

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

Waterfront Dental Surgery

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2017

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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 Waterfront Dental Surgery at Waterfront Medical Centre, Heol y Llongau, Barry, CF63 4AR on 11 September 2017.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

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 Waterfront Dental Surgery was meeting the standards necessary to provide safe and effective care to patients.

We found that patients were treated with respect, the practice had appropriate processes in place to ensure equipment was safe to use and had 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
- Equipment and dental surgeries were clean, tidy and well maintained
- 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 had good access to training and support from the wider practice team.

This is what we recommend the service could improve:

- More regular checks and recording of emergency drugs and equipment in line with national guidelines
- The practice should make arrangements for clinical peer review
- Introduction of a process to be able to track patient referrals to external services.

## 3. What we found

### **Background of the service**

Waterfront Dental Surgery is a private only dental practice.

The practice staff team includes a dentist, practice manager, dental nurse and a hygienist (on a part-time basis).

A range of private dental services are provided.

## 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 16 questionnaires were completed. Patient comments included the following:

*"The service is excellent, professional, helpful staff and easy parking"*

*In response to the question 'How could the dental practice improve the service it provides? three patients commented "It couldn't", "no, a fine practice" and "get NHS"*

## 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.

The majority of patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

No smoking signs were displayed throughout the practice 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. The staff presented as a small, friendly team and we saw polite and

courteous interactions with patients. Without exception, all patients agreed that they had been treated with respect when visiting the practice.

The practice confirmed 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.

### **Patient information**

The practice provided a range of private dental treatments. Information on prices for treatment were prominently displayed on a notice board in the reception area. This meant patients had easy access to information on how much their treatment may cost.

All 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 vast 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. 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**

All patients that completed a questionnaire told us they have been able to speak to staff in their preferred language. The practice had a number of staff who were able to speak welsh, however those patients who stated they spoke welsh told us they were unable to speak welsh when they wanted to. The practice may wish to consider how they can highlight this service to their patients.

### **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 and we saw a practice policy to support this arrangement.

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was

displayed in the patient waiting area, included in the patient information leaflet and on the answer phone message. Four patients that completed a questionnaire told us that they did not know, or were unsure about how to access out of hours dental services.

## **Individual care**

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

All patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We considered a sample of patient records and found that, whilst evidence of treatment planning was recorded, treatment options were not consistently recorded within the records. This was brought to the attention of the dentist on the day of inspection to ensure more detail is recorded in patient records.

### **People's rights**

The practice was located on the first floor of a purpose built medical centre. Access to the practice was via stairs or lift, meaning that patients with mobility difficulties, or those using a wheelchair were able to access the practice. The practice had two surgeries in use and were both easily accessible. A wheelchair accessible toilet was also available for patient use.

### **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 and included in the patient information leaflet.

The practice had not received any complaints since it opened in 2016, but staff described an appropriate process for recording, monitoring and dealing with complaints in the event of one being received. The majority of patients that completed a questionnaire told us they knew how to make a complaint about the services received at the practice.

We saw that patients were able to provide feedback on the services provided through a comments box in the reception area of the practice. The practice also had an automated system in place for gathering patient feedback post appointment. Patients were sent an automated email following an appointment to obtain their views, we were able to see a number of responses which were very positive about the service they had received.

## 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.

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.

More regular checks on emergency drugs and equipment were needed to ensure adherence to national guidelines.

A process for clinical peer review was recommended.

A system to be able to track patient referrals was recommended.

## 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 found the practice to be well maintained both inside and outside, and the two surgeries were clean, tidy and well organised. There were no concerns expressed by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was very clean.

Fire safety equipment was available at various locations around the practice and we saw these had been serviced within the last 12 months to make sure they were working properly.

The practice had not carried out Portable Appliance Testing (PAT) of electrical equipment within the last 12 months because all electrical equipment was newly installed in 2016. The practice advised us that they had a plan in place to ensure they PAT test electrical equipment in line with the recommendations of the Health and Safety Executive<sup>1</sup>.

Suitable arrangements were 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 a private company.

### Infection prevention and control

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

Decontamination equipment and cabinets within the decontamination room 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 autoclave<sup>3</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 cleaning and sterilisation equipment to show they remained safe to use. We recommended that the practice should also record the outcome of the pressure

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<sup>1</sup> <http://www.hse.gov.uk/pubns/books/hsg107.htm>

<sup>2</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

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

tests carried out on the autoclave within the logbook. We recommended that the practice download the information generated by the autoclave of each cycle processed on a regular basis, to ensure appropriate parameters are met, to retain for information purposes, the practice agreed to do this.

A thorough decontamination process was demonstrated by staff and we saw certificates showing staff had attended training on decontamination.

Instruments were being stored in sealed bags to prevent cross contamination. We recommended that bagging and labelling of some pre-sterilised, namely endodontic instruments, could be improved and the practice agree to make the necessary changes. The dates by which instruments were to be used or reprocessed (cleaned and sterilised) had been recorded on packaging in accordance with WHTM 01-05.

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. We saw that, where areas for improvement had been identified by the practice, they had taken steps to address the issues.

### **Medicines management**

We saw that equipment and drugs were available for use in a patient emergency (collapse). The practice shared an automated external defibrillator (AED) with the general practice surgery located within the same building. Whilst the general practice surgery carried out their own checks on the AED, the dental practice did not. We recommended that, to ensure the AED remained safe to use, they should undertake their own checks on the AED in line with the standards set by the Resuscitation Council (UK)<sup>4</sup>. The practice agreed to do this.

We saw records showing that the remaining emergency drugs and equipment had been checked regularly by the practice and were within their expiry dates. We did find, however, that some of the contents of the first aid kit had passed their expiry dates. We recommended that the practice should replace the

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<sup>4</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.

expired contents and include the first aid kit as part of their regular checks. The practice agreed to do this.

We were able to see records to show that most staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months. One certificate had very recently expired, but training had been arranged to be held within the month of expiry.

#### Improvement needed

The practice must ensure that regular checks are carried out and recorded on the automated external defibrillator in accordance with the guidelines set out by the Resuscitation Council UK

The practice must replace the contents of the first aid kit that have passed their expiry dates and carry out regular checks on its contents

#### Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. The practice manager confirmed that all staff had completed training on child and adult protection. However, we were unable to see a certificate for one member of staff as training had been completed on-line. The practice was reminded that evidence of training must be available for inspection by HIW. The practice agreed to obtain and retain copies of appropriate training certificates.

The practice had a whistleblowing policy in place detailing the steps to take, and relevant organisations to contact, should they have any concerns.

#### Medical devices, equipment and diagnostic systems

We looked at all the clinical facilities (surgeries) within the practice and noted they were clean, tidy and maintained to a high standard. Floors and surfaces within surgeries were easily cleanable to reduce cross infection.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We were informed by the practice owner that the site survey map marking the controlled areas for use of the X-ray equipment were stored off site. We recommended for completeness that these documents should be located within the radiation protection file. The practice owner agreed to do this. 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 image quality audits of X-rays had been completed regularly as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required.

## **Effective care**

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

The practice carried out a range of audits to monitor the quality and safety of the care and treatment provided to patients. These included infection control audits, surgery audits and obtaining patient feedback to help identify areas for improvement and checks on equipment to make sure it was working effectively.

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

The practice did not have a process in place for peer review<sup>5</sup>, which would potentially support the staff in the development of practise improvement. We recommended to the practice that they should implement a process for peer review as a way of identifying practise improvement areas. The practice agreed to do this.

#### **Improvement needed**

The practice should implement a process for clinical peer review

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

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<sup>5</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.

Patient records were stored and maintained electronically and we found suitable processes in place to ensure security of information was maintained.

The practice did not have a process in place to track patient referrals to other specialists. The practice acknowledged this and agreed to put an appropriate process in place.

#### Improvement needed

The practice should ensure it has a suitable process to track patient referrals

#### Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes made were mostly detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients. We discussed where additional details recorded within patient records would be beneficial. The practice agreed to consider the most recent guidelines for record keeping to ensure compliance with professional standards.

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

We did however find that some patients did not have X-rays taken within professional guidelines. We discussed this with the practice on the day of inspection and recommended that the justification for not taking an X-ray should be formally recorded within the patient records. The practice agreed to do this.

## 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 Private Dentistry Regulations and relevant professional standards.*

The practice was owned and managed by one dentist with the support of a practice manager and a small, friendly staff team. We saw that a range of relevant policies were in place with the aim of ensuring the safety of staff and patients.

Staff told us they felt well supported by senior practice staff and their colleagues. They also told us they had opportunities to attend relevant training.

## Governance, leadership and accountability

Waterfront Dental Surgery is owned by the principal dentist and supported by a practice manager, dental nurse and part time hygienist. The day to day management is undertaken by the practice manager, and we found the team to be organised and proactive in their approach to the management of the practice. Where we identified areas for improvement, the practice team demonstrated a willingness and commitment to address these promptly.

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 saw that team meetings are held on a regular basis with detailed minutes produced.

We saw that there was a comprehensive range of policies and procedures in place with the aim of ensuring the safety of staff and patients. Whilst some policies had dates on them, we recommended to the practice manager that they may wish to consider including the date the policy was produced and version number to ensure that staff knew they had access to the most up to date policy. The practice manager agreed to make this change.

## 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 yet received an appraisal of their performance, we saw that a process had been put in place for these to take place in the near future.

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 dentist working at the practice provided private dental services and we saw their HIW registration certificate displayed as required by the regulations for private dentistry. We also saw up to date Disclosure and Barring Service (DBS) checks for all clinical staff working at the practice.

## 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

Our dental practice inspections are usually announced. Dental practices will receive up to 12 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.

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 details about how HIW inspects [dental practices](#) and [independent healthcare services](#) 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:** Waterfront Dental Surgery

**Date of inspection:** 11 September 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	Regulation/ 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:** Waterfront Dental Surgery

**Date of inspection:** 11 September 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	Regulation/ 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 must ensure that regular checks are carried out and recorded on the automated external defibrillator in accordance with the guidelines set out by the Resuscitation Council UK  The practice must replace the contents of the	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14	We have now put in place a system to check the AED in the medical centre once a week as in the resuscitation Guidelines  The out of date contents has been replaced and the first aid kit is now included in the weekly Emergency	Amber Rose	With immediate effect

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
first aid kit that have passed their expiry dates and carry out regular checks on its contents	(2) and 14 (3)(b)	Drugs/Equipment checks		
The practice should implement a process for clinical peer review	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14 (1)(b) and 14 (2)	Staff appraisals have now taken place  Martin has included himself in the peer review process in another Practice and will have regular meetings with them	Amber Rose	With immediate effect
The practice should ensure it has a suitable process to track patient referrals	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 14 (2)	We now have a referral book where we log all referrals and check once a month and follow up referrals	Laura Colley	With immediate effect

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				
No areas for improvement identified during the 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): Amber Rose**

**Job role: Practice Manager**

**Date: 04/10/2017**