

# General Dental Practice Inspection Report (Announced)

Lakeside Dental Practice, Cardiff &  
Vale Health Board

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

## Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

## Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

## Our goal

To be a trusted voice which influences and drives improvement in healthcare

## Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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# 1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Lakeside Dental Practice, Cardiff and Vale Health Board on 11 July 2022.

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

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found Lakeside Dental Practice was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- The complaints policy should be updated to include the sources of support and advocacy that could be contacted if no agreement can be reached. The information should include the contact details of HIW.

This is what the service did well:

- We found that the practice promoted confidentiality and saw that sensitive or confidential conversations were treated appropriately and in a private manner
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity.

### Safe and Effective Care

Overall summary:

Overall, we found the practice was meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice was well maintained and well equipped to deliver the services and treatments they are registered to deliver. All areas were clean and free from any visible hazards.

We found there were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely. However, we have recommended the IR(ME)R policy, procedures and protocols are updated and staff read and sign them to evidence their understanding and responsibilities.

This is what we recommend the service can improve:

- The testing of fire alarms, fire drills and emergency lighting needs to be recorded in line with the practice's fire safety policy
- Evidence that the practice is using an ultrasonic performance meter needs to be available and the information is fully recorded
- The medical emergency policy needs to be reviewed annually
- The IR(ME)R policy, procedures and protocols need to be updated, shared with staff so they can read them and sign them to confirm they understand their role and responsibility
- Complete a record keeping audit.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- We observed good quality audits being completed, which evidenced any changes that had been made as a result of the audit outcome.

## Quality of Management and Leadership

Overall summary:

We observed a staff group that worked well together and were committed to providing a high standard of care for their patients.

We saw there was a number of policies and procedures in place. However, we have made recommendations to ensure they are updated, shared with staff to read and sign so they can evidence they understand their role and responsibilities.

Staff had access to appropriate training opportunities in order to fulfil their professional obligations.

This is what we recommend the service can improve:

- A system to evidence that staff have read and signed the policies and procedures so they understand their role and responsibilities
- In line with the practice's recruitment policy, ensure two references are obtained for new starters.

This is what the service did well:

- We witnessed staff working well together as part of a team
- We saw an invested registered manager paid for General Dental Council (GDC) registration, indemnity and further courses for dental nurses at the practice in order to further develop their skills, knowledge and expertise.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 27 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Some of the comments provided by patients on the questionnaires included:

*"Care and service is excellent. Always takes time to explain the treatment"*

*"Very friendly, helpful practice. Always makes me feel at ease. It is a pleasure to attend my appointment"*

*"Have been a patient for years and have always had a great experience, would not want to go elsewhere"*

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received included:

*"Saturday morning opening would be helpful for those working"*

*"More toys for kids would be handy"*

*"I find it difficult to get appointments, so better availability"*

#### Staying Healthy

##### Health Protection and Improvement

We observed changes within the practice to minimise the risk of COVID-19 transmission. These included alcohol gel dispensers placed at strategic locations throughout the practice. We saw windows were open and air purifying systems were being used in the surgeries to further reduce transmission. Staff were wearing masks and patients were advised to do the same.

All but one of the patients who had completed a questionnaire felt it was very evident that the practice had COVID compliant procedures in place during their time at the practice.

We saw signs within the practice displaying 'No Smoking' which confirmed the practice adhered to the smoke free premises legislation.

All patients who had completed a questionnaire said that the dental team had talked to them about how to keep their mouth and teeth healthy.

## **Dignified care**

### **Communicating effectively**

All patients who had completed a HIW questionnaire stated that they felt that the staff at the practice treated them with dignity and respect. All but one of the respondents said that they felt the dental team helped them to understand all of the available options for treatment when they needed it.

We saw staff speaking to patients in a dignified and respectful manner. Doors to surgeries were kept closed during treatments which also enabled private conversations to be held with patients.

We were told the practice had one Welsh speaking member of staff and a poster was seen in the waiting area to indicate a Welsh speaking service could be provided. We were told the practice had access to a translation service and would endeavour to provide information to patients in their preferred language and/or format.

### **Patient information**

We saw patient information available in the waiting areas. Information included how patients can obtain a copy of the complaints procedure, the action to take in the event of a fire and how to claim free NHS treatment.

Price lists were seen for both private and NHS treatments. We saw these were the clearly visible within the practice.

Posters reminding patients about COVID-19 symptoms and wearing face masks were seen.

The name of the practice was visible from the outside. The names of the dentists, the opening hours and a telephone number were also clearly displayed on the window by the entrance.

## **Timely care**

### **Timely access**

We found that the practice worked hard to ensure that patients were treated in a timely manner. We were told that appointments were mainly made by telephone.

Of the 27 respondents to the questionnaire, 19 felt that it was 'very easy' to get an appointment when they needed it and 8 said 'fairly easy'.

We were told the reception staff will inform patients of any delays.

We were told the practice operates a sit and wait option for any patient who requires an emergency appointment or will be booked into a next day appointment.

Of the patients that completed a questionnaire, 24 indicated that they knew how to access the out of hours emergency dental service should they require it for an urgent dental problem.

## **Individual care**

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

We reviewed the records of six patients and found these had evidence of treatment planning and options for those patients.

25 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 policies in place relating to equal opportunities, equality and diversity to ensure that patients' and staff human rights were upheld.

All of the patients that completed a questionnaire indicated that they felt they could access the right healthcare at the right time.

We saw that the practice had two surgeries situated on the ground floor, one of which would be accessible for anyone using a mobility aid.

We saw there was a ramp that led from the car park to the entrance of the practice. The practice also had an additional ramp to enable access into the building.

### **Listening and learning from feedback**

We noted that the practice displayed a poster stating that their complaints procedure could be obtained from a member of staff. We saw contact details for the NHS and information relating to Putting Things Right located near the

reception desk and the contact details for HIW in the waiting room. We suggest that this information be located next to each other. This would allow patients to have access to complaints information in one area.

In line with the GDC standard 5.3, we recommend that the complaints policy is updated to include the sources of support and advocacy that could be contacted if an agreement cannot be reached. This information should include the address and telephone number of HIW.

At the time of our visit, the practice had not received any complaints. However, we saw that a dedicated complaints file was in place to evidence the actions and responses taken to resolve any patient concerns.

We saw that a suggestion box was available in the waiting area for patients to provide feedback. Staff told us that any patient feedback was reviewed, and any themes identified would be discussed.

# Delivery of Safe and Effective Care

## Safe care

### Managing risk and promoting health and safety

We found there were suitable arrangements in place to protect the safety and wellbeing of staff and visitors to the practice.

The building appeared well maintained both internally and externally. There were no issues identified regarding the heating, lighting or ventilation. All the areas were visibly clean and free from obvious hazards. The surgeries and decontamination room were in a good state of repair. All the rooms had the necessary equipment required to undertake the treatments and services offered by the practice.

There were no concerns given by patients over the cleanliness of the dental practice, with all of the patients who completed a questionnaire expressing that in their opinion the dental practice was 'very clean' or 'fairly clean'.

We saw fire safety equipment was available at various locations around the practice and this had been serviced in the last 12 months. A fire risk assessment had been completed in 2022. We were told that the testing of fire alarms and emergency lighting takes place, but this wasn't recorded. The fire safety policy stated that the fire logbook would be completed to evidence that checks have taken place, but we were told there wasn't a logbook in place. Therefore, we recommend that in line with the policy, checks of the fire alarm, fire drills and testing of emergency lighting is documented. We saw fire exits were signposted.

We saw certificates to evidence that staff had completed fire safety training.

We saw there were policies and procedures in place as well as an environmental risk assessment to ensure the premises were safe and fit for purpose. A health and safety poster was also displayed.

As required by the regulations, we saw the practice had in place a business continuity policy. We also saw employer's liability insurance was in place.

### Infection prevention and control (IPC)

We saw there was an appropriate infection control policy in place.

We found there were appropriate arrangements in place for the handling and disposal of waste. We saw clinical waste being stored securely and separate from

non-hazardous waste. A contract with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste was also in place.

We noted there were appropriate arrangements in place for the handling of substances subject to COSHH.

We observed that the designated decontamination room was fit for purpose. We were also told staff had access to appropriate PPE for working in this area.

We saw that the logbooks for checking the sterilisation equipment had been completed. However, we found there was no evidence of the practice using the ultrasonic performance meter and recommended this is undertaken immediately. We were told that a WHTM 01-05 audit was due to be completed.

We were told that the practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.

### **Medicines management**

We found the practice had appropriate procedures in place to deal with emergencies. We saw that resuscitation equipment was available for use and that emergency drugs were being stored in a location that could be accessed easily by staff. A medical emergencies policy was in place, and we recommended that it is reviewed annually.

There were systems in place to evidence checks on emergency drugs were being carried out in accordance with national guidance. We noted that the emergency drugs and equipment were all in date.

The practice had two first aiders who all had up to date training. A first aid kit was available and all contents in date and checked regularly.

We saw prescription pads being kept securely.

Staff told us of the correct procedures they would take if there was an emergency or had to report an untoward drug related incident.

### **Safeguarding children and safeguarding adults at risk**

We saw that all staff had completed training in adult and child safeguarding, with the safeguarding lead completing level 3.

We saw there were two safeguarding policies in place and recommend that the more comprehensive policy is used to ensure staff have access to the most current document. The policy included details of the local safeguarding team and flow charts

were located on the back of surgery doors to provide a quick reference of the course of action that staff may be required to take. The practice had a named safeguarding lead, but some staff were not aware of who this was.

We saw that all staff had a DBS check on file which was undertaken prior to their employment. We were told these are renewed every five years.

### **Medical devices, equipment and diagnostic systems**

We observed that the surgeries contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment. We found this was mostly compliant, with relevant documentation in place. However, we found that policies, procedures and protocols needed updating and staff should read and sign these to evidence their knowledge and understanding.

We saw that all clinical staff had undertaken training in Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 that had been completed within the last five years. We also saw evidence of a completed radiography audit demonstrating further compliance with IR(ME)R 2017 regulations and quality assurance monitoring requirements.

## **Effective care**

### **Safe and clinically effective care**

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients.

Staff told us they were obtaining professional guidance and where applicable using this to update their own policies.

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

The practice had a quality assurance policy in place and we were told that the practice continuously strives to improve the service provided to patients.

We saw the practice had completed a number of audits which included the maturity matrix audit in 2019, skills optimiser self evaluation tool in 2022, bronze level improving quality together (IQT) and Design to Smile.

We were told the practice had applied for their second antimicrobial audit and WHTM 01-05.

We noted there was no record keeping audit and we recommend that this is added to the audit programme.

We were told the practice does not undertake any research.

Regulation 23 of the Private Dentistry (Wales) Regulations 2017 requires the registered provider prepares a written report on the conduct of the practice. We saw this had been completed, but the report produced should be submitted to HIW.

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

We found that the practice had a staff confidentiality policy in place and complied with the General Data Protection Regulation.

Patient dental records were stored electronically and securely and according to an appropriate records management policy.

### **Record keeping**

We reviewed six sets of patient records. This concluded that the standard of record keeping was high and to a very good standard. Notes were clear and contained sufficient information.

Informed consent had been recorded in the records that we reviewed and treatment options were noted. We saw dental history, reason for attendance and recall information also noted.

We saw that language preference was not recorded on the records reviewed.



# Quality of Management and Leadership

## Governance, Leadership and Accountability

The principal dentist (the practice owner) has overall responsibility for the management of the practice and is the registered manager. She is supported by three dentists, four hygienists, one receptionist and five dental nurses (three of whom are trainees). We saw that private dental care was being provided in accordance with their conditions of registration.

We saw the staff team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection.

We reviewed the statement of purpose and patient information leaflet which contained all the areas required by the Private Dentistry (Wales) Regulations 2017. Both documents are available on the practice website.

We saw that the practice had a range of policies and procedures in place. We recommended that a system is put in place to evidence that staff have read them to confirm they understand their responsibilities.

The registered manager ensures that any notifications, including any to HIW are submitted in the event of any serious injuries.

We were told that team meetings take place, and we were provided with one note from a previous meeting. At the time of the visit the team meeting minutes were not available.

## Workforce

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff.

We reviewed staff files and found they contained contracts of employment (signed contracts are kept off site), job description and Hepatitis B immunity. Some files had one reference. In keeping with the recruitment policy two references should be sought.

We were told that staff have yearly appraisals and saw evidence of these on some staff files.

We saw the practice had a whistleblowing policy and staff told us they were confident in raising any issues or concerns about the delivery of care to patients, either directly with a staff member or an alternative appropriate body if required.

We saw evidence that training certificates were being kept for each member of staff and that staff had attended training on a range of topics relevant to their roles to meet their CPD requirements. We suggested that the practice consider keeping an all staff training matrix. This would help provide an immediate overview of the training completed, rather than having to go through each file.

## 4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

# 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:** Lakeside Dental Practice

**Date of inspection:** 11 July 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance 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:** Lakeside Dental Practice

**Date of inspection:** 11 July 2022

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
The complaints policy should be updated to include details of the support and advocacy services that could be contacted if no agreement can be reached. This information should include the contact details (address and telephone number) of HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 21(4)(a)  Health & Care Standards - 6.3 listening & learning from feedback	The policy and response letter have been updated to include the Dental Complaints Service Ombudsman and HIW contact details in the event of an agreement not being met. Staff are being advised to read updated policy and sign to confirm.	Lisa Furlly	Already Done
The testing of fire alarms, fire drills and emergency lighting needs to be recorded in line with the practice's fire safety policy.	The Private Dentistry (Wales)	Fire drills to be recorded. It will be the Fire Marshal's responsibility to ensure that this	Lisa Furlly	From now onwards

	<p>Regulations 2017 - Regulation 22(4)(a)(d)</p> <p>Health &amp; Care Standards - 2.1 managing risk &amp; promoting health &amp; safety</p>	<p>is adhered to. Lighting and alarm testing also to be managed and recorded by Fire Marshal in line with the Practice's Fire Safety Policy.</p>		
<p>The practice needs to provide assurance that an ultrasonic performance meter is being used and the information is being fully recorded.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13(2)(a) &amp; (6)(b)(ii)</p> <p>Health &amp; Care Standards - 2.1 managing risk &amp; promoting health &amp; safety</p>	<p>A log is already in place to record testing, and foil strips are available in the event of a malfunction of the testing meter. Training will be logged and updated accordingly. All staff to sign training records as confirmation they fully understand and accept their individual responsibilities.</p>	<p>Lisa Furly</p>	<p>Already Done</p>
<p>To ensure the medical emergency policy is reviewed annually</p>	<p>The Private Dentistry (Wales) Regulations 2017</p>	<p>Policy to be reviewed and updated annually and staff to sign</p>	<p>Lisa Furly</p>	<p>From now onwards</p>

	<p>- Regulation 31(1)</p> <p>Health &amp; Care Standards - 2.1 managing risk &amp; promoting health &amp; safety</p>	to acknowledge understanding of any material changes.		
To ensure the IR(ME)R policy, procedures and protocols are updated, shared with staff so they can read and sign them to confirm they understand their role and responsibility	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13(8)</p> <p>Health &amp; Care Standards - 2.9 medical devices, equipment &amp; diagnostic systems</p>	The Radiation Protection Supervisor will oversee and take responsibility for logs which will record and confirm that staff fully understand their roles and responsibilities.	Catrin Parry Jones	From now onwards
To complete a record keeping audit	The Private Dentistry (Wales) Regulations 2017	We will complete a record keeping audit within 3 months.	Catrin Parry Jones	To be embodied in Practice protocols within the next three months.



	<p>- Regulation 16 (1)(a)(b)</p> <p>Health &amp; Care Standards - 3.3 Quality improvement, research &amp; innovation</p>	<p>There is an annual trainer/trainee record keeping audit.</p>		
<p>Ensure there is a system in place that can evidence staff have read the practice's policies and procedures so they understand their role and responsibilities</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 16(1)(a)</p> <p>Health &amp; Care Standards - 7.1 workforce</p>	<p>PM to implement a new digital policy sharing system. Software will provide secure sharing of policies and all staff members will be required to acknowledge receipt of any reading policies and updates via email.</p>	<p>Lisa Furly</p>	<p>New sharing system to be developed over the next three months, with target completion and implementation before Christmas 2022.</p>
<p>In line with the recruitment policy, ensure two references are obtained for new starters</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Schedule 3,</p>	<p>PM will ensure that all prospective employees provide two references, and this will be requested at interview.</p>	<p>Lisa Furly</p>	<p>From now onwards</p>

	Part 1 Regulation 3  Health & Care Standards - 7.1 workforce			
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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): Patricia Satchell**

**Job role: Registered Manager**

**Date: 24 August 2022**