

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

{my}dentist, Llanrumney / 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 a dentist at 62 Countisbury Avenue, Llanrumney, Cardiff, CF3 5SN, within Cardiff and Vale University Health Board on the 17 July 2017.

Our team, for the inspection comprised of two HIW inspectors 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 {my}dentist Llanrumney was meeting the standards necessary to provide safe and effective care.

We found that the patients were treated with respect; the practice had appropriate processes in place to ensure equipment was safe to use. There was also a range of policies and procedures to ensure care was delivered in a safe and effective manner. .

This is what we found the service did well:

- Patients told us they were happy with the service provided
- Patient records were thorough and care was well documented
- 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 supported by senior practice staff and the wider practice team.

This is what we recommend the service could improve:

- The practice should implement an appropriate system to ensure that staff receive appropriate, timely training in line with professional recommendations
- Some improvements were required to waste storage within one surgery
- The practice should ensure that DBS certificates are available and up to date for all relevant staff.

## 3. What we found

### **Background of the service**

{my}dentist provides services to patients in the Llanrumney area of Cardiff. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes four dentists, one part time hygienist, three dental nurses, three reception staff and a practice manager.

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.*

Overall, we found that the practice was working hard to provide patients with a high quality service and positive patient experience.

We saw that patients were treated with dignity, respect and kindness by the whole 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. A total of 14 questionnaires were completed, the majority of questionnaires were from patients that had been at the dental practice for more than 2 years. Patients were asked in the questionnaires how the dental practice could improve the service it provides and patient comments included the following:

*"OK as is, very good indeed"*

*"No improvements needed"*

*"It can't")*

### Staying healthy

We found that the practice had a range of health promotion information leaflets available in the waiting area. This was to help to promote the need for patients to take care of their own 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.

The practice displayed a 'no smoking' sign in the waiting area which confirmed the emphasis being placed on compliance with smoke free premises legislation.



## **Dignified care**

We observed staff speaking to patients in a friendly, respectful and professional manner. All patients that completed a questionnaire agreed that they had been treated with respect when visiting the dental practice.

The practice staff told us they were able to provide privacy to patients if they wanted to discuss personal or confidential information with the dental team, away from other patients. However, a suggested improvement from a patient in the questionnaires was that more privacy is needed in the reception area when patients are speaking to staff.

## **Patient information**

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

The majority of patients that completed a questionnaire said that the cost of their treatment was always made clear to them before they received the treatment, and the majority agreed that they understood how the cost of their treatment was calculated.

Without exception, all patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options. 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.

All patients that completed a questionnaire told us that they felt involved as much as they wanted to be, in any decisions made about their treatment.

## **Communicating effectively**

None of the patients who completed HIW questionnaires confirmed themselves as Welsh speakers, but all respondents said they were able to speak to staff in their preferred language.

## **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.

The vast majority of patients that completed a HIW questionnaire 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 and displayed on the entrance door, so that patients could access emergency care when needed.

## **Individual care**

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

We considered a sample of patient records and found that all treatment options were recorded and consent to treatment was obtained from each patient.

The vast majority of patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

### **People's rights**

We noted that the practice had a dedicated equality and diversity policy in place. This meant that the practice was committed to ensure that everyone had access to the same opportunities and to the same fair treatment.

The practice had three dental surgeries all located in the ground floor of the practice. The practice had a removable ramp leading into the reception area and was able to offer dental services to patients with mobility difficulties or those using wheelchairs in one of the surgeries. There was a toilet available for patients to use, however it was not accessible to patients using wheelchairs. Staff we spoke to confirmed that due to the small size of the practice premises, it had not been possible to include a toilet facility with wheelchair access.

### **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. Only three patients that completed a questionnaire however, told us that they did not know how to make a complaint about the dental services they receive.

Systems were in place to record, monitor and respond to any complaints the practice received. The complaints system (known as Clarity) was linked to the practice's head office so the organisation had an overview of the information being received. We were told that information was regularly analysed to help identify any common complaints themes, which would be discussed with staff via team meetings.

The practice had a system in place to obtain patient feedback/views of the service. At the time of our visit, patients with mobile phone numbers would be sent a survey to complete and rate their experience. The responses are submitted to head office and an analysis is provided for the practice to see the areas they are doing well in and the areas they may need to improve.

Patients were able to provide ad-hoc feedback through comments/compliments slips that were available in reception for patients to complete. Completed slips were then passed to reception staff for safe keeping. We discussed with the practice that they may wish to consider this process to ensure patients are able to provide the feedback anonymously. The practice agreed to do this.

## 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.

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.

The practice must ensure that staff training in CPR and decontamination is conducted in a timely manner in line with relevant guidelines.

## 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. All patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean. During our inspection we also found the practice to be well maintained both inside and outside and surgeries were clean, tidy and well organised. One exception was the bin in surgery 3 which would not close securely, exposing its contents. We recommended that the practice address this as soon as practicable. In the meantime the practice should ensure that the bin is emptied promptly when full. The practice manager agreed to do this.

We noted that the testing of portable devices (PAT) had been undertaken within the last 12 months, helping to ensure the safe use of small electrical appliances used in the practice.

We saw that clinical waste was stored appropriately and there were contracts in place for the transfer and disposal of both hazardous (clinical) and non-hazardous waste produced by the practice. Amalgam separator equipment was installed in the dental chairs so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

Fire extinguishers were available in the practice and we noted that a fire equipment maintenance contract was in place. Fire signage was seen throughout the practice.

There was a health and safety policy in place. We saw appropriate data and information on Control of Substances Hazardous to Health (COSHH) and that COSHH substances were kept securely.

#### Improvement needed

The practice should ensure that the waste bin in surgery 3 is fit for use.

#### Infection prevention and control

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the practice, seeing evidence that there were infection prevention measures in place. Examples included:

- Designated room for the cleaning and sterilising of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>1</sup>

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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

- Availability of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- There were dedicated hand washing sinks in the decontamination room and the three surgeries
- Instruments were stored and transported appropriately between the decontamination room and surgeries and their packaging dated to show when they had to be used
- The practice was undertaking routine audits of infection control requirements in line with WHTM 01-05

We found that the practice had a decontamination policy in place and staff demonstrated a thorough decontamination process

We noted that with the exception of two members, staff had received training on infection control, as recommended by WHTM 01-05. We recommended that the practice ensures that all staff receive appropriate training in decontamination as recommended by WHTM 01-05. The practice agreed to do this.

The practice had the use of one autoclave<sup>2</sup> and we saw inspection certification to show it was safe to use. We saw that daily checks were being carried out and logbooks maintained as recommended by WHTM 01-05, of tests on the autoclave equipment. We found that the practice also maintained a logbook in respect of the tests completed on the ultrasonic<sup>3</sup> cleaner. We found that some records of the foil testing undertaken on the ultrasonic cleaner were missing. The practice told us that they were aware of the issue and had recently implemented a training programme to ensure staff were aware of the correct procedures to follow and the correct documentation to retain.

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

<sup>3</sup> A cleaning device that transmits high-energy, high-frequency sound waves into a fluid-filled container, used to remove deposits from instruments and appliances.

### Improvement needed

The practice must ensure that all staff complete relevant decontamination training in line with WHTM 01-05

### Medicines management

The practice had procedures in place to deal with (patient) emergencies. We found that resuscitation equipment and emergency drugs were stored securely. The drugs and equipment were being checked on a regular basis to ensure they remained in date and safe to use.

We saw records to show that the majority of staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, we found that training was out of date for two members of staff. We informed the practice manager of our findings and arrangements were made for the two members of staff to attend appropriate training within the week of the inspection.

We found that the practice had a named, appointed first aider.

### Safeguarding children and adults at risk

The practice had taken steps to promote the welfare and safety of children and vulnerable adults that may be at risk. The practice had safeguarding policies in place and all staff had received safeguarding training.

Staff confirmed that there were suitable arrangements in place for them to raise any concerns and if necessary, felt able to do this.

### Medical devices, equipment and diagnostic systems

Overall, we found that all three surgeries were clean, tidy and in good condition. We looked at the clinical facilities in each surgery and found that they all contained appropriate equipment for the safety of patients and clinical staff.

We saw evidence to show that radiographic (X-ray) equipment was serviced regularly to help ensure it was safe to use. There were also suitable arrangements in place for the safe use of radiographic equipment. We saw training certificates demonstrating that relevant clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council. We saw that the practice undertakes regular image

quality assurance utilising a bi-annual audit tool as part of their quality assurance monitoring activity.

## **Effective care**

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

We found that the practice was seeking to continuously improve the service it provided to patients. We noted infection control, record card, prescription, oral cancer and radiograph audits having been undertaken.

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

The practice did not undertake any peer review<sup>4</sup> for its clinical staff. We recommended that the practice introduce a process for peer review as a way of identifying practice improvement areas for the benefit of patients. The practice manager told us that there were plans in place to introduce a process for peer review by the end of the calendar year.

### **Information governance and communications technology**

We noted that the storage of patient files was appropriate to ensure the safety and security of confidential patient data. Access to computer screens was secure and discreet.

### **Record keeping**

We reviewed a sample of patients' records completed by the dentists. Overall, we found there was a very good quality of record keeping and patient care. We noted that medical histories were present in all the records reviewed and had been updated regularly. The dentists were advised to ensure that these were countersigned and dated. Appropriate oral hygiene instruction had been given in all cases in line with national guidance. In all cases, the patients' records

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<sup>4</sup> Peer review is one of the gold standards of science and is a process whereby healthcare professionals ("peers") can evaluate the quality of other professionals' work. This is with the aim of ensuring their practise is rigorous, uses past research with a view to providing the best possible care and treatment.



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

## 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 that the practice had systems and processes in place which ensure the practice and the staff are supported and committed to providing a high quality service.

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 in their roles and that they had the opportunity to attend relevant training to develop their skills and knowledge.

## Governance, leadership and accountability

{my}dentist Llanrumney has been providing dental services in its current location since 2014.

The practice manager had overall responsibility for the day to day management of the practice and was supported by an area manager and larger management team as part of the {my}dentist group of dental practices in England and Wales. Staff were clearly aware of their day to day responsibilities and all relevant information was shared between the practice and its head office. Where we identified areas for improvement, the practice manager demonstrated a willingness and commitment to address these 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. Staff also told us that they felt communication within the practice was good. We saw that team meetings were held regularly, however until recently had not been formalised with minutes produced. The practice manager had recently introduced a system to ensure that formal team meetings were held on a monthly basis moving forward.

We saw that there were a range of policies and procedures in place with the aim of ensuring the safety of staff and patients, and that these were reviewed on a regular basis. We were told that the practice was about to introduce a new process where at each team meeting one or two policies were going to be provided to the whole practice team and then discussed. Staff would then be required to sign the policy to show that they had read and understood the contents.

## **Staff and resources**

### **Workforce**

Staff told us they were supported and encouraged by the practice manager to access training opportunities. The {my}dentist group has its own training academy that can be used by all staff and provides both on-line and face-to-face training. We looked at a sample of staff training records and found that most clinical staff had completed training in areas 'highly recommended' by the General Dental Council. The practice was unable to provide certificates for some members of staff in infection control training. We were told that whilst training had been completed, the certificates were not available. We recommended that the practice ensures it obtains and retains all appropriate training certification to evidence that training has been undertaken.

We saw that staff had received an appraisal of their performance within the last year and personal development plans identified as a result of their appraisals.

We found that dentists and nursing 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.

The dentists working at the practice provided private dental services and we saw their HIW registration certificates displayed as required by the regulations for private dentistry. We reminded the practice that displayed HIW registration certificates should be the original copies and not photocopies. The practice agreed to address this.

We saw up to date Disclosure and Barring Service (DBS) certificates for most of the clinicians working at the practice. We were unable to confirm the date on one certificate. The regulations for private dentistry (Private Dentistry (Wales) (Amendment) Regulations 2011) require that all dentists providing private dental services in Wales have a DBS certificate issued within the previous three years.

### Improvement needed

The practice should ensure it obtains and retains all appropriate training certification for all staff to evidence that training has been undertaken and make available for inspection.

The practice must ensure that all dentists 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.

## 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 Radiations 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
The practice was unable to demonstrate that two members of staff had received CPR training within the last 12 months.	This meant that the practice was unable to demonstrate that all staff were trained and competent to deliver CPR in the event of a patient emergency.	We informed the practice manager verbally of our findings on the day of inspection.	The practice manager confirmed that appropriate training had been arranged for the two members of staff to attend appropriate training within the week of the inspection.

## Appendix B – Immediate improvement plan

**Service:** {my}dentist, Llanrumney

**Date of inspection:** 17 July 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:** {my}dentist, Llanrumney

**Date of inspection:** 17 July 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 areas for improvement identified during the inspection				
<b>Delivery of safe and effective care</b>				
The practice should ensure that the waste bin in surgery 3 is fit for use	2.1 Managing risk and promoting health and safety	Contact our facilities department and get the bin fixed.	Leah Llewellyn	31/8/17
The practice must ensure that all staff complete relevant decontamination training in line with WHTM 01-05	2.4 Infection Prevention and Control (IPC) and Decontamination	Staff are now up to date with all their WHTM 01-05 training.	Leah Llewellyn	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				
The practice should ensure it obtains and retains all appropriate training certification for all staff to evidence that training has been undertaken and make available for inspection	7.1 Workforce	Dentists have been on their CPR course. All other training has been completed.	Leah Llewellyn	Completed.
The practice must ensure that all dentists 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		I have up to date DBS checks for all dentists.	Leah Llewellyn	Completed

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): Leah Llewellyn**

**Job role: Practice Manager**

**Date: 22/8/17**