

**General Dental Practice  
Inspection (Announced)**  
Cardiff and Vale University  
Health Board, Colchester  
Dental Surgery

19 May 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at Colchester Dental Surgery, 1-3 Lady Margaret Court, Penylan, Cardiff, CF23 9AW within the area served by Cardiff and Vale University Health Board on 19 May 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards<sup>1</sup>. Any dentist working at the practice who is registered with HIW to provide private dentistry will also be subject to the provisions of the Private Dentistry (Wales) Regulations 2008<sup>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</sup>. Where appropriate we consider how the practice meets these regulations, as well as any relevant professional standards and guidance.

During the inspection we reviewed documentation and information from a number of sources including:

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff
- Examination of a sample of patient dental records

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<sup>1</sup> <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

<sup>2</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>3</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

Dental inspections capture a snapshot of the application of standards at the practice visited on the day of the inspection.

### 3. Context

Colchester Dental Surgery provides services to patients in the Penylan area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

Colchester Dental Surgery is a mixed practice providing both private and NHS dental services.

The surgery employs a staff team which includes a principal dentist, one trainee dentist, a practice manager (who also works on reception), two dental nurses and two hygienists.

A full range of NHS dental services and private dentistry are provided which includes the following:

- Oral assessment and treatment
- Dental hygiene
- Dental implants
- Tooth removal, root fillings, bridges and dentures

The principal dentist is also a qualified Dental Foundation trainer. As a result, the surgery offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

## 4. Summary

HIW explored how Colchester Dental Surgery met the standards of care set out in the Health and Care Standards April 2015.

Nineteen patients who completed a HIW questionnaire indicated they were very satisfied with the service provided by the dental surgery and were given enough information about their treatment.

We spoke with two patients attending the surgery on the day of inspection. Both expressed a high level of satisfaction with their care and treatment.

We observed the warm, friendly and professional approach adopted toward patients by each member of the dental team.

Overall, we found the practice was being run with the intention to meet the relevant standards. We found that patient records were generally of a very high standard.

We have made recommendations to improve administrative aspects of the radiation protection process in place as well as elements of recording within patient records. We also identified the need for some improvement to the clinical environment in the main dental surgery.

The dental surgery was established and well run by the principal dentist and a practice manager, both of whom were supported by a small, enthusiastic and motivated team. The practice had appropriate management systems and processes in place to ensure patients' safety.

The practice environment was visibly clean and well maintained both internally and externally.

## 5. Findings

### *Patient Experience*

**Nineteen patients who completed a HIW questionnaire indicated they were very satisfied with the service provided by the dental surgery and were given enough information about their treatment.**

**We spoke with two patients attending the surgery on the day of inspection. Both expressed a high level of satisfaction with their care and treatment.**

**We observed the warm, friendly and professional approach adopted toward patients by each member of the dental team.**

Nineteen HIW patient questionnaires were completed prior to the date of inspection. All patients stated they were satisfied with the care and treatment they received at the surgery and felt welcomed by staff. We also observed the warm, friendly and professional approach adopted toward patients (via the telephone and on a face to face basis), by each member of the dental team.

Eight patients told us they had experienced some delay in being seen by the dentist on the day of their appointment, although this tended to be no more than 10 minutes. One patient attending the surgery on the day of our inspection was overheard enquiring about a delay to her appointment time. The member of staff who responded to the query was very apologetic and promptly spoke with the dentist concerned to find out how much longer the patient needed to wait; the outcome being made known to the patient.

A sample of patient comments included the following:

*'I could not be more impressed or thankful to the team at Colchester Dental Surgery'*

*'Absolutely 100% superb. The best dentists and dental team I have ever experienced'*

*'Always grateful to everyone at the surgery for all their care and attention to me and my family'*

*'I am very happy with this dental practice'*

*'Very happy with the text and email system'*



We spoke with two patients attending the surgery on the day of inspection. Both expressed a high level of satisfaction with their care and treatment.

Eight patients who completed one of our questionnaires indicated that they did not know how to access 'out of hours' dental services. However, we saw a sign in the practice window with the emergency telephone number and we confirmed there was a contact number provided within the surgery's answer phone message. In addition, there was an information folder in the waiting room. This included the surgery's information leaflet which provided patients with advice as to how to access emergency treatment outside of normal working hours. This meant out of hours information was easy for patients to find, should the need arise.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we found evidence of this recorded in patient notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. The dental surgery had emergency appointments available every day, enabling patients to be seen quickly if required. We observed one patient (who attended the surgery on the day of inspection) being offered a number of appointment alternatives for on-going treatment and conversation with a member of the dental team confirmed that text messages were sent to patients ahead of their appointment to minimise non attendance.

The surgery had a detailed website which met all relevant General Dental Council (GDC) standards for advertising as well as a patient information leaflet in large print, if required. Basic information about the service was also provided through the Cardiff and Vale University Health Board website.

Conversation with the dental team revealed that patients were encouraged to offer their verbal views on the service provided when they attended the surgery. Staff further told us that the surgery had completed a patient survey during 2012 which had resulted in positive responses. Additionally, the surgery had, very recently, introduced a suggestions box to the patient waiting room to enable people to comment on services provided in an anonymous way, if preferred. We were told that the contents of the box would be checked weekly in an attempt to make any improvements to the service, as far as possible. This meant there were systems in place to allow patients to provide feedback to the dental surgery.

When asked about making complaints about their care or treatment, most patients told us they either knew how to raise any concerns they may have with the staff at the surgery, or did not have a reason to complain. Seven patients

indicated that they did now know how to raise concerns or make a complaint. We saw there was a complaints poster displayed within the patient waiting area which positively contained shorter timescales for the acknowledgment and resolution of complaints than those cited within NHS guidance and private dentistry regulations. However the wording on the poster was small and it was positioned at a high point on the wall. We therefore spoke with the practice manager who agreed to produce the poster in larger print as well as relocating the information to a more prominent place in the waiting area to make it more accessible and visible to patients. We were also told that the surgery had not received any complaints/concerns in the past two years.

## *Delivery of Health and Care Standards*

**Overall, we found the practice was being run with the intention to meet the relevant standards. We found that patient records were generally of a very high standard.**

**We have made recommendations to improve administrative aspects of the radiation protection process in place as well as elements of recording within patient records. We also identified the need for some improvement to the clinical environment in the main dental surgery.**

### Radiographic equipment

Overall, we found suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. This included relevant staff training documentation, safety checks, equipment maintenance and testing.

Conversation with the dental team confirmed that the quality of X-rays taken were considered and recorded on a daily basis.

Examination of the content of the radiation protection file and conversation with members of the dental team revealed that the information was incomplete. Specifically, diagrams of the controlled area in each of the dental surgeries were not finished which meant that staff were not provided with clear guidance as to how they would maintain their own safety when X-ray equipment was in use. There was also an incomplete inventory of X-ray equipment in use at the surgery and the file did not contain a copy of the most recent radiation survey.

### ***Improvement Needed***

***The dental surgery is required to demonstrate how it will ensure that the radiation protection file contains all information in accordance with IR(ME)R 2000 regulations.***

We were able to confirm that X-ray equipment at the dental surgery had been subject to regular maintenance and local rules for the use of X-ray equipment were seen within the radiation protection file.

### Drug storage and emergency equipment

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). Resuscitation equipment and emergency drugs were available in the event of a patient emergency (collapse) at the practice. Records

were available which confirmed that regular checks were in place to ensure that drugs and/or equipment were replaced ahead of their expiry dates. The only exception to this was the absence of records for checking the emergency oxygen supply. We advised staff to record the regular checks they were undertaking in this regard. The dental surgery should also consider undertaking weekly, as opposed to monthly checks of emergency equipment, in accordance with current UK resuscitation guidelines.

### Decontamination

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. We held conversations with staff and were satisfied that there were suitable and well established processes in place to minimise the risk of cross infection to protect patients. We saw that sufficient equipment was available for decontamination purposes, all of which appeared to be in good condition. A dedicated hand washing sink and disposable items (such as eye protection, gloves and aprons) were available to assist staff with their infection control procedures.

We found that the surgery had completed a thorough audit of infection prevention and control during January 2015 using documentation which corresponded with WHTM 01-05<sup>4</sup> guidelines. The surgery also had appropriate daily and weekly recorded checks in place to ensure that the decontamination process was effective and equipment remained in good working order to assist with patient safety.

We held discussions with the dental team about the disinfection of dental impressions and advised that they should clearly label laboratory transport bags to show that individual impressions had been disinfected. This is because we saw some bags that did not contain that information.

### Waste disposal

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We also saw that waste had been segregated into different coloured bags/containers in accordance with correct methods of disposal. These were stored in an area of the surgery that was not used by the public,

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

whilst waiting to be collected. This meant that the practice had a system in place to manage waste appropriately and safely.

### Clinical Facilities

We looked at the clinical facilities in each of the dental surgeries and found these contained relevant equipment for the safety of patients and staff. We noted that all surgeries were clean and tidy. Instruments were generally stored appropriately to avoid contamination. However, we found that there was a need for improvement to the storage of some small items known as burs<sup>5</sup> (following decontamination).

#### ***Improvement Needed***

***The dental surgery is required to describe how it has improved the storage of dental burs following cleaning and sterilisation as a means of preventing recontamination.***

We found that there was a gap between the flooring and some base cabinets in the largest of the dental surgeries. According to the Welsh Health Technical Memorandum 01-05 (WHTM01-05) guidelines, work surfaces and floor coverings should, where possible be seamless. Where joints are unavoidable, they should be sealed or welded.

#### ***Improvement needed***

***The practice should ensure that all work surfaces and floor coverings are, where possible, seamless. Where joints are unavoidable, they should be sealed or welded.***

WHTM01-05 section 6.47 also states that carpets should not be present in any clinical areas. The dental team was therefore advised that they should plan to replace the carpet in the future with a material that is non-pervious and easily cleanable.

We saw that there was a small crack in the plastic headrest integral to the dental chair in the largest dental surgery. Whilst this was partially protected by a disposable plastic covering, there was potential for cross contamination. The area between the head rest and upper part of the chair was also in need of

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<sup>5</sup> Dental burs are used for cutting hard tissues - tooth or bone.

cleaning as there was dust present. The dental team expressed a willingness to address these issues.

### ***Improvement Needed***

***The dental practice is advised of the need to demonstrate what action is to be taken to ensure that the dental chair in the main surgery is restored to optimum condition. This is as a means of protecting patients from cross infection.***

### **Patient records**

We looked in detail at a sample of 10 patient records associated with the two dentists working at the practice. Generally, the records we saw were of a high standard.

However, we saw that some of the records did not contain all information required. Specifically, the dental team needed to improve their recording of aspects of patients' consultations as follows:

- Patient notes should contain a record of the explanation and justification for the type of treatment to be provided (to include how dental decay is removed and what type of materials are used to protect the pulp<sup>6</sup> and restore the tooth)
- Clear records should be maintained with regard to the use/batch numbers of local anaesthetic used
- Patient records should contain details of any post operative instructions given to people following treatment
- There should be a clear record of how patients' consent has been obtained on the day of treatment

### ***Improvement Needed***

***The dental surgery is required to demonstrate how it will ensure that patient records contain all information as determined by current professional guidelines and the Health and Care Standards.***

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<sup>6</sup> Dental pulp is the part in the centre of a tooth.

We found that patients were offered X-rays at appropriate time intervals, and that the quality of x-rays was monitored.

## *Management and Leadership*

**The dental surgery was established and well run by the principal dentist and a practice manager, both of whom were supported by a small, enthusiastic and motivated team. The practice had appropriate management systems and processes in place to ensure patients' safety.**

Colchester Dental Surgery is an established dental service. Staff who spoke with us said that they felt very well supported in their work; being able to obtain advice and support as and when required.

The principal dentist was actively involved in the day-to-day running and management of the dental surgery and worked closely with the practice manager. There was a range of current policies, management systems and processes in place to ensure that treatment was delivered safely to patients. For example, we saw evidence of a recently completed (WHTM 01-05) infection prevention and control/decontamination audit which showed that the dental surgery placed an emphasis on compliance. This meant that patients were protected against cross infection as far as possible.

The dental surgery was a member of the British Dental Association good practice scheme. By becoming members of this UK wide quality assurance programme, practices demonstrate a visible commitment to providing quality dental care to nationally recognised standards.

Discussion with the principal dentist and other members of the dental team revealed that staff turnover and sickness/absence levels were very low. This meant that patients received care and treatment from a dental team who were familiar to them.

The dental surgery occasionally used agency dental nurses when their regular staff were unavailable. We spoke with a member of the dental team about the arrangements in place to check the competency of agency nurses and were told the surgery always obtained verbal reassurances about the suitability of nurses from the agency and felt this information was reliable. However, we advised the dental surgery to also request a written record of qualifications and training completed when using agency nurses in the future, to ensure the suitability of agency staff.

We found there was an appropriate training programme in place to ensure the effective induction of new staff. This meant that patients were treated by staff who had received training and support to become familiar with their role and practice processes.



Staff we spoke with stated they were happy in their roles at the dental surgery and told us that the team worked well together. We were told staff meetings were held approximately every three months and were provided with notes that had been recorded in recent meetings. The notes demonstrated that a range of relevant topics had been discussed. These included ideas for staff training and emergency cover arrangements. This meant staff had a formal mechanism to raise issues and keep up to date with practice processes and their roles.

Conversation with staff confirmed that any issues of concern about the delivery of care and treatment to patients were discussed informally on a daily basis and improvements made to service delivery accordingly.

We looked at four continuing professional development files and found that each member of staff concerned had generally been provided with relevant training opportunities in accordance with professional guidelines. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

However, we found that members of the dental team had not been provided with refresher training with regard to child protection or initial training associated with adult protection arrangements. We also saw that the policies in place needed minor amendments (to include contact details for local child and adult safeguarding teams to assist staff). The practice manager agreed to address this matter.

### ***Improvement Needed***

***The dental surgery is advised of the need to demonstrate that arrangements have been made to provide staff with training regarding adult and child protection procedures***

We saw evidence of Hepatitis B vaccinations and immunity records within staff files. This meant that the practice had taken appropriate steps to protect staff and patients. We were also told that the dental team were able to obtain support and advice associated with their work from the occupational health department at Cardiff and Vale University Health Board as and when needed.

We examined a variety of maintenance certificates at the practice. We were, therefore able to confirm that suitable arrangements were in place to ensure that equipment was inspected according to regulatory requirements, so that patients could be treated safely.

HIW certificates were prominently displayed at the dental surgery, one of which needed to be updated. The practice manager was therefore advised of the process in place to obtain a new certificate.

There were suitable arrangements in place to maintain the security of patients' records and confidential information.

We saw that the Health and Safety poster displayed contained details of appropriate contacts as required.

## *Quality of Environment*

**The practice environment was visibly clean and well maintained both internally and externally.**

Colchester Dental Surgery services are provided from converted commercial premises situated in the Penylan area of Cardiff. Free car parking was available immediately outside the practice premises.

The practice had two dental surgeries, a reception and a waiting area, all of which were on the same level. Conversations with staff confirmed that patients who used wheelchairs were able to access the premises and the dental surgeries to receive care and treatment.

The waiting room provided a light, clean and comfortable area where patients could wait to see the dentist. Our observations indicated the size of the waiting area was appropriate given the number of patients attending.

Dental health messages were conveyed to patients in the waiting area via a large TV screen. We also saw a noticeboard which offered information to patients about dental examinations, equipment used in dentistry and an explanation of how dental instruments were cleaned following use.

An out of hours contact number was clearly displayed on the window of the practice. This meant when the practice was closed, patients and members of the public were made aware of how to access dental care and treatment in an emergency.

The name and qualifications of only one of the two dentists working at the dental surgery were displayed on the front of the premises. The dental surgery was therefore advised of the need to add details of the second dentist, in accordance with General Dental Council guidelines.

The one toilet at the practice was located in close proximity to the waiting area. This was signposted, visibly clean and contained suitable hand washing equipment to prevent cross infection.

Staff had access to a kitchen/changing facility within the building. We found that this area was cluttered and untidy; an issue which was brought to the attention of members of the dental team.

We otherwise observed the dental surgery to be clean, tidy and hygienic throughout and satisfactorily maintained internally and externally. The fire exits were clearly signposted.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Colchester Dental Surgery will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

## Appendix A

**General Dental Practice: Improvement Plan**

**Practice: Colchester Dental Surgery**

**Date of Inspection: 19 May 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
	There were no areas identified for improvement in relation to this theme.			
	<b>Delivery of Health and Care Standards</b>			
Page 9	The dental surgery is required to demonstrate how it will ensure that the radiation protection file contains all information.  [Ionising Radiation Regulations 1999 (IR1999) and Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R 2000)]	Melanie James and Dr Mays Mahdi completed all information that was required in the radiation protection file.	Melanie James	19 06 15
Page 11	The dental surgery is required to describe	Melanie James ordered burs stands that are	Melanie James	19 06 15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>how it has improved the storage of dental burs following cleaning and sterilisation as a means of preventing recontamination.</p> <p>[WHTM 01-05 guidelines (4.27- page 36)].</p>	covered for each surgery.		
Page 11	<p>The practice should ensure that all work surfaces and floor coverings are, where possible, seamless. Where joints are unavoidable, they should be sealed or welded.</p> <p>[WHTM 01-5. 6.47 and 6.48-page 44; Health and Care Standard 2.9;GDC standard 1.5]</p>	Flooring in Dr Afroz's surgery has been replaced and all areas identified have been resealed.	Melanie James	19 06 2015
Page 12	<p>The dental practice is advised of the need to demonstrate what action is to be taken to ensure that the dental chair in the main surgery is restored to optimum condition. This is as a means of protecting patients from cross infection.</p> <p>[WHTM 01-05 6.62 plus note-page 46; Health and Care Standards 2.9; GDC standard 1.5].</p>	Dental chair part has been ordered and will be replaced. In the meantime disposable covers will be used and changed after every patient.	Melanie James	19 06 15
Page 12	The dental surgery is required to demonstrate how it will ensure that patient records contain	Dentists to ensure compliance through the use of audits.	Melanie James	19 06 15

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>all information as determined by current professional guidelines and the Health and Care Standards.</p> <p>[Health and Care Standards 3.3, 3.5 and 4.2. GDC standard 4].</p>			
<b>Management and Leadership</b>				
Page 14	<p>The dental surgery is advised of the need to demonstrate that arrangements have been made to provide staff with training regarding adult and child protection procedures (Health and Care Standard 2.7. GDC standards 4.3.3 and 8.5)</p>	<p>Staff training has been booked through the post-graduate department and will take place on the 20 September 2015.</p>	Melanie James	19 06 15
<b>Quality of Environment</b>				
	<p>There were no areas identified for improvement in relation to this theme.</p>			

**Practice Representative:**

**Name (print):**       **Melanie James**

**Title:**               **Practice Manager**

**Date:**               **19 June 2015**