



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

Fusion Dentistry, Cardiff

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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 Fusion Dentistry at Abton House, Wedal Road, Cardiff, CF14 3XQ on 23 January 2018.

Our team, for the inspection comprised of two HIW inspectors 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 Fusion Dentistry 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
- Both clinical and non-clinical areas were clean, tidy and well maintained and provided a uniquely welcoming, relaxing and homely space for patients to receive treatment in
- Treatments were provided in a multidisciplinary dental team giving patients a well planned and effective clinical pathway
- 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 communication within the team was good, and felt supported by the wider practice team.

This is what we recommend the service could improve:

- Updates to some policies and procedures was required
- The practice should make arrangements for clinical peer review
- More robust arrangements were needed around the identification and recording of staff training needs.

### 3. What we found

#### **Background of the service**

Fusion Dentistry is a private only dental practice.

The practice staff team includes a clinical dental technician<sup>1</sup>, three dentists, a hygienist, one qualified and one trainee dental nurse, one receptionist and a practice manager.

A range of private dental services are provided, predominately offering cosmetic dentistry and dental implants.

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<sup>1</sup> Clinical Dental Technicians are registered Dental Care Professionals (DCP's), who are trained and qualified to provide a range of denture services direct to patients

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

*"I find the service excellent"*

*"Wonderful staff - very friendly, always seen on time and treated well by staff"*

*"Always excellent care received"*

## Staying healthy

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

All 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 told us that initial consultations with patients about their treatment plans were always carried out in private, and the space within the environment lent itself to that.

### **Patient information**

The practice provided a range of private dental treatments only, predominately offering cosmetic and dental implant services. Information on prices for treatment was displayed in the reception area. This meant patients had easy access to information on how much their treatment may cost.

All patients who 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 who 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 who 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, including those that identified themselves as a Welsh speaker.

### **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.

An out of hours service was available for patients should they require urgent out of hours dental treatment. The telephone number for the out of hours service was available on the answer machine of the practice. We were told that the out of hours service sends the practice an email following receipt of a phone call, and the practice will then deal with the query. We were told that this process is currently under review following feedback from patients about the accessibility

of out of hours services, in particular at weekends. Four patients who completed the questionnaire told us they did not know how to access the out of hours service.

## **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 evidence of treatment planning and treatment options were consistently recorded within the records.

### **People's rights**

The reception, waiting room, relaxation room and surgery were all located on the ground floor of the practice. Access into the practice was via a ramp, meaning that patients with mobility difficulties, or those using a wheelchair were able to access the practice. The practice had one surgery in use and was 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 also on the practices' website.

We recommended that the complaints procedure needed to be updated to remove reference to HIW's role in complaints, and to update the contact details for HIW.

The practice had not received any complaints since opening, 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. The practice told us they had received a limited number of comments through this process. The practice may wish to consider alternative ways of obtaining patient feedback to help encourage patients to provide their points of view on the services being received. The practice owner agreed to do this.

Improvement needed

The practice must update the complaints procedure regarding HIW information.

## 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.

Updates to the safeguarding policy for children and adults was required.

A process for clinical peer review was recommended.

Some improvements were needed to improve the consistency of X-ray reporting.

## 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 maintained to a very high standard both inside and outside, and the surgery was 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 substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely. Arrangements were in place for the collection of non hazardous (household) waste.

### **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.

We found that decontamination equipment and cabinets within the decontamination room were visibly in excellent 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>. We saw that the inspection of the autoclave was due the week of HIW's inspection, and we saw confirmation that this had been booked and was due to take place within an appropriate timescale. 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.

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<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.

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 were told that an infection control audit was in the process of being undertaken. We reminded the practice owner of the requirements to do these on a regular basis. We saw that the practice carries out regular hand hygiene audits, to help identify any areas for improvement.

### **Medicines management**

We saw that equipment and drugs were available for use in a patient emergency (collapse). We also saw records showing that the drugs and equipment had been checked regularly and were within their expiry dates.

We were able to see records to show that most staff had completed cardiopulmonary resuscitation (CPR) training within the last 12 months. One certificate, not available of the day of inspection, was sent to HIW the following day. A certificate for CPR training completed the day following the inspection for another member of staff was also forwarded onto HIW. A recommendation about maintenance of staff training records is made under the management and leadership section of the report.

### **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 procedures needed updating to include the contact details for the local council safeguarding teams in the event of need. We advised the practice owner to remove reference to restraint with the procedure.

The practice manager confirmed that all staff had completed training on child and adult protection. However, we were unable to see certificates for all members of staff. The practice was reminded that evidence of training must be available for inspection by HIW and staff must stay up to date with child and adult safeguarding training on an ongoing basis.

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

### Improvement needed

The practice must update the adult and child safeguarding policies.

### Medical devices, equipment and diagnostic systems

We looked at the clinical facilities (surgery) within the practice and noted it was clean, tidy and maintained to an excellent standard. Floors and surfaces within surgery 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 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 some audits to monitor the quality and safety of the care and treatment provided to patients. These included hand hygiene audits and radiography audits. We recommended that the practice should expand the range of audits, to help ensure best practice standards are being met consistently. The practice owner agreed to do this.

#### Quality improvement, research and innovation

The practice did not have a process in place for peer review<sup>4</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

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

#### 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.

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 mostly been recorded. We recommended that the justification for taking the X-rays should be more clearly defined, and the clinical findings should be consistently reported on.

In addition, the grading of X-rays was inconsistently recorded, the practice owner agreed to address this.

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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.



### Improvement needed

The practice must ensure that justification for taking X-rays, and recording of clinical findings must always be fully documented. The grade of X-rays taken must also be consistently documented.

## 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 the clinical dental technician with the support of 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.

## Governance, leadership and accountability

Fusion Dentistry is owned by the clinical dental technician and supported by a practice manager, three dentists, a dental nurse, trainee dental nurse, part time hygienist and a receptionist. The management of the practice is undertaken currently by the practice owner, with some day to day support provided by the nursing and administrative team. We found the team to be committed and passionate about the service 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 were held on a regular basis.

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 were told that staff would be kept informed of any changes to policies or procedures verbally, alongside an updated copy of the policy or procedure to read. We recommended that dates and/or version numbers should be added to updated policies and procedures, so staff have access to the most up to date information.

## 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. As referenced to earlier within the report, the practice owner must implement an appropriate system to ensure that staff training requirements and training certification is maintained by the practice, to confirm compliance with the General Dental Council Continuing Professional Development<sup>5</sup> (CPD) requirements. The practice owner agreed to address this.

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 owner should seek some additional advice regarding a member of staff about the level of immunity to Hepatitis B recorded. The practice owner agreed to do this.

We were unable to see HIW registration certificates for all relevant clinical staff providing private dental services, as required by the regulations for private dentistry. This was brought to the attention of the practice owner on the day of inspection, and we were told that this was in the process of being addressed as the clinical staff were in the process of applying for certificates that were specific to this practice. The certificates that were available must be displayed. We saw up to date Disclosure and Barring Service (DBS) checks for all clinical staff working at the practice.

### Improvement needed

The practice owner must ensure that a robust process is put in place to identified staff training requirements and ensure that training certification is maintained by the practice.

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<sup>5</sup> <https://www.gdc-uk.org/professionals/cpd/requirements>

HIW registration certificates must be displayed in accordance with the regulations for private dentistry.

## 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:** Fusion Dentistry

**Date of inspection:** 23 January 2018

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 during 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:** Fusion Dentistry

**Date of inspection:** 23 January 2018

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>				
The practice must update the complaints procedure regarding HIW information.	The Private Dentistry (Wales) Regulations 2008 (as amended)  Regulation 15(4)(a)	Paragraph stating 'If you would like support or advice regarding your complaint you can contact HIW' has been deleted from the complaints procedure and all old copies shredded and replaced.	Michael Fuse	Completed on 15.02.18
<b>Delivery of safe and effective care</b>				
The practice must update the adult and child	The Private	Procedure updated to include up to date	Michael Fuse	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
safeguarding policies.	Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1)(b) and (2)	contact details for the local safeguarding teams. The paragraph in the policy that mentions restraint has been removed.		on 15.02.18
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)	We are implementing a clinical audit and peer review on clinical record keeping via the dental postgraduate department in UHW.	Michael Fuse	To be completed by 31.05.18
The practice must ensure that justification for taking X-rays, and recording of clinical findings must always be fully documented. The grade of X-rays taken must also be consistently documented.	The Private Dentistry (Wales) Regulations 2008 (as amended)	We have altered the pro-forma for x-rays on the EXACT software to include justification, grading and record of clinical findings.  Discussed with the Dental Surgeons to ensure this is always completed.	Michael Fuse	Completed on 15.02.18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 14 (1) (b)			
<b>Quality of management and leadership</b>				
The practice owner must ensure that a robust process is put in place to identified staff training requirements and ensure that training certification is maintained by the practice.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 14 (1) (b)	All clinical staff now have a personal development plan (PDP) as required by the GDC which will be used to ensure staff are trained appropriately both for themselves and the business.  All staff are now aware that any training certificates that they receive are required to be photocopied and put in their staff file in the practice.  Using iComply application will ensure that all certification is checked annually.	Michael Fuse	Completed on 15.02.18
HIW registration certificates must be displayed in accordance with the regulations for private dentistry.	The Private Dentistry (Wales) Regulations 2008 (as amended) Regulation 4	All HIW certificates are now displayed as required.	Michael Fuse	Completed on 15.02.18

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): Michael Fuse**

**Job role: Clinical Dental Technician**

**Date: 15 February 2018**