

General Dental Practice Inspection (Announced)

Cedars Dental Practice/Cardiff
and Vale University Health Board

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

In writing:

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

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk**

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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 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 Cedars Dental Practice at 189 Fidas Road, Llanishan, Cardiff, CF14 5LZ, within Cardiff and Vale University Health Board on the 23 September 2021.

Our team, for the inspection comprised of two HIW inspectors 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 Cedars Dental Practice provided a professional and friendly service to patients.

We saw evidence of good infection prevention and control procedures to protect both patients and staff.

The building was kept to a good standard and there were robust management systems in place to maintain a safe environment.

We found that some improvements are necessary in respect of clinical auditing to ensure existing good practice is being maintained and improved where possible.

The practice must also ensure that all staff are up to date with mandatory requirements for employment within a clinical setting.

This is what we found the service did well:

- Patients we spoke to were very happy with the service
- Patients were provided with access to information to keep their mouths healthy
- The staff were friendly, welcoming and supportive.

This is what we recommend the service could improve:

- The practice must ensure there are more frequent and robust audit processes in place
- The practice must have a procedure in place to ensure patients with accessibility issues can be referred elsewhere to receive treatment local to them
- The practice must ensure the cabling for the suction unit in the main surgery is no longer able to pose a hazard to patients and staff.

3. What we found

Background of the service

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

The practice has a staff team which included two dentists, three qualified dental nurses and a practice manager who is also a qualified dental nurse. The practice also benefited from a visiting dental implantologist¹.

The practice was currently awaiting authorisation of an NHS contract and at present provides a range of private general dental services as well as specialist dental implant and orthodontic services.

¹ A dental implantologist is a dentist who has completed further training in dental implantology. This is the part of dentistry concerned with the placement of artificial prosthesis that are fixed directly into the upper or lower jaw bone.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We found Cedars Dental Practice was committed to providing a positive experience for their patients. All patients who completed a HIW questionnaire rated the service as good or very good. Patients informed us they were treated with dignity and respect while at the dental practice. We observed staff being friendly and welcoming to patients.

The practice had a range of written information to help patients make good choices regarding their oral health and to further explain treatment options.

We did however find that some patients with accessibility issues could not fully access the dental surgery. The practice did not have a procedure in place to ensure that such patients could access dental care at an alternative practice nearby.

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 21 were completed. Patient comments included the following:

"Excellent care"

"Friendly staff, makes me feel at ease. Quick service"

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patient comments included the following:

"More appointment availability"

"Possibly offer NHS even if just for kids"

Staying healthy

Health promotion protection and improvement

We found that the practice had a good supply of information leaflets available to patients concerning their oral health. All but one of the patients who completed a HIW questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy. This was supported by the dental records that we inspected. Evidence within the records documented that patients were provided with oral health information, diet advice, smoking cessation and the effects of alcohol and tobacco use on oral health. Every patient who had filled out a HIW questionnaire stated that they felt involved in decisions surrounding their dental treatment and care.

Dignified care

Without exception, all patients who completed a HIW questionnaire reported that they had been treated with dignity and respect by the staff when visiting the practice.

We observed patients being greeted and welcomed by reception staff in a professional and friendly manner and speaking with them on the telephone. Staff confirmed that if there was a need to speak with a patient privately, such conversations were conducted in a nearby office located to the side of the waiting area.

We saw that during appointments, the doors to the treatment rooms were closed, to protect the privacy and dignity of patients.

The practice provided evidence of appropriate policies to ensure patients were treated with dignity and respect. We saw that the code of ethics, professional practice by the General Dental Council (GDC)² poster was displayed in a prominent position within the patient waiting area.

² The General Dental Council (GDC) are the body responsible for the registration of Dental professionals and who uphold professional standards relating to the training and continuing education of the dental team.

Patient information

All of the patients that completed a HIW questionnaire reported that the dental team helped them to understand in an appropriate manner their treatment needs and the options available to them. Every patient stated that they felt involved in the decisions being made regarding their treatment. Most said that they knew how to contact the practice outside of working hours should they have an urgent dental problem.

We saw that information regarding costs for private dental treatment was displayed in the waiting area. We also saw evidence of the practice policies and procedures, including an up to date consent policy and a new patient acceptance policy.

Copies of the patient information leaflet were also available in the waiting area and from reception. The patient information leaflet contained all of the information required by the Private Dentistry (Wales) Regulations 2017.

Communicating effectively

Just over half of patients questioned said that staff asked them their preferred language. A small number said that their preferred language was Welsh.

We were told that the practice had access to a telephone translation service via the local health board if required for patients for whom English was not their preferred language.

At the time of the inspection the practice did not offer a bi-lingual service in English and Welsh and did not have any notices or information to encourage patients who would prefer to communicate through the medium of Welsh to do so.

Improvement needed

The registered manager must ensure that patients who wish to communicate through the medium of Welsh are encouraged and facilitated to do so.

Timely care

Without exception, every patient who was questioned stated that it was “easy” or “very easy” to access an appointment at the practice. The practice made efforts to ensure patients were seen in a timely manner. Staff informed us that if a dentist was running late they would advise the patient waiting of any delay. If appropriate they would offer another appointment with no additional charges being incurred.

The practice had a number of dedicated “emergency” appointment times each day that were available for patients needing to see a dentist due to an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were provided in the patient information leaflet and provided on the practice answerphone message. Emergency out of hours telephone numbers were also displayed at the entrance to the practice. However, nearly a quarter of patients who filled out the HIW questionnaire said that they did not know how to access an out of hours appointment for an urgent dental problem. Given the questionnaire findings the practice may wish to consider other ways to ensure their patients were aware of how to access emergency dental care when needed.

Individual care

Planning care to promote independence

Every patient that completed a HIW questionnaire reported that they were always asked questions concerning their medical history when they attended the practice. This was confirmed by the sample of patient records that were reviewed. We found that initial and updated medical histories were consistently and appropriately recorded. This is required by professional guidelines to ensure the dental team are aware of, and understand potential interactions between, the dental treatment carried out and any pre-existing medical conditions the patient may have.

We also confirmed that effective treatment planning was recorded in the patient dental care records. Every patient dental care record reviewed showed evidence that patients were given advice regarding improving their oral health care..

People’s rights

The practice had an Equal Opportunities Policy in place that demonstrated a commitment to ensuring patients had access to fair treatment. In line with the

Equality Act 2010, the policy acknowledged the need to deliver treatment and services to all patients regardless of any protected characteristic³.

The practice had a new patient acceptance policy as required by the regulations. This policy outlined the arrangements for accepting new patients into the practice, eligibility and access to treatment. The policy also included what patients could expect from the practice.

When considering physical access to the practice we saw that a comprehensive disability access audit had been undertaken recently. This was to highlight areas of difficulty for patients for whom access may be challenging. The audit was accompanied by an action plan including target dates for completion. There was ample street parking nearby for patients and a ramp for access into the practice was also available. As the only surgery was situated upstairs on the first floor, the practice had installed a stair lift to assist patients with accessibility difficulties. The reception desk was also lowered and patients had access to a ground floor toilet. However, as practice staff were unable to safely move patients' wheelchairs from the ground floor to the first floor, patients who are wheelchair dependent could not be treated at the practice. This accessibility difficulty was not mentioned in the practice statement of purpose, patient information leaflet or in the new patient acceptance policy and was therefore not clear to prospective patients. In addition, the new patient acceptance policy did not contain advice for staff on the arrangements for patients that require treatment but could not access the practice due to this accessibility challenge.

Improvement needed

The registered manager must ensure that:

- The statement of purpose, patient information leaflet and acceptance of new patients policy is updated to ensure that wheelchair dependent patients are aware of the access challenges within the practice.

³ The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

- The acceptance of new patients policy includes guidance for staff on what to do should the practice not be able to accept a patient due to the accessibility challenges e.g. refer to another practice.

Listening and learning from feedback

We saw evidence to confirm that the practice obtained patient feedback. We were provided with examples of patient experience and satisfaction questionnaires. There was a comments and suggestions box located in the reception area. Patients were also encouraged to review the practice and their experience online and to provide feedback verbally.

We saw evidence of a comprehensive complaints policy and procedure that complied with the specific requirements outlined within the Private Dentistry (Wales) Regulations 2017. This was available to patients on a noticeboard within the reception area and outlined how patients could complain formally to the practice. Details of how to escalate a complaint to HIW were present within the policy. However the address details of HIW were not included. In addition, as the practice was awaiting authorisation of an NHS contract, it would be beneficial to also include details of the NHS “Putting Things Right”⁴ procedure. This service for complaints relates to NHS treatment only.

Improvement needed

The registered manager must update their complaints policy to include contact details for HIW.

⁴ “Putting Things Right” (“PTR”) is the NHS complaints and concerns service available via the local health board for patients undergoing NHS treatment or care.

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 evidence that patients were provided with safe and effective dental care.

We saw that the dental practice environment was well equipped and had effective infection prevention and control measures in place.

Clinical dental records were of a high standard and effective procedures were in place for the administration and prescription of medicines.

However, we found that staff were not aware of how to report an adverse reaction to a medication and more robust auditing is required to ensure that current high standards are maintained.

Safe care

Managing risk and promoting health and safety

Overall we found suitable arrangements to ensure the safety and wellbeing of staff and visitors to the practice. The exterior of the practice was well-maintained and inside the practice was clean, light and airy. We saw a range of policies and procedures that were up to date to ensure the practice was safe and fit for purpose. These had been signed by all staff and included a quality, maintenance and health and safety policy as well as a practice risk assessment.

The practice had an up to date fire risk assessment and policy in place and a number of fire extinguishers on both floors of the practice. These were assessed and maintained every six months by the local fire service and were appropriately fixed to the walls. All staff had undergone fire training and regular fire drills took place to ensure staff knew the procedure for prompt evacuation of the practice in the event of fire. Fire exits were clearly marked with appropriate signage and no smoking signs were displayed to remind staff and visitors of the smoke free premises legislation.

The practice was operating a locked door policy for patients, allowing only those patients with an appointment to enter the premises. Hand gel was available upon

entry to the practice and patients were asked to attend wearing masks. These were also provided should a patient not have a mask. Visitors to the practice would undergo a temperature check and toys and magazines had been removed from the waiting area in line with COVID-19 guidelines.

The practice had three appointed first aiders and we saw evidence of a stocked and accessible first aid kit available for those persons who may need it. There were adequate areas within the practice to change into and out of work wear.

The practice had a business continuity policy in place that was in date and signed by all staff. However, this did not include the emergency contact numbers for the utility and supply companies used by the practice. In the event of a significant disruption to the service staff need timely access to these numbers. This is to ensure the service could continue to operate and provide a service to patients if possible with minimal disruption.

Improvement needed

The registered manager must add contact details for utility and supply companies to the business continuity plan to include emergency telephone numbers.

Infection prevention and control (IPC)

We found evidence that the practice had suitable IPC measures in place for the decontamination (cleaning and sterilisation) of dental instruments and equipment. This was in line with Welsh Health Technical Memorandum 01-05⁵ guidelines.

The practice had a dedicated decontamination room. This was visibly clean, well organised and located on the same floor as the dental surgery. A dirty to clean workflow was in operation to prevent contamination of clean instruments. We saw evidence of secure boxes to transport contaminated instruments from the dental surgery to the decontamination room to prevent cross-contamination.

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.

Instruments were cleaned prior to sterilisation in an autoclave⁶ using an ultrasonic cleaner⁷ or manually scrubbed with detergent. The instruments were then inspected under a magnifying light to ensure they were physically clean. We saw evidence that daily and weekly parameter checks of the autoclave and ultrasonic cleaner were recorded to ensure they were working correctly. In addition, there was a maintenance certificate for servicing of the autoclave.

We saw that the dental surgery treatment room had a daily cleaning checklist that was enhanced to allow for the extra cleaning necessary as a result of the pandemic. This followed the latest guidelines issued by the Chief Dental Officer for Wales⁸.

In response to the pandemic we saw that the dental surgery treatment room had been decluttered to allow for effective cleaning. We were told that instruments would be prepared prior to treatment and we confirmed that adequate time was allocated in between patients. This was to allow for fallow time⁹ following an aerosol generating procedure (AGP)¹⁰ and the thorough cleaning of the surgery using approved cleaning materials. We were provided with evidence of contracts for the disposal of clinical and hazardous waste and saw that prior to collection this waste was stored safely and securely.

⁶ An autoclave is a piece of equipment used in the decontamination of dental instruments. An autoclave uses a combination of steam, heat and pressure to ensure medical and dental equipment and devices are sterile.

⁷ Ultrasonic cleaners are a method of cleaning dental instruments and equipment prior to sterilisation. They use sound waves and detergent to draw debris away from instruments and are often used in combination with manual cleaning to ensure small parts are visibly clean and ready for sterilisation.

⁸ Standard Operating Procedure for the Dental Management of Non-COVID-19 Patients in Wales.

⁹ Fallow time is the downtime in the surgery following an aerosol generating procedure (AGP) taking place which allows any droplets to settle before cleaning and decontamination takes place

¹⁰ An aerosol generating procedure (AGP) is a medical procedure that can result in the release of airborne particles (aerosols) from the respiratory tract when treating someone who is suspected or known to be suffering from an infectious agent transmitted wholly or partly by the airborne or droplet route.

When reviewing staff records we saw evidence that all staff had been immunised and had effective protection against Hepatitis B. We were told that all staff undertaking AGP's had been correctly fit tested¹¹ for Filtering Face Piece (FFP3)¹² masks. We witnessed staff using the correct personal protective equipment (PPE)¹³ at all times throughout the practice.

We saw that the practice had an effective needlestick and inoculation injuries¹⁴ policy and procedure in place. We were told that in the event of a staff member obtaining a needlestick injury they would be supported by the local health board's occupational health department.

The practice regularly completed IPC audits and all staff had undertaken training in IPC procedures for dentistry.

Medicines management

We confirmed that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards¹⁵. These items were stored appropriately. We also noted that the practice's oxygen cylinder had been recently serviced.

We saw evidence that the practice had been undertaking regular checks of the emergency drugs and equipment and that these checks had been appropriately logged. We were shown evidence of an emergency drugs and equipment procedure, so that expired items were promptly replaced.

¹¹ Face fit testing is a method of checking that tight-fitting facial PPE matches the wearer's facial features and seals adequately to their face

¹² The need for FFP3 Mask (oral nasal disposable mask respiratory protection) to be worn is identified through clinical risk assessment. The mask is used to protect against respiratory borne pathogens. To use these masks, relevant staff must be 'face fit tested' to ensure that they can achieve a suitable face fit of the mask and that it operates at the required efficiency.

¹³ PPE is equipment that will protect the user against health or safety risks at work

¹⁴ A n inoculation or "needlestick" injury is a penetrating stab wound from a needle (or other sharp object) that may result in exposure to blood or other body fluids.

¹⁵ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

The practice had a policy in place for resuscitation and managing medical emergencies in line with national guidelines for resuscitation. We saw evidence that all clinical staff members had received up to date emergency cardiopulmonary resuscitation (CPR)¹⁶ training as well as training in anaphylaxis.

Medications were stored in a designated safe place and those administered to the patient were recorded in the dental care records including lot numbers and expiry dates. Information regarding medication prescribed was given to the patient verbally and recorded in the dental care record. Prescription pads were securely locked away when not in use.

When questioned, staff were not aware of the procedure to report any adverse reactions to medicines or medical devices experienced by patients. The reporting required is to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme¹⁷. This is an important procedure employed by the MHRA to ensure healthcare products are acceptably safe for patients and those that use them.

Improvement needed

The registered manager must ensure that all staff receive appropriate training and are aware of the procedure for the reporting of adverse drug reactions to the MHRA using the on-line yellow card scheme.

Safeguarding children and adults at risk

We found that the practice had clear policies and procedures to promote and protect the safety and welfare of children and vulnerable adults. The policies provided the contact details for the relevant safeguarding agencies within the locality. The All Wales Safeguarding Procedures were available to staff via a mobile phone application and we were informed they would be printed out in hard copy, if required.

¹⁶ CPR is an emergency procedure for a person whose heart has stopped or is no longer breathing. CPR can maintain circulation and breathing until [emergency medical help](#) arrives.

¹⁷ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

The safeguarding lead for the practice was a member of the dental team who had oversight of safeguarding matters. The safeguarding lead demonstrated a robust understanding of the obligations of the practice should a concern be raised. We saw evidence that all members of the dental team had undertaken safeguarding training to an appropriate level. The safeguarding lead had undergone a higher level of training to ensure they had the necessary skills and knowledge to undertake the role.

Medical devices, equipment and diagnostic systems

We inspected the clinical facilities and other areas of the practice and found that the dental equipment was in excellent condition and well maintained. We saw that the surgery contained appropriate equipment for the patient and dental team.

We reviewed the arrangements in place for the safe use of radiographic (x-ray) equipment and found that the practice was meeting the standards and following the guidelines set out by the GDC and Ionising Radiation (Medical Exposure) Regulations (2017).

We saw that all clinical staff had undergone the necessary training relevant to their role and there was a practice radiation policy. The practice had local rules in place relating to the equipment in use at the surgery. These were displayed next to the equipment, which detailed working procedures to staff to ensure exposure to radiation was restricted. We found evidence of maintenance schedules for radiographic equipment. The practice had a radiation protection file that included the procedures for the upkeep and safe use of the equipment.

We saw that the practice was undertaking some audits on radiographic processes and quality assurance. To promote quality improvement we would suggest the practice uses an ionising radiation audit tool such as the one available through Health Education and Improvement Wales (HEIW)¹⁸.

During the inspection we saw that a suction unit had been fitted in the treatment room that meant that multiple electrical cables ran across the floor of the room. This was identified as a significant trip hazard to staff and patients using the

¹⁸ Health Education and Improvement Wales (HEIW) is responsible for education and training to meet the needs of the NHS in Wales

treatment room and will also hinder cleaning of the surgery floor. This must be rectified to remove the hazard and enable effective cleaning of the floor.

Improvement needed

The registered manager must ensure that:

- The trip hazard caused by the cabling to the suction unit in the surgery is secured safely.

Effective care

Safe and clinically effective care

The practice had appropriate arrangements set out within the statement of purpose relating to the acceptance, assessment, diagnosis and treatment of new patients. This was also included in the patient information leaflet¹⁹.

We found evidence throughout the day that professional, regulatory and statutory guidance, were given due consideration and followed where appropriate. These include National Institute for Care and Excellence (NICE) guidelines²⁰,

When reviewing the patient dental care records we noticed that the practice was not using the Local Safety Standards for Invasive Procedures (LocSSIPs)²¹ checklists. We would recommend that the practice uses these whenever a surgical treatment or simple extraction is undertaken at the practice. This ensures that safe patient care is always provided.

¹⁹ The patient information leaflet is supplied to patients and includes the information required by Schedule 2 to the above regulations. The information included a summary of the statement of purpose, arrangements seeking patients' views, access to the premises and keeping appointments.

²⁰ <https://www.nice.org.uk/.../oral-and-dental-health>

²¹ "Local Safety Standards for Invasive Procedures" (LocSSIPs) – these are checklists that have been designed to ensure that surgical "never events" (eg wrong site tooth extraction in a dental setting) do not occur

Improvement needed

The registered manager must ensure that LocSSIPs checklists are used when undertaking surgical treatments or simple extractions.

Quality improvement, research and innovation

We found that the practice was undertaking a number of clinical audit activities. These included a recent in-house audit of record-keeping and an infection control audit, both of which were completed to a good standard.

We were told that the practice had plans in the year ahead to complete further audit activity, including use of HEIW quality improvement tools and the dental maturity matrix²². We would recommend that the practice creates an audit schedule, which includes a smoking cessation audit and antibiotic prescribing audit. This helps ensure that the service provided by the practice continues to provide the best possible care to patients. We would also advise that the practice makes use of the maturity matrix system provided by HEIW to ensure continued improvement..

Improvement needed

The registered managed must ensure that they:

- Create an audit schedule, which includes a smoking cessation and antibiotic prescribing audit.

Information governance and communications technology

We saw that the practice had several policies in place to protect patient dental care records and other personal information held by the practice. These included a Data Protection Policy and General Data Protection Regulations (GDPR)²³

²² 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

²³ The General Data Protection Regulation (GDPR) is a legal framework that sets guidelines for the collection and processing of personal information from individuals who live in the European

policy. An appropriate records management policy was also in place and regularly reviewed.

Patient records were stored electronically on password protected computers. Copies of these electronic records were regularly backed up, so that the original data could be accessed in the event of computer failure.

Record keeping

We found evidence of excellent record keeping at the practice. Notes were accurate, comprehensive and written contemporaneously. Records contained details of patient assessment and treatment planning as well as treatment provided during the appointment and consent. Previous dental and social history were also noted alongside frequently updated medical histories.

The records management policy stated that dental records must be retained for a minimum period of eight years and all records were held securely.

We noted that screening questions regarding COVID-19 were omitted from the dental care records. We recommend that patient dental care records contain this information.

Improvement needed

The registered manager must ensure that answers to questions regarding COVID-19 are recorded in the patient dental care records.

Union (EU). Since the Regulation applies regardless of where websites are based, it must be heeded by all sites that attract European visitors, even if they don't specifically market goods or services to EU residents.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

We found evidence of excellent management and leadership at the practice.

All clinical staff were registered with their professional body and appeared happy and supported in their roles.

The practice had an efficient management team and the practice manager was well supported by the registered manager and responsible individual.

Governance, leadership and accountability

Cedars Dental Practice is jointly owned by the registered manager²⁴ and the responsible individual²⁵, with both working at the practice clinically. The practice is supported by a team of clinical staff, one of whom was the practice manager with responsibility for the day to day running of the practice.

We found evidence of excellent management and leadership and clear lines of accountability. We observed staff working well together, evidenced by their engagement with the inspection process and interactions with patients and colleagues.

²⁴ “registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

²⁵ “responsible individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

The practice had a wide range of localised policies and procedures to ensure the safety of both staff and patients as well as a recently reviewed statement of purpose and patient information leaflet . We saw that these documents had been reviewed in line with the regulations and that staff had been made aware of these during their induction process.

The registered manager demonstrated that they understood the process for reporting of incidents to HIW. This included what to do in the case of a serious event of outbreak of infectious disease (eg COVID 19).

We saw that a certificate of public liability insurance was displayed in the waiting area along with the generic Health and Safety at work poster provided by the Health and Safety Executive.

Staff and resources

Workforce

We saw evidence that all permanent members of the dental team were registered with the GDC and their registration certificates were displayed in the waiting area for patients to view. However, one visiting clinician that is regularly employed by the practice did not have their certificate displayed. It was recommended during the inspection that this was rectified so that patients could be reassured that all dentists at the practice were appropriately registered with their governing body.

A review of staff personnel files showed that all permanent staff at the practice had in place valid Disclosure and Barring Certificates (DBS)²⁶ enhanced for child and adult workforce. Appropriate pre-employment checks including references, indemnification and hepatitis B immunity status had also been carried out and staff mandatory training was fully up to date and in line with GDC guidelines.

We were told that the practice had regular staff meetings in which to discuss changes to policies, procedures and patient feedback. We saw evidence of minutes taken during these staff meetings. The minutes were kept in a file easily accessible by all staff.

²⁶ DBS check is a process used by employers and organisations to get a clear picture of an individual's criminal record.

We noted that all staff had regular appraisals. The practice also had a robust recruitment policy in place and staff appeared happy and supported in their roles.

Although the registered manager had not yet attended any formal training, we were told that this would be explored as a means to further improve leadership and management at the practice.

Staffing levels were satisfactory and at all times the practice had suitably trained staff in attendance to ensure safe and effective patient care. The practice had a whistleblowing policy and staff were aware how to raise a concern should they need to.

The practice employed a specialist clinician as a visiting member of staff. This meant that this person attended the practice on an “ad-hoc” basis to provide a specialist treatment or service as necessary .

During the inspection it was noted that the visiting clinician did not have a recent DBS certificate, formal employment contract or up to date basic life support training. They also did not have recent training in the safeguarding of children and vulnerable adults. These issues need rectifying promptly.

Improvement needed

The register manager must ensure that all staff working at the practice have up to date:

- Enhanced DBS certificate for child and adult workforce
- A contract of employment and job description
- Basic life support training completed annually
- Training in the safeguarding of children and vulnerable adults.

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 2017](#), 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: Cedars Dental Practice

Date of inspection: 21 September 2021

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 issues of non compliance were found 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: Gemma Hawkins

Name (print): Gemma Hawkins

Job role: Practice Manager

Date: 14 October 2021

Appendix C – Improvement plan

Service: Cedars Dental Practice

Date of inspection: 21 September 2021

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				
The registered manager must ensure that patients whom wish to communicate through the medium of Welsh are encouraged and facilitated to do so.	3.2 Communicating effectively; Regulation 13 (1)(a)	Since the inspection we have put up a range of bilingual posters and information and Dentist Chris Truman has also sent a Welsh version of our Practice leaflet over to Jenna or Sarah who were part of our inspection team.	Gemma Hawkins	Completed
The registered manager must ensure that: <ul style="list-style-type: none"> The statement of purpose, patient information leaflet and acceptance of new patients policy is updated to ensure that 	6.2 Peoples rights; Regulation 13(1)(a)	Both the statement of purpose and the practice information leaflet have been updated to outline that we have chair lift for patients who have difficulty with the stairs but if patients were wheelchair dependant can be referred to our sister	Gemma Hawkins	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>wheelchair dependent patients are aware of the access challenges within the practice.</p> <ul style="list-style-type: none"> The acceptance of new patients policy includes guidance for staff on what to do should the practice not be able to accept a patient due to the accessibility challenges e.g. refer to another practice. 		<p>practice in Grange town where we have a ground floor surgery or to the community dental service.</p> <p>As above acceptance of new patient policy has been updated.</p>		
<p>The registered manager must update their complaints policy to include contact details for HIW</p>	<p>6.3 Listening and Learning from feedback, Regulation 21(4)(a)</p>	<p>Complaints policy has been updated to include the telephone number and email for HIW.</p>	<p>Gemma Hawkins</p>	<p>completed</p>
<p>Delivery of safe and effective care</p>				
<p>The registered manager must add contact details for utility and supply companies to the business continuity plan to include emergency telephone numbers</p>	<p>2.1 Managing risk and promoting health and safety; Regulation 22 (2)(a)</p>	<p>Emergency telephone numbers and any utility suppliers contact details have been added to the business continuity plan.</p>	<p>Gemma Hawkins</p>	<p>Completed</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered manager must ensure that all staff receive appropriate training and are aware of the procedure for the reporting of adverse drug reactions to the MHRA using the on-line yellow card scheme.</p>	<p>2.6 Medicines Management; Regulation 13(4)(e)</p>	<p>We now have in place instructions on how to report drug reactions using the yellow card scheme we have filed this in the policies file as part of the emergency action plan policy.</p> <p>We have also contacted the local health board for any additional information which we'll put in place once received.</p>	<p>Gemma Hawkins</p>	<p>Completed</p>
<p>The registered manager Must ensure that:</p> <ul style="list-style-type: none"> The trip hazard caused by the cabling to the suction unit in the surgery is secured safely. 	<p>2.9 Medical devices, equipment and diagnostic systems; Regulation 8(n) Regulation 22(2)(a)</p>	<p>As discussed on the day of the inspection we are refurbishing the surgeries at the moment whilst refurbishing we plan to move the suction units so it no longer causes an issue until this happens the caballing is very short and tightly bound to minimize a trip hazard.</p>	<p>Gemma Hawkins</p>	<p>In process (31/03/22)</p>
<p>The registered manager must ensure that LocSSIPs checklists are used when undertaking surgical treatments or simple extractions.</p>	<p>3.1 Safe and Clinically Effective care; Regulation 16(b)</p>	<p>We have contacted Dr. Emyr Roberts at the local health board who has kindly agreed to send over relevant information and check lists for our use.</p>	<p>Gemma Hawkins</p>	<p>In Process (30/11/21)</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered managed must ensure that they create an audit schedule which includes a smoking cessation and antibiotic prescribing audit.	3.3 Quality Improvement, Research and Innovation; Regulation 8(n)	<p>As discussed on the day of the inspection we were awaiting a start date for our NHS contract and agreed that once in place we would contact HEIW for access to these audits.</p> <p>Gemma Hawkins has contacted HEIW and put in application forms we are currently awaiting audit packs.</p> <p>We have plans to carry out antibiotics prescribing audit first and follow with smoking cessation.</p>	Gemma Hawkins	In process 31/03/21
The registered manager must ensure that answers to questions regarding COVID-19 are recorded in the patient dental care records	3.5 Record keeping; Regulation 20(a)(ii)	Covid-19 questions are answered and filled at reception. They were already on one of our dentists templates but not the other they have now been added to this dentists templates.	Christoper Truman	Completed
Quality of management and leadership				
The register manager must ensure that all staff working at the practice have up to date:	7.1 Workforce; Regulation 17(3)(c)(d)	This is currently already in place and was on the day for all employed members of staff and owning dentists and anyone	Gemma Hawkins	In progress 30/11/21

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Enhanced DBS certificate for child and adult workforce A contract of employment and job description Basic life support training completed annually Training in the safeguarding of children and vulnerable adults. 		<p>who works at the practice on a day to day basis.</p> <p>Any missing records were for a visiting specialist.</p> <p>All documents have been requested from visiting specialist and a visiting dentist contract being drawn up.</p>		

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): Gemma Hawkins

Job role: Practice Manager

Date: 12/11/2021