:

- A review of some policies and procedures was required
- Cleanliness and flooring within one surgery required attention
- Implementation of a robust audit process was necessary.

3. What we found

Background of the service

Calgary Dental provides services to patients in Llantwit Major. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice employs a staff team which includes one dentist, a hygienist, three dental nurses and two reception staff.

The practice provides a range of NHS and private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

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

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 11 were completed and returned to us. Patient comments included the following:

"Not possible to improve (the service the dental practice provides). Given service I need when I need it. Clean, friendly and professional."

"I have been a patient with the practice for a good many years and the service I have received has been excellent. I don't think there need be any improvement in the quality of care."

"Impossible" (in response to 'how could the dental practice improve the service it provides?')

Staying healthy

We saw a small number of health promotion information leaflets available to patients to help promote the need for them to take care of their own oral health and hygiene.

All patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. Without exception, all patients that completed a questionnaire told us that they had been involved as much as they wanted to be in any decisions made about the treatment received.

Dignified care

We observed staff speaking to patients in a friendly, respectful and professional manner. The staff presented as a small friendly team and we saw polite and courteous interactions with patients.

All patients that completed questionnaire agreed that they had been treated with respect when visiting the dental practice.

Patient information

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 easy access to information on how much their treatment may cost and almost all patients that completed a questionnaire told us that they knew how the cost of their treatment was calculated

General information about the practice was available on its website and within a patient information leaflet.

Without exception, all patients who completed a questionnaire told us that they had received information about their dental treatment, including available treatment options and costs. We also found evidence of treatment planning and options noted within a sample of patient records we considered. This meant that patients were able to make an informed decision about their treatment.

We found that patient information was stored securely in locked cabinets to ensure that personal and sensitive information was protected.

Communicating effectively

Patients told us that they were always spoken to in their preferred language by staff at the practice. We saw that some information, namely the practice's complaints policy was also displayed in Welsh. All patients who completed a questionnaire told us that the dental team had helped them to understand all available options to them when treatment was needed.

Timely care

We found that the practice made efforts to ensure that patients were seen in a timely manner. Staff described a process for keeping patients informed about any delays to their appointment times.

An out of hours telephone number was available for NHS patients should they require urgent out of hours dental treatment and all bar one patient who completed a questionnaire told us they knew how to access the service if they had an urgent dental problem. The telephone number was displayed in the window of the practice and on the answer phone message. A contact number for patients paying through a private membership plan was not readily accessible. We recommended that the practice should make the contact telephone number easily available to private patients in the event that out of hours dental care is needed. The practice owner agreed to do this.

Improvement needed

The practice should consider arrangements for providing private patients with the contact number for out of hours dental treatment.

Individual care

Planning care to promote independence

All patients told us that they were provided with information about keeping their mouth and teeth healthy. We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

People's rights

The practice was located in a two storey building, with one dental surgery on the ground floor and one on the first floor. The surgery had a small step leading up into the practice. We were told that patients with mobility difficulties would be offered support to access the building and dental services would be provided in the ground floor surgery.

Listening and learning from 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 complaints process for NHS patients needed

to be updated to include the contact details for the health board in line with the NHS Wales Putting Things Right process¹. We also recommended that the practice include their complaints process, for both private and NHS patients, on their website. The practice owner agreed to do this. We saw that the practice had a complaints book for recording any complaints received, of which there was one documented. We advised the practice to record any verbal complaints received, to allow the practice to review and take steps to resolve issues and feedback to patients on the actions taken. The practice owner agreed to do this.

We saw that patients were able to provide feedback on the services provided through a comments box in the reception area of the practice. We were told that a process for obtaining patient views through formal questionnaires was due to be implemented shortly.

Improvement needed

The practice should update their complaints process to include the contact details for the health board in line with the NHS Wales Putting Things Right process.

The complaints procedure should be included on the practice website.

¹ <http://www.wales.nhs.uk/ourservices/publicaccountability/puttingthingsright>

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

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 well maintained and demonstrated care and treatment had been planned to promote patient safety and well being.

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

Some improvements were required to one surgery to ensure it met with acceptable standards.

Safe care

Managing risk and promoting health and safety

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

The building appeared to be well maintained internally and externally. During a tour of the building we saw that all areas were clean, tidy and free from obvious hazards. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months to make sure it was working properly.

Portable Appliance Testing (PAT) of electrical equipment within the practice had been carried out within the last 12 months, to help ensure equipment was safe to be used.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste was being stored

securely whilst waiting to be collected by the contractor company. 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. Non hazardous (household waste) was collected through arrangements with the local council.

Infection prevention and control

The practice had a designated decontamination room and generally met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)² policy and guidance document.

Decontamination equipment and cabinets within the decontamination rooms were visibly in good condition. Work surfaces and the floors were easily cleanable to facilitate thorough cleaning and reduce cross contamination. The practice had the use of one autoclave³ and we saw inspection certification to show it was safe to use. We were also able to confirm that the practice carried out start and end of day checks, on the equipment. However, on the day of inspection the practice confirmed that they were unable to download the data from the autoclave regarding the outcome of other tests performed on the machine. We recommended that the practice seek expert advice from the manufacturer as a priority to ensure they are able to download the data from the machine. The practice agreed to do this.

Staff demonstrated the decontamination process and we saw certificates showing all clinical staff had attended training on decontamination. We recommended where some areas of the decontamination process could be improved as recommended by WHTM-01-5. This included relocating the illuminated magnifying inspection light to enable inspection of instruments pre-sterilisation instead of post-sterilisation. We also advised staff to scrub instruments under the water to help prevent splash from instruments during the

² The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

³ An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

manual cleaning process. The practice implemented these changes on the day of inspection.

We found that the equipment used for developing radiographs was used and stored in the decontamination room. We suggested to the practice owner that they should consider relocation of the equipment in order for only decontamination equipment to be located in the decontamination room, which they agreed to consider doing.

Sterilised dental 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 looked at all the clinical facilities (surgeries) within the practice. The one surgery that was in constant use was in good condition, clean and tidy. The floor and surfaces within the surgery were easily cleanable to reduce cross infection. We found the second surgery appeared to be in a tired condition and in need of a deep clean, and we recommended this to the practice owner. The floor within the surgery required sealing as there were grooves between adjoining panels potentially allowing dust and debris to collect. We recommended that the practice should consider replacing the floor or making suitable arrangements for sealing the areas identified during the inspection. The practice owner agreed to do this.

The practice had recently conducted an infection control audit to identify areas for improvement and development as part of the overall quality assurance monitoring activity. In light of the recommendations made above, we suggested that the practice may wish to consider carrying out a further audit in the near future to evaluate any changes made.

Improvement needed

The practice must ensure the floor is appropriately sealed to prevent water, dust and debris from accumulating in the unsealed part of the floors of the surgery identified to the practice owner

Medicines management

We saw that equipment and drugs were available for use in the event of a patient emergency (collapse), and were stored securely. We also saw records showing that the drugs and equipment were being checked on a regular basis.

We saw certificates to show that all staff had received cardiopulmonary resuscitation (CPR) training within the last 12 months.

Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who become vulnerable, or are at risk. We saw that the safeguarding policies had been recently reviewed. We recommended however that the safeguarding policies should be more detailed to assist staff in the case of need. The policy should also include relevant and up to date contact details for the local authority safeguarding teams. The practice owner agreed to update the policy. We saw that all relevant 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.

Improvement needed

The practice should update their safeguarding policy for adults and children to ensure it contains sufficiently detailed information for the process for staff to take in case of need. The policy should also include the contact details for the local authority safeguarding teams for adults and children.

Medical devices, equipment and diagnostic systems

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This was 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 clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. We did however find that the isolation switch for an X-ray machine in one surgery was located within the controlled area. We recommended that the practice owner seek advice regarding relocation of the isolation switch to ensure the safety of patients and staff.

The processing of X-rays was automatic, however the practice did not have a system in place to ensure the quality of the X-rays being processed was of an acceptable standard. We recommended that the practice should introduce a regular check i.e. step-wedge⁴, to show the effectiveness of X-ray processing.

We were unable to confirm that regular image quality audits of X-rays had been completed as part of the practice's quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required. We recommended that this should be implemented. The practice owner agreed to do this.

Improvement needed

The practice should seek expert advice in relation to relocating the X-ray machine isolation switch to an area outside of the controlled area within surgery two.

The practice should implement a system for checking the processing of X-rays on a regular basis. The outcomes of checks should be recorded in a logbook.

The practice should implement quality assurance audits of X-rays taken for image quality.

Effective care

Safe and clinically effective care

Whilst we saw evidence that the practice had recently carried out a WHTM 01-05 audit of their decontamination arrangements, we did not see that the practice had a programme in place for undertaking a wide range of clinical audits with the aim of identifying areas for improvement. We discussed this with the practice owner and recommended that they should consider implementing a programme of audits across the year. The practice owner agreed to do this.

⁴ A quality assurance test to monitor the film processing used in dental radiography

We were told that the practice was in the process of introducing the Maturity Matrix Dentistry⁵ tool to help deliver high quality care for patients. We recommended that the practice continue to implement this process.

Improvement needed

The practice should implement a range of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. Patient records were in paper format. The notes made were detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. We reminded the practice owner the importance of ensuring that all entries made on patient records should be signed by the clinician, which the practice owner agreed to do.

We found that some of the paper record cards were in a poor condition, despite efforts to repair them. We saw that radiographs were stored in paper envelopes within the patient record cards. We suggested to the practice owner that they may wish to consider alternative storage due to the potential for patient information and radiographs becoming lost or misplaced. The practice owner agreed to do this.

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

⁵ <https://www.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

The practice was owned by the principal dentist and we found that the arrangements for the day to day management of the practice was in a period of transition. We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by the whole practice team. They also told us they had opportunities to attend relevant training

Governance, leadership and accountability

Calgary Dental is owned and managed by one dentist and supported by a team of dental nurses and reception staff. At the time of HIW's inspection, the practice owner had recruited on a short-term temporary basis a practice manager to support the practice owner in the day to day management of the practice during, and post HIW's inspection. We were told that the practice owner had future plans to train a current member of staff to become responsible for the management of the practice. Where we identified areas for improvement, the practice owner demonstrated a commitment to address these quickly.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities.

Staff told us that they felt communication within the practice was good. We were told that practice team meetings were held. More recently, a more formalised approach to these meetings had been taken with written minutes produced. Staff told us they felt able to discuss any issues with all members of the staff team.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We saw that the majority of policies and procedures had been reviewed in April 2017, and were due to be reviewed next in April 2018. We recommended that the policies and procedures should have version numbers on them to ensure that all staff are familiar with the most up to date policy or procedure. We also recommended that the policies and procedures should be made practice specific where appropriate.

Staff and resources

Workforce

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.

Whilst staff had not received an appraisal of their work to date, we were told that staff appraisals were due to be introduced this coming year, and we encouraged the practice to ensure that this process was fully implemented.

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 most staff had received immunisation against Hepatitis B to protect patients and themselves against infection. Records for one member of staff were not available on the day of inspection, and were subsequently forwarded onto HIW. We recommended that the practice ensures that records of the immunisation status of staff are available for inspection by HIW on request. We also found that information provided by a General Practitioner in relation to the immunisation status of one member of staff was unclear regarding the need for a booster. We recommended that the practice seek advice from their occupational health team with regards to this query. The practice agreed to do this

The dentist working at the practice provided private dental services and we saw their HIW registration certificate prominently displayed as required by the regulations for private dentistry.

The regulations for private dentistry require that all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued with the previous three years. We saw confirmation that the practice had recently applied for DBS certificates for all the staff at the practice.

Improvement needed

The practice must ensure it retains immunisation records of all staff and make available for inspection by HIW.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#). 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 2008](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). 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 [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Calgary Dental

Date of inspection: 8 May 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Calgary Dental

Date of inspection: 8 May 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice should consider arrangements for providing private patients with the contact number for out of hours dental treatment.	5.1 Timely access	We currently provide our DPAS patients with an out of hours number. We will be providing this information on our website. An out of hours number to be displayed. JC Pugh 1-3 months	JC Pugh	1-3 months
The practice should update their complaints process to include the contact details for the health board in line with NHS Wales Putting	6.3 Listening and Learning from feedback	Reception have available NHS and private leaflets this was stated at the inspection date. The complaints notice	JC Pugh	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>Things Right process.</p> <p>The complaints procedure should be included on the practice website</p>		is updated		
Delivery of safe and effective care				
<p>The practice must ensure the floor is appropriately sealed to prevent water, dust and debris from accumulating in the unsealed part of the floors of the surgery identified to the practice owner.</p>	2.4 Infection Prevention and Control (IPC) and Decontamination	Flooring will be sealed	JC Pugh	1-3 months
<p>The practice should update their safeguarding policy for adults and children to ensure it contains sufficiently detailed information for the process for staff to take in case of need. The policy should also include the contact details for the local authority safeguarding teams for adults and children.</p>	2.7 Safeguarding children and adults at risk	This information was available in the main safeguarding file. The policy will however be updated	JC Pugh	Completed
<p>The practice should seek expert advice in relation to relocating the X-ray machine isolation</p>	2.9 Medical devices,	Bowen engineering contacted and task	Bowen engineering/JC	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<p>switch to an area outside of the controlled area within surgery two.</p> <p>The practice should implement a system for checking the processing of X-rays on a regular basis. The outcomes of checks should be recorded in a logbook.</p> <p>The practice should implement quality assurance audits of X-rays taken for image quality.</p>	equipment and diagnostic systems	<p>completed.</p> <p>Staff training and audits commenced</p>	Pugh	1-6 Months
<p>The practice should implement a range of clinical audits with a view to identifying areas for improvement as part of the practice's quality improvement activity. Improvement plans should be developed and monitored as appropriate.</p>	3.1 Safe and Clinically Effective care	Audits to be arranged	JC Pugh	1-6 Months
Quality of management and leadership				
<p>The practice must ensure it retains immunisation records of all staff and make available for inspection by HIW.</p>	7.1 Workforce	<p>All immunisation certificates are now available.</p> <p>DBS certificates have been actioned</p>	JC Pugh	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
The dentist working at the practice and registered with HIW to provide private dental services must have an up to date DBS certificate and make this available for inspection by HIW		and will be available		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): JC Pugh

Job role: PRACTICE OWNER

Date: 05/06/2017