

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

Greenfield Dental Care/Cardiff  
and Vale University Health Board

Inspection date: 16 October 2017

Publication date: 17 January 2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@wales.gsi.gov.uk](mailto:hiw@wales.gsi.gov.uk)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection .....	6
3.	What we found .....	7
	Quality of patient experience .....	8
	Delivery of safe and effective care .....	12
	Quality of management and leadership .....	18
4.	What next? .....	21
5.	How we inspect dental practices .....	22
	Appendix A – Summary of concerns resolved during the inspection .....	23
	Appendix B – Immediate improvement plan .....	24
	Appendix C – Improvement plan .....	25

**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 Greenfield Dental Care at 60 Greenfield Avenue, Dinas Powys, CF64 4BX, within Cardiff and Vale University Health Board on the 16 October 2017.

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

HIW explored how the service met the Health and Care Standards (2015), 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 Greenfield Dental Care 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 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 very happy with the service provided
- Patient records were generally comprehensive and 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:

- More regular checks on the emergency drugs and equipment needed to be undertaken
- Process for updating and recording patient medical histories at each visit.

## 3. What we found

### **Background of the service**

Greenfield Dental Care provides services to patients in the Dinas Powys area of South Wales. 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 three dentists, one hygienist, two therapists, four dental nurses, one receptionist 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.*

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. We found the practice to be delivering care and treatment in a very patient focussed manner.

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 18 questionnaires were completed. Patient comments included the following:

*"This practice seems to thrive on being ahead of current treatments and techniques"*

*"The service is always very professional and person-centred. Excellent"*

*The practice continues to deliver a high standard of service... staff are always supportive and respectful... Dentists are highly qualified and share advancements and technology etc."*

*"For a nervous patient this is the absolute best practice in Wales. They provide a comprehensive service and always fully explain options and you are never rushed. Compassionate and caring. If you have dental pain they always fit you in - often same day"*

## Staying healthy

Within the practice, we saw that there was a variety of health promotion information available to patients to help promote the need for them to take care of their own oral health and hygiene.



Without exception 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.

## **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 that patients could speak to the dental team in private and away from other patients. This service was also clearly advertised to patients on a TV screen displayed in the reception area of the practice.

## **Patient information**

The practice provided a range of private and NHS dental treatments. Information on prices for private dental treatments, and costs for NHS treatments were clearly displayed in the reception area in both English and Welsh. 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 majority agreed that they understood how the cost of their treatment was calculated.

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. We saw that some of the practice's information was available in both English and Welsh, namely the complaints policy and information on treatment prices. These were clearly displayed for patients to see in the reception area.

## **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 practice also provided a text message reminder service to help patients with their appointment times.

An out of hours telephone number was available for patients should they require urgent out of hours dental treatment. The telephone number was displayed on the front door of the practice and on the answer phone message. The majority of patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

## **Individual care**

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

Without exception, all patients that completed a questionnaire told us that they had received information about their dental treatment, including available treatment options. We considered a sample of patient records and found that there were detailed recordings of treatment planning and options noted for each patient. This meant that patients were able to make an informed decision about their treatment.

All 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 was located in a two story building, with one surgery on the ground floor and two surgeries on the first floor. Having a ground floor surgery meant that dental services could be offered to patients with mobility difficulties or those using wheelchairs. The practice also had toilet facilities for wheelchair users.

### **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 in both English and Welsh and also included on the website of the practice. The majority of patients that completed a questionnaire told us they knew how to make a complaint about the service. We recommended that the practice update the complaints procedure to ensure timescales for responding

to NHS patients are in line with the guidelines of Putting Things Right<sup>1</sup>. The practice agreed to make this change.

We saw that the practice had received three complaints in the past ten years, and we found that there was a suitable system in place to record and address both verbal and written complaints.

We found that the practice had an established process for obtaining patient feedback about the services and care received through patient questionnaires. We saw that a detailed analysis of the results were considered and action taken to address any issues raised. Most patients that completed a questionnaire confirmed that they are asked for their views on the dental practice, for example, through patient questionnaires.

---

<sup>1</sup> NHS Wales complaint procedure

<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 generally 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.

More regular checks on the emergency drugs and equipment were required.

We recommended that the process for recording patient medical histories needed to be improved.

## 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 very well maintained both inside and outside, and the three 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.

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.

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 filling 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.

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

### **Infection prevention and control**

The practice had a 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. A separate bowl for hand washing was being used albeit there was no designated permanent sink. We also saw that dedicated hand washing sinks were available in each of the three surgeries within the practice.

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.

---

<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

The practice had the use of two autoclaves<sup>3</sup> and a washer disinfector<sup>4</sup> and we saw inspection certification showing they were safe to use. We saw that daily checks were being carried out and a logbook maintained, as recommended by WHTM 01-05, of tests on cleaning and sterilisation equipment to show they remained safe to use.

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

We found that the practice had conducted a number of infection control audits 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. We recommended that the practice dates the completed audits to ensure that staff addressing any improvements are using the most up to date audit information. The practice agreed to do this.

### Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). Whilst not necessary to be included in the emergency kit, we did find however that one piece of equipment, namely a cannula, had passed its use by date. We brought this to the attention of the practice manager and practice owner on the day of inspection and the piece of equipment was removed and immediately replaced. We found that more regular checks on the emergency drugs and equipment in line with the standards set by the Resuscitation Council (UK)<sup>5</sup> needed to be undertaken. We also recommended that the practice review their recordings of the checks, to ensure all information is captured. The practice agreed to do this and on the day of inspection

---

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

<sup>4</sup> A washer disinfector is an automated method of cleaning dental instruments prior to sterilisation

<sup>5</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.

developed a more detailed log book of the checks on the emergency drugs and equipment.

#### Improvement needed

The practice must ensure that more regular checks are completed on the emergency drugs and equipment in line with the Resuscitation Council (UK) guidelines

#### 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. We saw certificates confirming that staff had completed training on child and adult protection. We recommended that the practice update the adult safeguarding procedure to include the contact details for the safeguarding team at the local council. The practice agreed to do this.

#### Improvement needed

The practice should update the adult safeguarding policy to include the contact details for the appropriate safeguarding team at the local council.

#### 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 is 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 the dentists 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 clinical audits around infection control, antimicrobial prescribing, patient record keeping, X-ray and surgery checks, to help identify areas for improvement and checks on some equipment to make sure it was working effectively. Where a completed audit had identified areas for improvements, we saw that the practice had taken appropriate action to address issues raised. We were assured that a range of audits were being undertaken by the practice.

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

The practice told us that as a group of three dental clinicians they have regular reviews and discussions. We were also told that the practice had recently enquired about external peer review<sup>6</sup> options with the Wales Deanery, to help support the staff in the development of practice improvement.

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

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 robust process in place to track urgent patient referrals to other specialists. The practice acknowledged this, and on the day of inspection updated their procedure to ensure that urgent patient referrals were able to be tracked appropriately.

### **Record keeping**

We considered a sample of patient dental records to assess the quality of record keeping. The notes made were detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

We found however that patient signatures were not always countersigned by the dentist at the first visit, and at subsequent visits the medical history was not

---

<sup>6</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 practice is rigorous, uses past research with a view to providing the best possible care and treatment.



always signed by the patient and the dentist. We recommended that the practice have an appropriate process in place to ensure both patients and dentists are updating and reviewing patient medical histories at each visit, and that records are signed by both the patient and countersigned by the dentists. The practice agreed to do this. We also found that whilst, on the whole, BPE (Basic Periodontal Examination) checks had been undertaken, we found some patients where this had not been recorded. The practice agreed to address the inconsistency.

#### Improvement needed

The practice must ensure that medical history forms are signed by the patient and countersigned by the dentist at each visit.

## 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 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

Greenfield Dental Care is owned by two principal dentists and they are supported by a third dentist, a practice manager and wider practice team. The day to day management of the practice is undertaken by the practice manager, and we found the whole practice team to be organised and very proactive in their approach. Clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the practice owners and practice manager acted promptly and demonstrated a willingness and commitment to address any issues and suggestions.

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 saw that regular staff meetings were held, and meeting minutes produced and displayed in the staff area for those who may be able to attend. We also saw minutes of

management meetings held between the practice owners and practice manager, where more strategic discussions about the practice took place.

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. We saw that all policies were reviewed and dated, so all staff knew they had access to the most up to date policy.

## **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. Where appropriate, we saw certificates to evidence that staff had completed training in areas 'highly recommended'<sup>7</sup> by the General Dental Council.

We saw evidence that all 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. We recommended that the practice seek advice from occupational health in respect of one member of staff where their level of immunity varied and had not been checked recently. We also recommended to the practice that they should retain the outcomes of all staff immunisation to ensure records are complete. The practice agreed to do this.

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 saw up to date Disclosure and Barring Service (DBS) certificates for the dentists working at the practice.

---

<sup>7</sup> <https://www.gdc-uk.org/professionals/cpd/requirements>

### Improvement needed

The practice should seek the advice of occupation health in respect of immunisation levels against Hepatitis B for one member of staff and retain immunisation outcomes for all staff members.

## 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
<p>We saw that equipment and drugs were available for use in a patient emergency (collapse). Whilst not necessary to be included in the emergency kit, we did find however that one piece of equipment, namely a cannula, had passed its use by date.</p>	<p>This meant that in the event of a patient emergency the practice may not be able to respond appropriately, potentially putting patients at risk.</p>	<p>We brought this to the attention of the practice manager and practice owner on the day of inspection.</p>	<p>The out of date cannula was removed from the emergency kit on the day of inspection and immediately replaced.</p>

## Appendix B – Immediate improvement plan

**Service:** Greenfield Dental Care

**Date of inspection:** 16 October 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 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):**

**Job role:**

**Date:**



## Appendix C – Improvement plan

**Service:** Greenfield Dental Care

**Date of inspection:** 16 October 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 this inspection				
<b>Delivery of safe and effective care</b>				
The practice must ensure that more regular checks are completed on the emergency drugs and equipment in line with the Resuscitation Council (UK) guidelines	2.6 Medicines Management	New log book made on day of inspection. Weekly checks implemented, and policy updated	Tracey Collier	Completed
The practice should update the adult safeguarding policy to include the contact details	2.7 Safeguarding children and	Information obtained, policy updated with the latest telephone, email and contacts for Vale of Glamorgan and	Tracey Collier	Completed

Improvement needed	Standard	Service action	Responsible officer	Timescale
for the appropriate safeguarding team at the local council.	adults at risk	Cardiff area		
The practice must ensure that medical history forms are signed by the patient and countersigned by the dentist at each visit.	3.5 Record keeping	Medical History Taking Policy updated, new style medical history forms designed and sent to printers. New forms will be signed by patient and counter-signed by dentist at each appointment.	Tracey Collier	4 weeks
<b>Quality of management and leadership</b>				
The practice should seek the advice of occupation health in respect of immunisation levels against Hepatitis B for one member of staff and retain immunisation outcomes for all staff members.	7.1 Workforce	Occupational Health contacted, Staff member concerned has booked blood test to see if booster required.	Tracey Collier	4weeks dependent on national availability of booster

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): TRACEY COLLIER**

**Job role: PRACTICE MANAGER**

**Date: 02/11/17**