

General Dental Practice Inspection (Announced)

North Cardiff Orthodontic
Centre/Cardiff and Vale University
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 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 North Cardiff Orthodontic Centre at 7 Cwrt-Y-Parc Earlswood Road Llanishen, Cardiff CF14 5GH, within Cardiff and Vale University Health Board on the 10 March 2020.

Our team, for the inspection comprised of a HIW inspector and two dental peer reviewers, including one specialist orthodontist.

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 North Cardiff Orthodontic Centre provided a positive patient experience by a team of friendly and professional staff.

The practice was committed to delivering safe and effective care in a visibly clean, modern and well-maintained environment. This was supported by a suite of suitable policies, procedures and risk assessments.

We have made some minor recommendations for the practice to implement, in line with the relevant standards and regulations.

This is what we found the service did well:

- High levels of patient satisfaction and good methods of seeking patient feedback
- The environment was modern and well-maintained, which was supported by appropriate risk assessments and policies
- Evidence of good management and leadership.

This is what we recommend the service could improve:

- To ensure the decontamination room is appropriately enclosed

There were no areas of non compliance identified at this inspection that required immediate corrective action.

3. What we found

Background of the service

North Cardiff Orthodontic Centre provides services to patients referred in from a number of health boards across South Wales. 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 includes three orthodontists, two therapists, six dental nurses, one treatment co-ordinator, five administrative staff and one practice manager.

The practice provides a range of NHS and private orthodontic services.

Quality of patient experience

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

Overall we found that North Cardiff Orthodontic Centre provided a positive experience for patients at the practice and we found suitable processes in place to support this.

The practice had good mechanisms in place to capture and act upon patient feedback. We also observed professional and friendly interactions with patients throughout the inspection process.

Prior to our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 32 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice more than two years.

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

"New patient but the staff have always treated us extremely kindly. They are very polite and professional"

"Excellent, very efficient and organised. Very good team"

"Amazing service - Keep up the great work"

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

"Availability of flexible appointments if need to change"

Staying healthy

Health promotion protection and improvement

We saw a wide range of information available to patients within the waiting areas, covering private and NHS options within the corresponding waiting rooms, as well as general information around oral health for both adults and children. This

was a good example of the practice supporting patients to maintain their own oral health and hygiene.

All of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Dignified care

We observed staff talking to patients in a polite and courteous manner. Staff told us that if there was a need to hold a private conversation with a patient in person or on the telephone, they could use the office. All dental surgeries had doors which could be closed to provide patients receiving treatment appropriate levels of privacy and dignity.

Every patient who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We noted that the nine principles as set out by the General Dental Council (GDC)¹ were displayed in the waiting area where it was clearly available to patients.

We found that the x-ray area on the first floor was located around a corner from the waiting room. Patients would pass the door to attend appointments, and the room could potentially be accessed when the x-ray machine was in use. We advised that in order to protect patient dignity, the practice could consider a curtain or barrier when a patient was in this area.

Patient information

All of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and they had received clear information about available treatment options. Where applicable, they also said the cost was always made clear to them before they received any treatment.

¹ <https://standards.gdc-uk.org> The GDC has set out nine principles that apply to all registered dental professionals that outlines the standards, performance and ethics that patients can expect from a dental professional

Information detailing the costs of both NHS and private treatments was displayed for patients throughout the practice.

The practice patient information leaflet was made available to patients. The leaflet gave comprehensive information about the practice and included all the information required by the Private Dentistry Regulations.

Outside the building we saw that the practice's opening hours and contact numbers were displayed.

Communicating effectively

Patients are able to communicate in their chosen language within the practice. Some members of staff were Welsh speakers, and written information was also available in both languages. The practice was also aware of the language line should a non-English or Welsh speaker need translation services.

All but two of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

Timely care

The majority of patients who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

Details of how patients could access emergency orthodontic care when the practice was closed was made available to patients in the patient leaflet.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if an orthodontist was running late they would advise the patient waiting of any delay and allow them to reschedule should they need to.

All but one of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

Individual care

Planning care to promote independence

During the inspection we noted that treatment options had been recorded on all relevant records we reviewed. This provided assurance that patients were supported to make choices about their treatment options.

Each patient who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice was accessible for wheelchair users as it had a stair lift to the first floor.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

We found there was a complaints policy in place that was compliant with NHS Putting Things Right² and the Private Dentistry Regulations. There was a responsible individual allocated to deal with complaints. Patients can give feedback via questionnaires that were available, and make informal suggestions. Feedback from these was provided to staff and any changes made as a result were reported back to patients where appropriate.

²http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that North Cardiff Orthodontic Centre provided patients with safe and effective care.

All areas of the practice premises were modern and maintained to a high standard and this was underpinned by a range of appropriate policies, procedures and risk assessments.

We found infection control arrangements to be robust and saw evidence of daily checks to ensure consistent standards at all times.

A range of audits were already in place to further improve the quality of the care and treatment provided.

Safe care

Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice; the all but one of patients who completed a questionnaire felt that, in their opinion, the dental practice was 'very clean'.

Overall, we found suitable arrangements were in place to protect the safety and wellbeing of staff and visitors to the practice. The practice had comprehensive policies, procedures and risk assessments in place to ensure the premises were safe and fit for purpose.

During a tour of the premises, all areas were clean, tidy and free from obvious hazards. The patient areas were spacious, welcoming and finished to an excellent standard. The overall building appeared to be well-maintained internally and externally and in a good state of repair.

We saw evidence to confirm that the dental laboratory was registered with the Medicines & Healthcare products Regulatory Agency (MHRA)³ to manufacture and provide custom made orthodontic components.

Overall we found appropriate arrangements were in place to adequately protect staff and people visiting the practice in the event of a fire. Suitable numbers of practice staff had recently undergone fire training. A fire risk assessment had recently been completed and actions had been reviewed and completed. Fire extinguishers throughout the practice had been serviced within the last twelve months and a fire equipment maintenance contract was in place. Emergency exits were appropriately signposted and monthly emergency lighting checks had been undertaken and logged

A no smoking sign was displayed to remind staff and patients of the smoking free premises legislation. A health and safety poster was displayed within the practice to inform staff how they can best protect their own health and safety within the workplace.

The first aid kit was well maintained and was kept in an accessible location. Staff were also appropriately trained in first aid.

The staff records we reviewed showed all staff had received up-to-date cardiopulmonary resuscitation (CPR) training. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁴.

Infection prevention and control

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum

³ Manufacturers of custom-made dental appliances are legally required to register with the UK Medicines and Healthcare Products Regulatory Agency (MHRA).

⁴ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

(WHTM) 01-05⁵. The dedicated decontamination rooms were modern and visibly clean, following a dirty to clean decontamination route. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas to help minimise the possibility of exposure to infections. We found on the inspection that one of the decontamination rooms did not have a door or barrier and was open to the corridor and waiting area. This could pose a contamination risk, and was not compliant at the time. This was brought to the attention of the practice manager, who was able to procure an immediate temporary solution until a permanent door could be added.

We saw that the autoclave⁶ recorded its cycles digitally. We saw evidence of a log book that confirmed staff had been undertaking appropriate daily and weekly checks to ensure that sterilisation equipment, including the ultrasonic bath, was functioning correctly and had been meeting validation requirements. This also included evidence of a valid maintenance inspection certificate.

We saw that staff were appropriately transporting clean and used instruments between the surgeries and the decontamination room in secure boxes to help prevent cross-contamination. We also noted that, where single-use items are not used, the practice had appropriate methods and tools available to ensure the correct pre-sterilisation of instruments as part of the overall decontamination process.

We found on the first floor that one of the surgeries had torn flooring. This could pose a contamination risk and must be repaired as soon as possible.

A contract was in place with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste. We saw that clinical waste was stored securely on the lower ground floor of the premises.

We looked at staff records and found an acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate

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.

⁶ A medical autoclave is a device that uses steam to sterilize equipment and other objects

measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Staff and patient toilets and changing facilities were available within the practice. We saw that the toilets had appropriate feminine hygiene facilities. Sufficient space for staff to store personal items was also available within the practice.

Improvement needed

The practice must ensure that the decontamination room is appropriately enclosed.

The practice must ensure all flooring is kept to a high standard

Medicines management

We saw evidence that the practice had emergency drugs and emergency resuscitation equipment available that met the Resuscitation Council (UK) standards⁷ and that these items were stored appropriately. We also saw a valid service maintenance certificate for the practice's oxygen cylinder.

We saw that the practice stored medicines and emergency drugs securely. We saw evidence to confirm that daily checks were undertaken and recorded on an appropriate log sheet.

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 staff had received up to date emergency cardiopulmonary resuscitation (CPR) training.

Staff were aware of the need to report any adverse reactions to medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme⁸ to help the MHRA ensure healthcare products are acceptably safe for patients and those that use them.

⁷ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

⁸ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Safeguarding children and adults at risk

The practice had an up-to-date safeguarding policy in place for the protection of children and vulnerable adults, which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included details for staff to appropriately report any concerns to the relevant local safeguarding agencies.

The safeguarding lead for the practice was the practice manager who had oversight of safeguarding matters. We saw evidence to that all clinical and non-clinical staff were formally trained to an appropriate level.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

In accordance with the regulations, the practice had a maintenance and safety of facilities policy that included the testing of equipment, the undertaking of appropriate risk assessments and the reporting of incidents.

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We saw that the local rules⁹ were displayed in the surgeries.

In accordance with the requirements of the General Dental Council¹⁰ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017¹¹ all clinical staff had completed the required training.

⁹ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs.

¹⁰ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹¹ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of clinical audits in place to help demonstrate keeping up to date with professional standards. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as NICE guidelines¹², were given due consideration and followed where appropriate.

Quality improvement, research and innovation

As detailed above, we saw evidence that the practice has completed a range of clinical audits and due consideration is given to professional guidance.

We were told that the practice used the Welsh Deanery Maturity Matrix Dentistry practice development tool¹³ as their quality improvement tool. This is a team development tools that encourages the team to focus on best practice and legislative requirements, and also about how they work together.

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. Electronic records were regularly backed up to protect patient information and help prevent loss.

1. ¹² <https://www.nice.org.uk/.../oral-and-dental-health>

¹³ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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

Record keeping

Overall we found there to be very good record keeping in the sample of patient records that we reviewed, which supports the practice to deliver quality patient care. This is because the patient records were clear, comprehensive and contained an accurate record of medical and social histories, assessment, treatment planning and treatment provided to the patients.

Additionally, we found that treatment progress was suitably monitored and appropriately recorded through the use of digitised radiographic images and 3-D scans. This enables the practice to record precise measurements, without the need to regularly use traditional plaster casts.

Treatment plans were sufficiently detailed to ensure continuity of care where a team of clinicians were involved in treatment provision.

We noted that the practice used PAR scores to monitor and quality assure their treatment beyond the minimum standard required of them. They have also participated in a large, multi-centre audit of treatment outcomes.

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 good management and leadership in the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

We found that all staff had received the necessary training for their roles and responsibilities.

Governance, leadership and accountability

North Cardiff Orthodontic Centre is owned by two Responsible Individuals¹⁴ who work as orthodontists. The Registered Manager¹⁵ was also the practice manager.

The practice manager provides the day to day management of the practice. We found the practice to have good leadership and staff understood their roles and responsibilities.

¹⁴ "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;

¹⁵ "Registered Manager" means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

We found there was a wide range of policies and procedures in place to ensure the safety of both staff and patients. The statement of purpose and patient information leaflet contained all the relevant information required by the regulations.

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

The Registered Manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager, which must be sent to HIW¹⁶.

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was displayed in the reception area.

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional

¹⁶ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

Development (CPD) requirements. We were told that the practice holds team meetings regularly. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all staff.

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: North Cardiff Orthodontic Centre

Date of inspection: 10 March 2020

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
There were no immediate concerns 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: North Cardiff Orthodontic Centre

Date of inspection: 10 March 2020

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
Delivery of safe and effective care				
The practice must ensure that the decontamination room is appropriately enclosed.	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	A door has been ordered and has arrived in the practice. Unfortunately due to current lockdown we are unable to get a service person to fit the door but as soon as government guidelines on lockdown are lifted we will be able to fit the door.	Jaime Page	8 weeks
The practice must ensure all flooring is kept to a high standard		A company has been sourced for replacement surgery flooring but unfortunately due to current lockdown we are unable to get the company to fit the floor. As soon as government guidelines	Jaime Page	10 weeks

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		are lifted we will be able to fit the new surgery flooring		

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): Jaime Page

Job role: Practice Manager

Date: 21/4/20