



General Dental Practice Inspection (Announced)

Cathedral Dental Clinic/Cardiff &
Vale University Health Board

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	16
	Quality of management and leadership	24
4.	What next?	27
5.	How we inspect dental practices	28
	Appendix A – Summary of concerns resolved during the inspection	29
	Appendix B – Immediate improvement plan	30
	Appendix C – Improvement plan	31

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Cathedral Dental Clinic at 166 Cathedral Road, Pontcanna, Cardiff CF11 9JD, within Cardiff & Vale University Health Board on the 26 March 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) 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 Cathedral Dental Clinic was working hard to provide a high quality experience for their patient population.

The environment was clean, tidy and calming and the dental surgeries were modern and well equipped. Due to the CCTV cameras located within the practice, including the surgeries we have asked for CCTV signage to be clear and prominent to all patients and visitors attending the practice. Policies and procedures need to be updated to reflect current CCTV guidelines.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent or very good.

The patient records we reviewed were detailed, but we identified some areas where improvement is required.

The practice had a suite of policies and procedures that enabled staff to obtain information to help them with their day to day work.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas and this ensured they had up to date skills and knowledge to assist them with their work.

This is what we found the service did well:

- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Appropriate arrangements were in place for the safe use of X-rays
- Clinical facilities were of a high standard, well-equipped and visibly clean

- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good
- Waste was seen to be stored appropriately and locked to prevent unauthorised access
- There were systems in place to obtain patient feedback.

This is what we recommend the service could improve:

- CCTV signage must be made clear and prominent and policies and procedures need to be updated in line with current guidance to ensure all legal and ethical implications are covered
- Consent to treatment forms need to ensure that the patient has given informed consent to treatment plans explained by the dentists and agreed by the patient
- Improved systems are required to ensure weekly checks are being carried out and documented for emergency and resuscitation drugs and equipment
- Formal fire training for staff is needed and fire exit signage needs to be put in place
- See Appendix C for the full improvement plan.

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

Cathedral Dental Clinic provides services to patients in the Cardiff and surrounding area. 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 four dentists, one hygienist, four dental nurses, two of whom were trainee dental nurses, operations manager and an administration supervisor.

The practice provides a range of NHS and private general and cosmetic 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 Cathedral Dental Clinic was committed to providing a positive experience for patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice and all the facilities related to their service was located on the ground floor, which enabled anyone with a mobility difficulty to be treated at the practice.

Relevant patient information is posted on their website and displayed in the reception/waiting area in the form of leaflets and on the TVs.

There were systems in place for patients to submit their feedback about the service which provided the practice with a means of identifying themes with a view to making improvements to services.

Due to the CCTV cameras located in the surgeries, we have recommended that signage is made clearer and more prominent for all patients attending the surgery and that policies and procedures are updated in line with current guidance to ensure all legal and ethical implications are covered.

Prior to our inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 39 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients that completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"Have always had excellent care at this practice"

"Best dentist ever"

"Extremely efficient high standard of dentistry delivered with confidence. Always courteous staff at all times"

"I have been coming here for many years and have always received excellent service and advice"

None of the patients who completed the questionnaires identified improvements the service could make.

Staying healthy

Health promotion protection and improvement

Without exception, all of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Health promotion information was available in the reception/waiting area, including practice specific information leaflets and various health and cosmetic promotion leaflets. The practice also had TVs that displayed personalised practice information.

A sign displaying the practice name, telephone number, opening hours and emergency out of hours telephone number were located by the main entrance of the dental practice.

A sign displaying 'No Smoking' was also displayed which confirmed the emphasis placed on compliance with smoke free premises legislation¹.

¹ The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries and there was also space available, away from the reception/waiting area, if required.

The General Dental Council's (GDC) 9 principles² were displayed in the patient information folder located on the reception desk and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up daily and any paper files were kept securely in a locked cabinet.

Patient information

Where applicable, 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, and said that they had received clear information about available treatment options.

Patients also said that the cost of any treatment was always made clear to them before they received any treatment. A price list for both private and NHS treatments was displayed in the reception/waiting area. The practice's website also displayed information regarding fees for private treatments.

The practice had its own information leaflet which was available in the waiting area and given to all new patients. The information included the services and treatments offered at the practice.

² The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

As required by the Private Dentistry (Wales) Regulations 2017, the practice had a patient information leaflet. A review of the information showed some updates were required. The document needed to include the arrangements for dealing with patients who are violent or abusive to staff and the staff details section needs to reflect the current employees. The updated patient information leaflet must be sent to HIW and a copy of this leaflet must be available on the practice's website and where applicable made available to patients upon request.

The statement of purpose³ contained all the areas required by the Private Dentistry (Wales) Regulations 2017. However, the document must be available on the practice's website and made available to patients upon request.

Improvement needed

The registered provider must update the patient information leaflet to reflect:

- the arrangements in place for dealing with patients who are violent or abusive to staff
- the current staff complement for the practice and the removal of staff who no longer work at the practice
- provide an updated copy of the leaflet to HIW

The registered provider must make available the statement of purpose and patient information leaflet on their website and a copy provided to patients upon request

Communicating effectively

All of the patients that completed a questionnaire told us that they were always or sometimes able to speak to staff in their preferred language.

³ Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit hiw.org.uk

The information displayed within the practice was mainly in English, with the exception of a poster behind reception regarding NHS charges which was in English and Welsh. The practice's website was available in English, Welsh and Arabic. Staff told us that anyone requiring information in a format other than English would be accommodated.

There were staff at the practice that could converse in other languages but there was no information to let patients know this. We suggested the practice consider telling patients what language services can be provided.

Of the patient records we reviewed, we saw evidence of written treatment plans. This ensures that patients are provided with information to make informed choices about their treatment.

Timely care

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described a process for keeping patients informed about any delays to their appointment times. All of the patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

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. An out of hours telephone number was displayed by the main entrance, on the practices' website, answer machine and new patient welcome letter.

Individual care

Planning care to promote independence

We reviewed a sample of patient records and found that treatment options and planning were recorded and consent was obtained for treatment from each patient.

Within the patient records, each patient's medical history was reviewed and updated at each visit. The majority of patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

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

The practice and all the facilities were located on the ground floor. Doorways were wide enough to accommodate mobility aids and/or pushchairs.

The patient toilet was signposted. The toilet provided hand washing and drying facilities, sanitary disposal and a handrail to provide additional support.

Closed circuit television (CCTV) cameras were located throughout the practice, including in all the surgeries. One (visual) sign located by the reception area reported to visitors that CCTV was in operation. A CCTV policy was in place and the welcome letter informed new patients that CCTV was in operation in all areas of the clinic.

At the time of our visit, we discussed with staff the lack of information displayed within the practice that would clearly notify visitors that areas are under surveillance and recording is taking place. Guidance by bodies including the Information Commissioner's Office (ICO) states signage must be clear and prominent; explain the purpose of recording and include the name and contact details of those operating the surveillance scheme. Therefore, we recommend that the practice consider the advice and guidance by the ICO and other bodies and revise the signage currently in place to ensure that it is clear, prominent and includes all matters outlined in the ICO guidance.

A review of the CCTV policy highlighted that further information needs to be included to comply with ICO, GDC and other relevant guidance and regulations. The policy must include the justification for the installation of cameras and details of the safe storage of images, retention periods and disclosure information.

Improvement needed

The registered provider must ensure that in line with current guidance, signs regarding the CCTV cameras in operation at the practice are clearly and prominently displayed

The registered manager must review and update the CCTV policy and all other necessary policies and procedures, in line with current guidance to ensure full information is captured. This must include the justification for the installation of cameras and details of the safe storage of images, retention periods and disclosure information. A copy of the revised policy must be sent to HIW

Listening and learning from feedback

The practice had a complaints policy and procedure in place. Information for patients on how to raise a concern was displayed in the waiting area, the patient information leaflet and on the practices website.

The complaint information contained the process to follow for both NHS and private patients. The information contained the person at the practice responsible for dealing with complaints, timescales and details of organisations that could be contacted to assist patients with their concerns regarding both NHS and private treatments. The practice may want to consider displaying/making available the NHS Putting Things Right poster for their NHS patients.

The practice had a system to record and respond to any complaints received. Staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided.

The practice had their own patient satisfaction survey which was accessible via their website. In addition, reviews could be posted on specific web based platforms. Patient testimonials were posted on the practices website. Staff confirmed that all of these feedback options were regularly reviewed to identify any themes arising.

Staff told us that all verbal comments/concerns would be dealt with at the time and used as an additional means of identifying improvements to the service. However, there was no formal way of recording these.

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 that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a clean and tidy environment and facilities for staff and visitors. There were contracts in place to ensure the environment and facilities were safe and well maintained.

The patient records we reviewed were mostly detailed, but we identified areas where improvement must be made to ensure full information regarding each patient is evidenced.

Safe care

There were no immediate assurance issues identified during this inspection visit.

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.

The practice occupied two buildings, with the ground floors providing dental facilities to treat patients. The practice had a large open plan waiting/reception area, which was clean and tidy. The mix of period features and subtle refurbishment provided a calming environment for patients. There were four surgeries in total, all were modern and suitably equipped. Staff showed and explained plans for further refurbishment for the practice. These plans will further enhance the environment and clinical facilities, which would be in keeping with practice's philosophy for patient experience.

The practice had dedicated staff areas, including a changing area with lockers for personal belongings, a toilet and a kitchen.

The building was visibly well maintained both internally and externally. All areas within the practice were clean, tidy and free from trip hazards.

There were no concerns given 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”.

We recommended improvements relating to fire safety. At the time of our visit we were only able to evidence a fire risk checklist which had been completed in 2017. There were areas identified that had not been actioned and as a result we recommended a comprehensive fire risk assessment is carried out. It was pleasing to note that before we left the practice, staff provided evidence that confirmed a fire risk assessment had been arranged. In addition, no formal fire safety training had been completed by staff which the registered manager agreed to address. Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. The practice had a fire exit, but only one fire exit sign was visible, which was located in the waiting area. We recommended that improvements to fire exit signage is made a priority.

The practice had various policies and procedures, as well as an environmental risk assessment in place, which were current for ensuring the premises were fit for purpose. A Health and Safety poster was displayed within the practice.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had a named, appointed first aider. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴.

Improvement needed

The registered provider must confirm that staff have received formal fire safety training and that the fire risk assessment has been completed and submit a copy to HIW

The registered provider must confirm that fire exits are clearly signposted and

⁴ 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.

fire exit signs are located throughout the practice

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. The rooms were visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place. We advised staff that clearer signage of the clean and dirty areas would be beneficial to avoid any cross decontamination. Also, the boxes used to transport clean and dirty instruments to and from the decontamination rooms need to be clearly labelled so as to avoid any confusion.

We saw evidence that the practice was using dedicated logbooks for recording autoclave and ultrasonic information. Daily and periodic checks for all decontamination equipment was being carried out and documented.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We saw that all sterilised instruments were bagged and dated with an expiry date. Best practice would be to put both the sterilisation date and the expiry date for ease of reference.

We saw evidence that an infection control audit took place using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored

⁵ 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

appropriately in secure bins outside of the practice. Collections by the local council were in place for the disposal of non-hazardous (household) waste.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Improvement needed

The registered manager should consider the WHTM 01-05 guidance and ensure all the decontamination rooms have a visible dirty-to-clean workflow and that all boxes used to transport clean and dirty instruments are clearly identifiable

Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. However, we did recommend the practice consider keeping emergency drugs and treatment flow charts in individual folders. This would enable staff to access specific emergency drugs quickly. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, however in accordance with standards set out by the Resuscitation Council (UK)⁶ these were not being conducted weekly and as a result we identified syringes/needles that were out

⁶ [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.

of date. We recommended this process is put in place and documented. In addition, staff need to replace the out of date items.

We identified one empty oxygen cylinder and some resuscitation equipment that were out of date. We recommended that these areas be reviewed urgently and items replaced to ensure adequate equipment available in an emergency.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

There were no medicines on the premises, therefore the arrangements for recording, handling, dispensing were not available.

Improvement needed

The registered provider should consider keeping emergency drugs and treatment flow charts in individual folders, so in the case of an emergency the items can be quickly obtained/transported

The registered provider must implement weekly checks to ensure drugs and needles are not out of date. Items out of date need to be replaced

The registered provider must provide reassurance that sufficient oxygen is available at the practice and that the equipment is in date and being regularly checked

Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place, with details of who to contact and the actions required by staff should a safeguarding issue arise.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the dentist/s and/or other members of staff and were confident those concerns would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking

Disclosure and Barring Service⁷ (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate and high quality equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment.

The surgeries were clean, modern and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in excellent condition and sufficient in number.

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 the local rules⁸ displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and was therefore meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

We saw that image quality audits of X-rays had been completed 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.

⁷ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

⁸ Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

Effective care

Safe and clinically effective care

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

Staff told us they obtain up to date guidance via circulars from external bodies and from staff attending conferences and training.

Quality improvement, research and innovation

The practice had a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care. Staff told us that peer reviews between the clinical teams take place. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

Staff told us that the practice had reviewed team development tools but had not progressed with them. The Maturity Matrix Tool⁹ is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

As the practice had only recently registered with HIW, we reminded staff that visits by the registered provider need to be undertaken in accordance with the regulations.

Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly.

⁹ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

Record keeping

There was evidence that the practice was keeping their clinical records to a high standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

We found the records contained sufficient information regarding discussions held about treatment options, costs and reasons for attendance.

We recommended two areas where records need to be improved. The first was to ensure medical histories were countersigned by the dentists. This action was confirmed as complete at the time of our visit and would be done on an ongoing basis. Secondly, despite consent forms being in place, there were no places whereby a dentist could document any eventuality that might arise. Therefore we recommended that the consent form is reviewed and amended to ensure consent forms capture the ongoing discussions with patients about their treatment.

Of the records we reviewed, we noted that X-rays were timely and good quality. Justification for X-rays was clearly documented and where applicable, reasons for not taking X-rays were made clear in the notes.

The notes were appropriately stored and record entries were clear, legible and good quality.

Improvement needed

The registered provider must review the consent form and amend it accordingly, so that the form is an accurate record of discussions between the dentist and the patient to ensure the patients informed consent to treatment

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.

This is a well established practice owned and led by the principal dentist and supported by an operations manager. There was strong evidence that this was a patient focussed dental practice.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures were reviewed annually, or when required, to ensure practises remained current.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas.

We have recommended that an appraisal programme is formalised for all dentists.

Governance, leadership and accountability

The practice is owned by the principal dentist and is managed by an operations manager who is supported by a wider team of clinical and non-clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with the dentist/s or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

We saw that staff had signed to evidence they had read and understood the policies and procedures. Staff told us that all policies were reviewed annually or as and when required. Review dates were recorded on each document.

The practice's statement of purpose and patient guide are documented under the patient information section in the quality of patient experience part of this report.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate.

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the responsible individual of their responsibility to complete visits in accordance with regulation 23. This means they have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided.

Staff and resources

Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment and induction policy, equal opportunities policy, and whistleblowing policy.

We saw the induction programme in place for all new starters and this was evidenced on the new starters file we looked at. Staff files contained pre-employment information which included a contract. Some files were missing references and we recommended these are obtained and placed on file to evidence full employment information as required by the Private (Wales) Dentistry Regulations 2017.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for all staff. In addition, the practice will renew DBS checks every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

The practice had an appraisal process in place, but this was not being carried out for the dentists. We recommended all staff receive an annual appraisal.

We saw some certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements.

Staff told us that they held formal team meetings every two weeks, which were documented. For anyone unable to attend a meeting, the minutes are saved on the computer system.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all clinical staff.

Improvement needed

The registered provider needs to ensure all dentists receive an annual, documented appraisal

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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, measurable, 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](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). 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 on this inspection			

Appendix B – Immediate improvement plan

Service: Cathedral Dental Clinic

Date of inspection: 26 March 2019

The table below includes any immediate non-compliance 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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance 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: Cathedral Dental Clinic

Date of inspection: 26 March 2019

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/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
<p>The registered provider must update the patient information leaflet to reflect:</p> <ul style="list-style-type: none">the arrangements in place for dealing with patients who are violent or abusive to staffthe current staff complement for the practice and the removal of staff who no longer provide services at the practiceprovide an updated copy of the leaflet	<p>Private Dentistry (Wales) Regulations 2017 - Regulation 6 (1) & (2)</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
to HIW				
The registered provider must make available the statement of purpose and patient information leaflet on their website and a copy provided to patients upon request	Private Dentistry (Wales) Regulations 2017 - Regulation 5 (2) & 6 (2)			
The registered provider must ensure that in line with current guidance, signs regarding the CCTV cameras in operation at the practice are clearly and prominently displayed	Private Dentistry (Wales) Regulations 2017 - Regulation Health & Care Standards 2.1 Managing risk & promoting health & safety			
The registered manager must review and update the CCTV policy and all other necessary policies and procedures, in line with current	Private Dentistry (Wales)			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>guidance to ensure full information is captured. This should include the justification for the installation of cameras, the safe storage of images, retention periods and disclosure information</p>	<p>Regulations 2017 - Regulation 8 (c) (f) (k) & 15 (1)</p> <p>Health & Care Standard Governance, leadership & accountability</p>			
Delivery of safe and effective care				
<p>The registered provider must confirm that staff have received formal fire safety training and that the fire risk assessment has been completed and submit a copy to HIW</p>	<p>Private Dentistry (Wales) Regulations 2017 - Regulation 22 (f)</p> <p>Health & Care Standard 2.1 Managing risk & promoting</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must confirm that fire exits are clearly signposted and fire exit signs are located throughout the practice	<p>health & safety</p> <p>Private Dentistry (Wales) Regulations 2017 - Regulation 22 (4) (b)</p> <p>Health & Care Standard 2.1 Managing risk & promoting health & safety</p>			
The registered manager should consider the WHTM 01-05 guidance and ensure all the decontamination rooms have a visible dirty-to-clean workflow and that all boxes used to transport clean and dirty instruments are clearly identifiable	<p>Private Dentistry (Wales) Regulations 2017 - Regulation 13 (3) (b)</p> <p>Health & Care Standard 2.4 Infection</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	prevention & control & decontamination & 2.9 Medical devices, equipment & diagnostic systems			
The registered provider should consider keeping emergency drugs and treatment flow charts in individual folders, so in the case of an emergency the items can be quickly obtained/transported	Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1) (a) & (b) Health & Care Standard 2.1 Managing risk & promoting health & safety & 3.1 Safe & clinically			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	effective care			
The registered provider must implement weekly checks to ensure drugs and needles are not out of date. Items out of date need to be replaced	Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a) & (4) (a) Health & Care Standard 2.9 Medical devices, equipment & diagnostic systems & Governance, leadership & accountability			
The registered provider must provide reassurance that sufficient oxygen is available at the practice and that the equipment is in date and being regularly checked	Private Dentistry (Wales) Regulations 2017 -			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 13 (1) (a) (b) & 16 (1) (b) Health & Care Standard 2.1 Managing risk & promoting health & safety & 2.9 Medical devices, equipment & diagnostic systems			
The registered provider must review the consent form and amended it accordingly, so that the form is an accurate record of discussions between the dentist and the patient to ensure the patients informed consent to treatment	Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1) (i) (ii) Health & Care Standard 3.5 Record			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	keeping			
Quality of management and leadership				
The registered provider needs to ensure all dentists receive an annual, documented appraisal	Private Dentistry (Wales) Regulations 2017 - Regulation 17 (4) (a) & (b) Health & Care Standard 7.1 Workforce			

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: