

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

Marlborough Dental  
Practice/Cardiff & 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 Marlborough Dental Practice, 14 Marlborough Road, Roath, Cardiff CF23 5BX, within Cardiff and Vale University Health Board on the 16 May 2017.

Our team, for the inspection comprised of a HIW assistant 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 Marlborough Dental Practice provided safe and effective care, including a friendly and professional dental service, to their patients.

We saw evidence of various contracts in place to ensure the environment and facilities were safe and well maintained.

The record keeping we reviewed was comprehensive and current and we saw examples of effective checklists that ensure staff complete tasks as required.

The policy and procedure files were neat and easy to use, enabling staff to obtain the information required.

Staff were up to date regarding their training and systems were in place to ensure staff were supported in their role.

This is what we found the service did well:

- Systems were in place to capture patient feedback
- Patients unanimously stated they were happy with the service provided
- Staff we spoke to said they were happy in their roles and felt supported
- Relevant audits were being undertaken which provided evidence of a practice continually looking to improve their services
- The environment provided clinical facilities that were well-equipped, well maintained and visibly clean and tidy
- Record keeping was comprehensive and up to date
- Systems were in place to ensure staff were supported and had the necessary training to deliver their roles efficiently

# What we found

## **Background of the service**

Marlborough Dental Practice 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.

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

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 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 actively 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. A total of 42 questionnaires were completed. Patient comments included the following:

*An excellent practice*

*Brilliant!*

*Very helpful, understanding, clean and friendly practice, I would recommend to anyone*

## Staying healthy

Health promotion information was available in the waiting areas, including information leaflets and posters for children and specific information regarding different forms of treatments and preventative information. We noted that NHS posters contained information in both English and Welsh.

Dental surgeries had TV monitors which also displayed patient information including preventative information and different treatments available at the practice.

A sign displaying 'no smoking' was displayed in reception which confirmed the emphasis being placed on compliance with smoke free premises legislation.

## 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 private, 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 treated with respect when they visited the practice.

### **Patient information**

All patients who completed HIW questionnaires told us they received enough information about their treatment. Everyone agreed that they were involved as much as they wanted to be in any decisions made about their treatment.

All patients told us that the dental team had helped them understand all available options when they required treatment.

The majority of patients said the cost of treatment was made clear to them before they received treatment and the majority of patients also told us they understood how the cost of their treatment was calculated.

### **Communicating effectively**

Some patient information and posters displayed in the waiting area were in Welsh and English. The patients who completed HIW questionnaires told us that they had never been able to speak to staff in their preferred language, but did not provide further information regarding this. None of the completed questionnaires considered themselves as Welsh speakers.

## **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.

All 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 provided on the practice's answerphone message, so that patients could access emergency dental care when the practice was closed.

## **Individual care**

### **Planning care to promote independence**

Feedback from the patients that completed our questionnaires all confirmed that the dental team had discussed with them how to keep their mouths and teeth healthy.

All patient responses confirmed that the dental team helped patients understand all available options when treatment was needed and they were involved as much as they wanted to be in any decisions about their treatment.

### **People's rights**

The practice had an open plan waiting area. Private conversations though could be conducted with patients in the surgeries and there was space in the practice to make private phone calls if required. Such arrangements ensured that patient's privacy, dignity and confidentiality was maintained.

### **Listening and learning from feedback**

The practice had a complaints policy and procedure in place. We asked the practice to update the complaints policy in the practice file so that HIW's address was included and was consistent with the complaints information displayed in reception for complaints regarding private treatment. The NHS 'Putting Things Right' poster was displayed in the reception area.

The practice had a process and system in place to record, monitor and respond to any complaints they received. Very few complaints had been received by the practice but staff told us that they would ensure any themes or trends resulting from patient feedback was considered and discussed amongst the team.

The practice had devised a system for obtaining patient feedback, with a suggestion box situated in the reception area. Patient surveys were also regularly carried out and analysed to ensure patient views were captured and where applicable actions taken to improve the service.

Staff told us that any verbal comments made about the dental service were captured in patient's notes.

## 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 evidence that patients were provided with safe and effective dental care.

We saw evidence of various contracts in place to ensure the environment and facilities were safe and well maintained.

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.

The records we reviewed were comprehensive and current. There were checklists in place for various tasks that provided reassurance that the tasks were being completed consistently.

## 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.

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 appropriately. Arrangements with the local council were in place for the disposal of non hazardous (household) waste.

The practice building had been renovated, providing all the facilities on the ground floor. The building was visibly well maintained both internally and externally, and all areas within the practice were clean and tidy. The staff/public toilet was spacious enough for patients with mobility issues to access, however there were no hand rails to provide support if required. We asked staff to consider this need, taking into account their patient group.

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

### Infection prevention and 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
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Instruments were stored appropriately and dated
- The availability of personal protection equipment (PPE) to protect staff against injury and/or infection

We saw evidence that an infection control audit had been developed aligned to the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup> guidance. We recognise this as good practice due to the comprehensive content the audit covers. The infection control audit had been completed on a rolling basis and it was suggested to staff that the audits are dated to clearly identify the timescale the audit refers to.

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.

We discussed with staff at the time of our visit the amount of data the autoclave data loggers could store to record the cycles. We are reassured by the practice's actions, in which they contacted the manufacturer and confirmed with HIW the storage facility was sufficient.

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

## Medicines management

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). A resuscitation policy was in place.

The practice had named, appointed first aiders.

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)<sup>2</sup>

## Safeguarding children and adults at risk

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

The practice told us that pre-employment checks of any new members of staff were carried out before they joined the practice. Some of the clinical staff had Disclosure and Barring Service (DBS) certificates in place.

## Medical devices, equipment and diagnostic systems

The practice used digital X-ray equipment and the arrangements in place for the use of that X-ray equipment were in-keeping with existing standards and

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<sup>2</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

regulations. We saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe for use. We found that the dentists involved in taking radiographs had completed the required training. This was in accordance with the requirements of the General Dental Council<sup>3</sup> and Ionising Radiation (Medical Exposure) Regulations 2000.

We observed that the radiation protection file was completed and maintained as required.

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**

### **Safe and clinically effective care**

Patients benefitted from a practice that seeks to continuously improve the service provided. We saw that the practice completed a range of audits, including infection control, record keeping, waste and radiographs.

### **Quality improvement, research and innovation**

The dentists carry out internal peer reviews of each others work. This is an area of good practice and contributes to the quality of care provided as such arrangements promote the sharing of information between dentists for the benefit of patients.

### **Record keeping**

We looked in detail at a sample of 15 patient records at the practice and we found that the records were current and sufficiently detailed with information about each patient's treatment. We found medical histories present in all the records we reviewed. Appropriate oral hygiene instruction had been given in line with national guidance. In all cases, the patient records we reviewed,

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

contained appropriate patient identifiers, previous dental history and reason for attendance.

## 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.*

We found evidence of effective management and leadership at this practice. Staff we spoke to, told us they were happy in their roles, understood their responsibilities and felt supported. A range of relevant policies and procedures were in place and there were systems to induct, train and support staff.

The policies and procedures were stored neatly, enabling staff easy access to relevant information.

## Governance, leadership and accountability

Marlborough Dental Practice has provided services to patients in the Cardiff area for many years, with the current owner providing services since 1999.

We found the practice had good leadership and clear lines of accountability. Many of the staff had worked together for many years and there was a good rapport amongst them. The staff told us that they were confident in raising any issues or concerns directly with the practice manager or lead dentist.

## Staff and resources

### Workforce

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.

All policies and procedures were neatly filed, easy to navigate and obtain the relevant information required. We noted that some policies had issue and



review dates and others did not. It is recommended for consistency that all documents have an issue and review dates.

We saw evidence that staff had signed some policies and procedures to verify they had read and understood them. To be consistent with those on the staff files, we asked the practice to consider putting in a system in place to evidence that all the practice's policies and procedures are read and signed by staff.

The waste policy referenced HTM 01-05 and it should be WHTM 01-05. We discussed this on the day of the visit and staff agreed to make the change.

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.

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

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.

All relevant staff were registered with the General Dental Council. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulation 2008 and we saw confirmation of indemnity cover.

### 3. 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.

## 4. 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:**

**Date of inspection:**

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:** Marlborough Dental Practice

**Date of inspection:** 16 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
<b>Quality of the patient experience</b>				
No recommendations required				
<b>Delivery of safe and effective care</b>				
No recommendations required				
<b>Quality of management and leadership</b>				
No recommendations required				

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): Matthew Thomas**

**Job role: Principle Dental Surgeon**

**Date: 7th June 2017**

OTHER IMPROVEMENTS MADE AS PER SUGGESTIONS: Employee policies signed check sheet- See attachment 3; Policy lists with review dates- See attachments 4 and 5; Waste Disposal policy typo amended- See attachment 6; Resuscitation policy with no review date- This was present but on the back of the back page- See photo attachment 7; Hand rails in the toilet to aid patients with disabilities- See attached photo attachment 8