

General Dental Practice Inspection (Announced)

Rhose Dental Practice/Cardiff &
Vale University Health Board

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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 Rhoose Dental Practice at 5 Fontygary Rd, Rhoose, Barry, CF62 3DR, within Cardiff & Vale University Health Board on the 9 November 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 Rhoose Dental Care Practice was providing safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff.

However, we found some evidence that the practice was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Overall, patient feedback was very positive about the service provided.
- The staff team were friendly, welcoming and committed to providing a good standard of care.
- Clinical facilities were well equipped and clean.
- Dental instruments were cleaned and sterilised appropriately.
- There were arrangements in place for the safe use of X-rays.

This is what we recommend the service could improve:

- The location of one X-ray isolation switch needs to be reviewed.
- The outbuilding needs to be made more secure.
- Recording of patient notes must be kept in line with GDC guidance.

3. What we found

Background of the service

Rhose Dental Practice provides services to patients in the Rhose and surrounding areas. The practice forms part of dental services provided within the area served by Cardiff & Vale University Health Board.

The practice has a staff team which includes three dentists, one hygienist, six dental nurses (who also provide receptionist cover) and two practice managers.

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 Rhoose Dental Practice was working hard to provide a high quality service and were committed to providing a positive experience for their patients. The feedback gained through our patient questionnaires was very positive.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In total, we received 29 completed questionnaires; the majority of questionnaires received were from long term patients at the practice (those that had been a patient for more than two years). Overall, patient feedback was very positive. Patients were asked on the questionnaires how the dental practice could improve the service it provides; some of the patient comments included:

“Don't believe improvement is necessary. Extremely happy with all aspects of care”

“Always been very pleased with the service, not sure it can improve. Always very pleasant and helpful, taking me through the treatment I need before hand”

“I feel the practice already provides excellent service. We moved to the area a few years ago and feel that treatment is exceptional compared to our last practice. Treatment is always explained well and completed to a high standard. Staff are always friendly, polite and helpful. I have recommended the practice to lots of family and friends and will continue to do so”

Staying healthy

The majority of patients that completed the questionnaire indicated that the dental team had spoken to them about how to keep their mouth and teeth healthy. Health promotion information assists in supporting patients to take

responsibility for their own health and wellbeing. Dedicated dental health promotion information was available for patients in the waiting areas.

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with respect when visiting the practice. One patient commented:

“All phone and face to face contact is always polite and professional. Overall always a good experience”

There was space available for staff to have conversations with patients in a private area, away from other patients, if required for the purpose of maintaining patient confidentiality. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Patient information

Almost all patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and that they had received clear information about available treatment options. Most patients who completed a questionnaire told us that the cost of any treatment was always made clear to them before they received any treatment. A small number of patients told us they didn't understand how the cost of their treatment was calculated. However, we saw that information about the price of NHS treatment and a private patient's price list was available in the waiting area, so that patients were informed about costs.

Communicating effectively

A few patients that completed a questionnaire considered themselves to be Welsh speakers; all of these patients told us that they were always able to speak to staff in their preferred language. All non-Welsh speaking patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Timely care

The practice try to ensure that dental care is always provided in a timely way. The majority of patients who completed a questionnaire said that they would know how to access the out of hours dental service if they had an urgent dental problem. We saw that the details of emergency contact numbers were being displayed externally and on the practice website.

Individual care

Planning care to promote independence

All of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. We saw evidence that patients were being informed and encouraged to care for their teeth/gums after and between appointments.

People's rights

The practice had in place an equality and diversity policy. There is level access to two surgeries on the ground floor, which is accessible for patients with mobility difficulties/wheelchair users. There is no disabled access for wheelchair users to toilet facilities, patients are made aware of this and can be referred to another practice if this facility is required

Listening and learning from feedback

The majority of patients who completed a questionnaire told us that they knew how to raise a concern or complaint about the services they receive at the dental practice.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS dental treatment which were available on the wall of the waiting room. This was compliant with the arrangements for raising concerns about NHS treatment (known as 'Putting Things Right'¹). A complaints procedure for private dental care was also available as is required in line with the Private Dentistry Wales 2008 Regulations². This meant that patients could easily access this information, should they require it. There is also information clearly available on the practice's website.

Just one complaint had been received in the last 12 months and this had been responded to in line with the practice complaints handling processes. There

¹ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=932&pid=50738>

² [https://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](https://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

was a complaints file, with a good complaints format in place. There was a nominated individual for handling complaints. The practice had a concerns log to record informal concerns centrally, to enable any common themes to be identified.

The majority of patients who completed a questionnaire said that they are asked for their views on the dental practice, for example, through patient questionnaires.

Delivery of safe and effective care

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

Overall, we found evidence that patients were being provided with safe and effective dental care. However, there were some areas where improvement was required.

Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We found the practice had taken steps to help protect the health, safety and welfare of staff and patients.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. The practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. The practice need to review the security level of the outbuilding where some archived records are stored.

There were arrangements in place for the safe use and maintenance of X-ray equipment. However, the location of one X-ray isolation switch needs to be reviewed. We also identified some improvement was needed around aspects of the dentists' record keeping to fully comply with clinical standards for record keeping.

Safe care

Managing risk and promoting health and safety

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. We saw that the portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. Evidence of a five yearly periodic electrical wiring certificate for the premises was also available.

There was a patient and separate staff toilet available. These facilities were clearly signposted and visibly clean; with sanitary disposal bins in place. A contract was in place for the safe transfer and disposal of hazardous (clinical)

waste produced by the practice. The sharps containers were being safely stored. Risk assessments about Control of Substances Hazardous to Health (COSHH) and safety data sheets were being kept for substances in addition to risk assessments to assist staff in their safe use. COSHH substances and hazardous waste were being stored safely. Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. There was a health and safety policy in place.

Infection prevention and control

We looked at all the surgeries within the practice, and noted that they were clean and tidy. Floors and surfaces within the surgery were easily cleanable to reduce cross infection. There were no concerns given by patients over the cleanliness of the dental practice. All patients that completed a questionnaire felt that the dental practice was very clean.

We were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the dental practice. This is because we saw evidence that there were infection prevention and control measures in place. Examples included the following:

- The practice had a designated room for the cleaning and sterilisation of dental instruments (decontamination room) which met the principles outlined in the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1)³ policy and guidance document
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition

³ [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

- Instruments were stored and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place. We found that inoculation immunity check details for all staff members were in place. The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05) guidelines. There was evidence that staff had undertaken decontamination training. Contract documentation was in place for the disposal of non hazardous and hazardous waste.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies and these were displayed in relevant areas. All clinical staff had up to date cardiopulmonary resuscitation (CPR) training. The emergency drugs were stored securely and immediately available in the event of a medical emergency (patient collapse) at the practice. We saw evidence that an effective system was in place to check the equipment and emergency drugs to ensure they remained in date and ready for use. A resuscitation policy was in place which included the location of the equipment and roles and responsibilities. There was a designated and trained first aider available at the practice.

Safeguarding children and adults at risk

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was being provided for relevant staff.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team. We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean and in good condition. We saw that generally the environments had been planned and laid out to ensure the safe use of radiation equipment.

There was a radiation file available at the practice with key information in one place. However, we discussed that one X-ray isolation switch needed to be re-

positioned to make it more safe and secure. We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that staff directly involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000⁴. Dental nurse staff had undertaken radiology awareness training.

Improvement needed

The practice must review the location of the isolation switch for one of the downstairs surgeries to ensure that both patients and staff are protected from accidental or unintentional X-ray exposure.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to improve the service provided. We saw that the practice had engaged in relevant audits, including infection control and radiographic audit.

Quality improvement, research and innovation

The dentist indicated that there were quality review processes internally. The practice had undertaken a British Dental Association good practice self assessment and were using the Maturity Matrix Dentistry⁵ evaluation tool. There was evidence on the dentists training file of attendance at conferences and a broad range of continuing professional development certification.

Information governance and communications technology

The storage of patient files was generally appropriate, to ensure the safety and security of personal data. However, the outbuilding was being used for storage

⁴ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

⁵ The Maturity Matrix Dentistry (MMD) is a practice development tool for the whole dental team which helps dental teams deliver high quality care for patients.

of some archived materials and this must be made more secure. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Improvement needed

The practice must make the outbuilding more secure to ensure that all records are being stored in line with data protection requirements.

Record keeping

We considered a sample of patient dental records to assess the quality of record keeping and overall these were good. However, we identified the following areas for improvements:

- The updating of record keeping in respect to patient medical histories needs to be consistently recorded
- The record keeping for patient consent to treatment needs to be more consistent
- The frequency of radiographs must be in line with GDC guidance
- The condition of patient oral hygiene needs to be more consistently recorded
- Oral cancer screening, needs to be consistently recorded
- Patient treatment plans need to be recorded in more detail

These findings were discussed with the dentists. The practice had recently undertaken a record keeping audit, which had picked up on the need for improvements in some of these areas.

Improvement needed

Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure patient dental records completed by them are maintained in accordance with professional standards for record keeping. The dentists at the practice should complete another clinical records audit.

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.

Rhose Dental Practice has an established practice team with a low turn over of staff. We found the practice to have very good leadership and staff understood their roles and responsibilities.

The day to day management of the practice was provided by the principal dentist and supported by two practice managers. Staff we spoke with were committed to providing high quality care for patients.

Governance, leadership and accountability

We found the practice to have very good leadership and staff understood their roles and responsibilities.

The day to day management of the practice was provided by the principal dentist, supported by two practice managers. The practice was well organised, with good record keeping.

There was evidence of effective quality assurance processes and relevant audits were being undertaken, as demonstrated by the WHTM 01-05 and radiographic audits.

All relevant staff were registered with the General Dental Council. The dentists HIW certificate was on display as required by the Private Dentistry (Wales) Regulation 2008.

There were systems in place to ensure that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. A DBS clearance check was also present for the dentist as required by the Private Dentistry (Wales) Regulation 2008.

Staff and resources

Workforce

Staff we spoke with were very committed to providing high quality care for their patients. We saw evidence of staff induction documentation and these were well planned. All staff had been given access to policies and procedures. We also saw that all staff had accessed a wide variety of training, meeting continuing professional development requirements. We saw evidence of good team communication and regular team meetings. There was an annual staff appraisal policy and format in place and staff appraisals were being undertaken. We saw confirmation of indemnity insurance cover.

We looked at the policies and procedures in place and we found that these were very well organised, thorough and saw evidence that they reflected actual 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

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
No immediate concerns were identified			

Appendix B – Immediate improvement plan

Service: Rhoose Dental Practice

Date of inspection: 9 November 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				

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: Rhoose Dental Practice

Date of inspection: 9 November 2017

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

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
No improvement areas noted				
Delivery of safe and effective care				
The practice must review the location of the isolation switch for one of the downstairs surgeries to ensure that both patients and staff are protected from accidental or unintentional X-ray exposure.	Health and Care Standards 2.9 Private Dentistry (Wales) Regulations 2008	The position of the isolation switch for the X Ray unit in Surgery 3 has been reviewed. A primary isolation switch is to be fitted inside the surgery which cannot be accessed by the general public.	Aled James	5 February 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
	14 (1) (b) Ionising Radiation (Medical Exposure) Regulations 2000.			
The practice must make the outbuilding more secure to ensure that all records are being stored in line with data protection requirements.	Health and Care Standards 3.5 Private Dentistry (Wales) Regulations 2008 14 (1) (b) Data Protection Act 1998	The window in the outbuilding is to be replaced with a double glazed unit with frosted glass, or, in the alternative the window is to be covered and secured. We have an appointment booked with a local contractor in January 2018 to discuss and will rectify within 3 months.	Aled James	5 April 2018
Dentists must ensure that the specific findings in the report are addressed around record keeping and must make suitable arrangements to ensure	Health and Care	All dentists at the practice have discussed record keeping and shortfalls	Sarah James	5 April 2018 & Ongoing

Improvement needed	Standard	Service action	Responsible officer	Timescale
patient dental records completed by them are maintained in accordance with professional standards for record keeping. The dentists at the practice should complete another clinical records audit.	Standards 3.5 Private Dentistry (Wales) Regulations 2008 14 (1) (b)	have been highlighted. Each dentist has now recognised specific areas where improvements are to be made and we plan to repeat our record keeping Audit on a 3 monthly basis.		Monitoring
Quality of management and leadership				
No improvement areas noted				

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): Aled James

Job role: Principal dentist

Date: 5 January 2018