

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

8 December 2015

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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@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW completed an inspection at Lakeside Dental Practice, 62 Celyn Avenue, Cardiff CF23 6EP on 8 December 2015.

HIW explored how Lakeside Dental Practice met the standards of care set out in the Health and Care Standards (April 2015) and other relevant legislation and guidance.

Dental inspections are announced and we consider and review the following areas:

- Quality of the Patient Experience - We speak to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care - We consider the extent to which services provide high quality, safe and reliable care centred on the person.
- Quality of Management and Leadership - We consider how services are managed and led and whether the culture is conducive to providing safe and effective care. We also consider how services review and monitor their own performance against relevant standards and guidance.

More details about our methodology can be found in section 5 of this report.

2. Context

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

Lakeside Dental Practice is a mixed practice providing both private and NHS dental services.

The practice staff team includes the principal dentist, three other dentists (one of whom is the current vocational dental practitioner), two hygienists (one of whom is a dental therapist), six dental nurses and two dedicated reception staff.

3. Summary

Lakeside Dental Practice provides person centred, dignified care and makes every effort to provide this in a timely manner. The practice has a suggestion box for patients to provide feedback on their experiences and places an emphasis on encouraging patients to offer their informal views on services received, with the aim of making improvements.

All patients who spoke with us, or completed a HIW questionnaire, told us they were very satisfied with the services provided.

Overall, we found that the practice team provided patients with safe and effective dental care. Conversations with staff confirmed that they cleaned and sterilised used dental instruments carefully in a dedicated room which was visibly clean, tidy and well organised. We were also satisfied with the arrangements in place to ensure that X-ray equipment was used appropriately and safely.

The sample of patient's dental records we looked at provided evidence of individualised patient care although we did identify the need for some improvement to recording aspects of patients' consultations.

Lakeside Dental Practice was established and run by a principal dentist and a team of professional, motivated staff. The practice had a range of appropriate clinical procedures and quality assurance processes in place to ensure the safety of patients and staff. We did however identify the need for two dentists to provide us with evidence of a Disclosure and Barring Service (DBS) certificate.

Staff told us they were happy and very well supported in their roles.

4. Findings

Quality of the Patient Experience

Lakeside Dental Practice provides person centred, dignified care and makes every effort to provide this in a timely manner. The practice has a suggestion box for patients to provide feedback on their experiences and places an emphasis on encouraging patients to offer their informal views on services received, with the aim of making improvements.

All patients who spoke with us, or completed a HIW questionnaire, told us they were very satisfied with the services provided.

Prior to the inspection, we asked the practice team to distribute HIW questionnaires to patients to obtain their views on the dental services provided. Twenty one completed questionnaires were returned. Patient comments included:

'Very friendly practice. All the staff are lovely'

'Lovely reception team and great dentist that I see regularly'

'Informative, caring and always squeeze me in, in an emergency'

'Practice always gives excellent service to all our family'

Dignified care

We spoke with three patients who were present on the day of our inspection. Each of them told us that they were very satisfied with the services received and indicated that staff always listened to them and respected their views about care and treatment options.

We observed that people visiting the practice were treated with dignity and respect by the staff team. This is because we found the staff to be very professional, but friendly, and we overheard them being polite and courteous to patients via telephone calls and during face to face conversations. Comments made within completed HIW questionnaires also confirmed that patients had been made to feel welcome when visiting the practice.

We saw that the practice reception was located a short distance away from the ground floor patient waiting room. This meant that staff were able to limit opportunities (for people seated in the waiting room) to hear the conversation

taking place with individual patients at any one time. We also saw that doors to dental surgeries remained closed at times when patients were receiving care.

One patient who completed a questionnaire indicated that they felt they were not provided with enough information about their treatment. The person concerned did not however provide any additional comments about this aspect of service. The remaining twenty patients, without exception, told us they felt they had been given enough information about their dental treatment. The sample of patient records we saw also demonstrated that dentists had discussed individual patients' dental treatment with them.

The practice provided both NHS and private dental services and information about various dental costs, and eligibility for free NHS treatment, was clearly displayed in the waiting areas and at reception for the benefit of patients.

The practice had developed a patient information leaflet and copies of this were readily available for patients to take away with them. This meant that patients had access to key information about the practice that could be kept for future reference.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. This was confirmed through conversations with the staff team and comments received within HIW questionnaires. However 11 patients described delays in being seen by the dentist on the day of their appointments. The delays ranged from 'minimal time' to '30 minutes'. Staff however told us that they made sure they kept patients informed if their dentist was running late or unexpectedly absent; alternative arrangements then being offered.

Patients who spoke with us stated that they had been able to obtain routine and emergency appointments at the practice without any difficulty.

An emergency contact telephone number for patients use was clearly displayed at the entrance of the practice, and on notice boards in waiting areas. The number was also listed in the practice's patient information leaflet. In addition, we were told that the practice's answerphone message also informed patients of the correct number to call. This meant that patients could access advice on how to obtain treatment when the practice was closed.

Staying Healthy

We saw that health promotion material was available for patients to take away in waiting areas and in the ground floor dental surgery to help support them to take care of their own oral hygiene and health.

Individual Care

The practice had arrangements in place to assist people with mobility difficulties to access the premises and receive care and treatment in a safe manner. There were steps leading to the entrance of the practice building from the designated parking area, however there was also a sloping path leading to the entrance which could accommodate wheelchairs. We also found that two dental surgeries were located on the ground floor, where patients unable to manage stairs, could receive care and treatment from the dentist or hygienist.

We saw that the practice had a suggestion box at the reception desk so patients could provide their suggestions on how the service could be improved. Conversations with reception staff and a senior dentist revealed that suggestions received were reviewed on a monthly basis. When asked to be provided with an example of improvements that had been made as a result of patients' suggestions, we were told that coat hangers had been provided in areas within the practice so that patients could feel comfortable when receiving care.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment, a written record of which was kept at the practice. We were told that no formal complaints had been brought to the attention of the practice in the past twelve months. The practice's complaints procedure was not displayed within the waiting room; instead a poster highlighting the arrangements in place within Wales for NHS patients (otherwise known as Putting Things Right) was seen on the noticeboard. There were also leaflets available for patients to take away with them. The majority of patients who returned completed HIW questionnaires confirmed they knew how to make a complaint about dental services they receive, if needed.

Delivery of Safe and Effective Care

Overall, we found that the practice team provided patients with safe and effective dental care. Conversations with staff confirmed that they cleaned and sterilised used dental instruments carefully in a dedicated room which was visibly clean, tidy and well organised. We were also satisfied with the arrangements in place to ensure that X-ray equipment was used appropriately and safely.

The sample of patient's dental records we looked at provided evidence of individualised patient care although we did identify the need for some improvement to recording aspects of patients' consultations.

Safe Care

We saw that the practice had completed a health and safety risk assessment of the premises during October 2015. No remedial action was required. This meant that efforts had been made to ensure the safety of patients and staff. A tour of the premises also revealed that all areas of the building occupied by staff and patients were suitable maintained.

There was a waste collection and disposal contract in place and we were satisfied with those arrangements. Clinical waste awaiting collection was stored in a secure, locked bin to the rear of the premises.

We were able to confirm that portable electrical appliances (PAT testing) had been completed on the 7 March 2015.

There was a dedicated decontamination room at the practice where instruments were cleaned and sterilised following use. The room was clean, tidy and designed so that the flow of 'dirty' to 'clean' air in the room followed best practice guidelines as set out within the Welsh Health Technical Memorandum 01-05 (WHTM 01-05)¹

We saw that a staff rota was in place for the purpose of completing required equipment checks in the decontamination room at the start and end of each

¹[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.

day. This was supported by records which confirmed that daily, weekly and monthly equipment checks had been conducted. Conversation with one of the dental nurses clearly demonstrated that the practice had well established processes in place for the cleaning and sterilisation of instruments.

We found that dental instruments were appropriately packaged following sterilisation. We also saw that instrument packaging was stamped with a 'use by' expiry date prior to storage, to guide staff as to when they should be used for the protection of patients.

We were provided with a copy of a WHTM 01-05 infection control audit which had been completed during October 2015. This had enabled the dental team to self assess their practice against the guidance and to develop an improvement plan as part of the continuous improvement process required. In this instance, the improvement plan referred to the need for an extractor fan to be fitted in the decontamination room to promote the flow of air from the 'dirty instrument' area to the designated clean zone. This work had been completed prior to our inspection.

The practice had procedures in place to deal with a range of patient emergencies. Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. These were stored securely. However, on checking the content of the emergency drug kit, we found that one item (to treat low blood glucose) had passed its expiry date. There was though, an alternative (glucose powder) available at that time within the practice. In addition, oxygen tubing attached to equipment contained visible dust and resuscitation equipment was found to be stored in a container which was in need of cleaning.

The above matters were brought to the immediate attention of a member of the dental team as the practice did not have had access to all required drugs and clean equipment in the event of an emergency situation. The expired drug was replaced very promptly during the course of our visit, resuscitation equipment was re-packaged and the storage container was cleaned. The practice was also receptive to our comments to improve the system in place for checking emergency equipment and drugs.

We saw certificates in staff files that indicated they had received recent training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

We were able to confirm that the practice had a member of staff working at the practice trained in the use of first aid. However the person concerned had not recently attended refresher training as required.

Improvement needed

The practice is required to ensure that designated first aid staff attend refresher training as a priority and provide HIW with evidence of attendance.

We found that the practice had separate adult and child safeguarding policy statements in place including contact numbers for local safeguarding teams to assist staff. There were also training records available confirming that the dental team had undertaken some safeguarding training.

Further examination of staff records also showed that they had completed required pre-employment checks and had received regular training on a number of relevant and required topics. This meant that there was an emphasis on ensuring that they were competent in providing safe care to patients.

There was a wide range of appropriate, current policies and procedures in place for staff to follow during the course of their work. Conversations with staff revealed that they knew how to access that information as and when needed.

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

Effective Care

The practice used an electronic patient records system. Overall, we saw that the content of eight patient records was detailed and demonstrated care had been planned and delivered in a manner to ensure their safety. However, we found that the consistency of recording aspects of patient consultations could be improved.

Specifically, the practice was advised to ensure that discussions about smoking cessation and explanations about (mouth) cancer screening were fully recorded. The practice was also advised of the need to be explicit when recording examination of areas of the mouth for on-going care and treatment purposes. We were told that patients received verbal dietary advice to assist them in looking after their oral health. However, such advice was not recorded in patients' dental records in accordance with professional guidance. In addition, we highlighted that two of the eight patient X- rays seen were of a poor quality as a result of defective X-ray plates which needed to be replaced as

soon as possible. This was in order to enable the dentist concerned to make appropriate decisions about future patient care and treatment.

Improvement Needed

The practice is advised of the need to ensure that all patients' records contain complete and information in accordance with professional standards and guidance.

Conversations with a member of the dental team revealed that the practice was planning to complete an audit of the content of patient records in the near future as a means of identifying areas for improvement.

We were also made aware of audit activity that had been completed in the past two years (for example-antibiotic prescribing, decontamination, smoking cessation) as a means of identifying, and making, improvements to the services provided to patients.

Quality of Management and Leadership

Lakeside Dental Practice was established and run by a principal dentist and a team of professional, motivated staff. The practice had a range of appropriate clinical procedures and quality assurance processes in place to ensure the safety of patients and staff. We did however identify the need for the practice to provide us with evidence of DBS certificates for two dentists.

Staff told us they were happy and very well supported in their roles.

Lakeside Dental Practice is an established independent dental service. The principal dentist was actively involved in the day-to-day running and management of the dental surgery; working closely with a professional, motivated staff team.

We found that clinical staff were registered with the General Dental Council (GDC) and had indemnity insurance cover in place.

We saw that records were available that demonstrated staff had received immunisation against Hepatitis B. This was as a means of protecting patients and themselves from infection.

Dentists working at the practice provided private dental services and their HIW registration certificates were prominently displayed as required by the regulations for private dentistry². Each of the certificates contained the correct contact details for HIW.

Two dentists did not have disclosure and barring service (DBS) checks dated within the last three years. The need to address this issue was discussed with the dental team.

Improvement needed

The dental practice is required to provide HIW with evidence of DBS checks concerning two dentists, as identified at this inspection. This is in accordance with the current Private Dentistry Regulations.

² The Private Dentistry (Wales) Regulations 2008 and The Private Dentistry (Wales) (Amendment) Regulations 2011.

The nursing and administrative element of the staff team was well established. We were however told that the practice occasionally used agency dental nurses when their regular staff were unavailable. We spoke with the principal dentist about the arrangements in place to check the competency of agency nurses. We were told the practice always obtained verbal reassurances about the suitability of nurses from the agency and felt this information was reliable. However, we advised the practice to also request a written record of qualifications, training and Disclosure and Barring Service³ status when using agency nurses in the future, to ensure written confirmation on the suitability of agency staff.

The dental team had the skills, confidence and competence required to meet the care and treatment needs of patients. For example, we found that the dental centre had developed an induction programme to ensure that any new members of the dental team were provided with a means of becoming familiar with established processes and procedures in relation to patient services.

Staff we spoke to told us they felt very well supported in their work. They also told us that they, along with the dentists, attended regular staff meetings where they took opportunities to raise any issues of concern about services being provided to patients. Such meetings were also used to convey new/relevant information to the dental team

We were able to confirm that staff received an annual appraisal which assisted in determining whether training received in the previous twelve month period had been effective and what training was required in the future.

Discussion with dental nurses and reception staff demonstrated that they felt confident to raise any concerns they may have about services provided at the dental centre. A whistleblowing policy was also found to be in place which contained details of the Health Board and other external agencies in the event that staff may feel the need to raise any issues of concern about service delivery 'outside' of the dental team.

³ The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children by conducting criminal records checks.

5. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan (Appendix A) to address the key findings from the inspection.

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

The action(s) taken by the practice in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the practice improvement plan remain outstanding and/or in progress, the practice should provide HIW with updates to confirm when these have been addressed.

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

6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW's approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1: Health and Care Standards



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 2008⁴ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁵. Where appropriate we consider how the practice meets these

⁴ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁵ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

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
- 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.

Appendix A

General Dental Practice: Improvement Plan

Practice: Lakeside Dental Practice

Date of Inspection: 8 December 2015

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
	None identified				
Delivery of Safe and Effective Care					
Page 10	The practice is required to ensure that designated first aid staff attend refresher training as a priority and provide HIW with evidence of attendance. Health and Safety (First Aid)		We have arranged an “in house” first aid course to be undertaken by all staff in April		

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
	Regulations 1981				
Page 11	The practice is advised of the need to ensure that all patients' records contain complete and information in accordance with professional standards and guidance. (GDC Standards for the Dental Team, Standard 4.1)		This has been acknowledged as being largely resolved. Dentists are recording specifically smoking cessation advice and cancer screens. Soft tissue recording has been expanded.		
Quality of Management and Leadership					
Page 12	The dental practice is required to provide HIW with evidence of DBS checks concerning two dentists, as identified at this inspection. This is in accordance with the current Private Dentistry Regulations. (Schedule 2, Regulation 13)		Current DBS certificates are in the process of being obtained.		

Practice Representative:

Name (print):

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Title:

.....

Date:

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