

General Dental Practice Inspection Report (Announced)

Trelai Park Dental Clinic, 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 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 Trelai Park Dental Clinic, Cardiff and Vale University Health Board on 29 April 2024.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 34 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

It was evident that staff at Trelai Park Dental Clinic were committed to giving patients a positive experience when visiting the practice.

All 34 patients who completed a HIW questionnaire rated the service provided by the dental practice as very good. We also observed staff greeting patients in a polite and friendly manner, both in person and on the telephone.

The practice was also fully accessible, with all clinic rooms on the ground floor and an accessible patient toilet.

This is what the service did well:

- Staff maintained patients' confidentiality by always ensuring surgery doors were closed during appointments
- The waiting room and reception area had extensive patient information displayed.

Delivery of Safe and Effective Care

Overall summary:

We saw evidence of various policies and procedures in place for infection control at the setting. All were up to date and regularly reviewed. All staff were also up to date in all mandatory training including infection control and fire safety.

It was clear that the building was in a state of good repair, both internally and externally. Both communal and clinical areas were also kept clean and tidy.

This is what we recommend the service can improve:

- The practice is required to record the draining and visual checks of the autoclave at the end of the day.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months

- The practice had appropriate policies in place to ensure effective medicines management.

Quality of Management and Leadership

Overall summary:

There was evidence of good leadership and clear lines of accountability in place at Trelai Park Dental Clinic.

Staff were all up to date with mandatory training. We also saw evidence of regular staff meetings and annual appraisals for all staff.

This is what the service did well:

- A range of policies were readily available to staff to support them in their work roles
- Staff, both clinical and non-clinical, worked very well together as part of a team.

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

Patient comments included:

“Have been attending this surgery for many years - have always been happy with the treatment received - staff always friendly and helpful.”

“I would never go to any other dentist. All staff and the dentist are patient and amazing.”

Person-centred

Health promotion and patient information

Of the 34 patients who completed HIW questionnaires, 33 agreed that staff explained their oral health to them in a way they could understand. The remaining respondent skipped this question. 32 respondents also informed us that they were given aftercare instructions on how to maintain good oral health. The remaining two respondents did not provide an answer.

Most respondents (33/34) confirmed that the dental team enquired about their medical history before undertaking any treatment. The remaining respondent skipped this question. Of the 34 respondents, 30 agreed that that they were given clear guidance on what to do and who to contact in the event of an infection or emergency. One patient disagreed with this, another answered with ‘not applicable’ and the remaining two skipped this question.

The practice name was clearly visible on the outside of the practice, as well as the practice opening times and emergency contact details.

There was smoking cessation information available in the reception and waiting areas of the practice. No smoking signs were also clearly displayed in communal area.

Dignified and respectful care

We saw evidence of arrangements in place at the practice to protect patient’s privacy. All surgery doors were kept closed during appointments and provided sufficient privacy for confidential conversations.

All respondents who answered felt they were treated with dignity and respect agreed that staff listened to them and answered all their questions during their appointment (33/33).

It was clear that staff worked hard to build positive relationships with all patients. We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way.

We found that the 9 Principles, as set out by the General Dental Council (GDC), were displayed bilingually in the waiting area.

Individualised care

All respondents who answered said that there was enough information provided to understand the treatment options available to them (33/33).

Of the 34 patients who completed questionnaires, 32 told us they had been involved as much as they had wanted to be in decisions about their treatment. One patient indicated they had not been as involved as they would like to be and the remaining respondent skipped this question.

Timely

Timely care

Staff told us that appointment delays were rare. However, in the event they did occur, reception staff would inform patients in the waiting area and offer them the chance to rebook if they were unable to wait. We were told that there had never been an instance where delays had occurred far enough in advance to contact a patient prior to them attending for their appointment.

The registered manager confirmed that there was no online booking system in place at the practice. Appointments could only be obtained over the phone or in person at the reception desk.

We were told that allocated slots were available for emergency appointments. These could also be obtained in person at the practice or over the phone.

All respondents said it was 'very easy' (28/34) or 'fairly easy' (6/34) to get an appointment when they need one.

Equitable

Communication and language

We were informed by the registered manager that one member of staff at the practice was a Welsh speaker. During the inspection, the registered manager confirmed that this member of staff did not wear a 'laith Gwaith' badge whilst at work. However, since our visit, we have received photographic evidence of both a 'laith Gwaith' lanyard and badge having been ordered and received for use in practice.

The practice had access to a translation service through the local health board, should a patient wish to communicate in another language. We also saw a range of patient information available in the waiting area, elements of which were available bilingually.

The registered manager told us that large print documents could be made available on request.

An up-to-date staff list was clearly displayed in the waiting area and copies of the patient information leaflet were also available. During the inspection, the patient information leaflet was missing the following information required by the Private Dentistry (Wales) Regulations 2017:

- Arrangements for development and training of employees
- Arrangements for access to the premises
- Rights and responsibilities of the patients
- Details of individuals who have access to patient information and patient's rights in relation to disclosure of such information.

Since our visit, we have seen evidence of the above information having been added to the patient information leaflet. This document now contains all required information as outlined in the Private Dentistry (Wales) Regulations 2017.

Rights and equality

The practice had a comprehensive equality and diversity policy and an equal opportunity for staff policy in place. We also confirmed that all staff had completed equality and diversity training.

Trelai Park Dental Clinic offered full disabled access for its patient. The reception desk, waiting area and all surgeries were on the ground floor and a fully accessible toilet was also available.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

Delivery of Safe and Effective Care

Safe

Risk management

It was clear that Trelai Park Dental Clinic was maintained to a high standard, both internally and externally. The practice had a spacious waiting area, suitable for the number of surgeries. The reception desk had two windows, one separate from the waiting area, and one in the room.

We saw evidence of a comprehensive business continuity plan in place as well as an extensive buildings maintenance policy.

Staff provided us with an up-to-date fire safety risk assessment for the practice. We saw fire safety equipment available for staff to use in the event of a fire. A current fire equipment maintenance contract was in place. Our review of staff training also confirmed that all staff were up to date with fire safety training.

Emergency exits were clearly sign posted and no smoking signs were displayed in the reception area of the practice.

During our visit, staff informed us that they verbally remind each other daily to ensure the compressor is switched off. However, there was no checklist in place to ensure this action was carried out. Since our inspection we have seen evidence of a checklist having been created and implemented to ensure this task is completed each day.

Infection, prevention and control (IPC) and decontamination

We saw evidence of up-to-date policies and procedures in place in relation to infection prevention and control (IPC) and decontamination.

All patients who completed questionnaires told us that they felt that infection prevention and control measures were followed at the practice.

We reviewed appropriate arrangements in place for decontamination of equipment. The equipment used for the cleaning and sterilisation of instruments was in good condition and we found instruments to be dated and stored appropriately.

During our inspection we noted that the door to the decontamination room was not always closed during autoclave cycles. We raised this with staff and recommended an automatic door closing hinge be installed to ensure the door is closed during all

autoclave cycles. Since our visit we have seen evidence of receipt of appropriate self-closing hinges and a video evidencing installation.

Trelai Park Dental Clinic had three surgery rooms, however only one was in use as a working dental surgery. We saw evidence of daily surgery checklist in place, covering both start of day and end of day checks. However, the end of day checks did not include records of draining and visual checks of the autoclave.

The practice is required to record the draining and visual checks of the autoclave at the end of each day.

On the day of our inspection, we saw that unused medications were being placed in sharps containers for disposal. Since our inspection, we have been provided with evidence of arrangements in place for staff to take unused medications to a local pharmacy to be disposed of.

Our review of staff training confirmed that all staff members had completed infection prevention and control training.

Medicines management

The registered manager confirmed that no medicines are stored in the practice, apart from emergency medication. We saw that the practice had an up-to-date medicines management policy in place.

Our review of emergency equipment highlighted that the face masks, airways and oxygen tubing for adults and children were out of date. The registered manager ordered replacements for all out-of-date equipment during our visit and we have since received evidence of receipt of the required equipment. This was an immediate issue dealt with on site during our inspection and recorded under annex A of this report.

The practice had a system in place for checking emergency drugs and equipment. However, during the time of inspection, these checks were being carried out monthly, rather than weekly, as set out by the Resuscitation Council (UK). Since our visit, we have been provided with evidence of a weekly log having been implemented to record weekly checks of all emergency drugs and equipment.

A first aid kit was available at the practice and we confirmed all items were in date. The registered manager was the designated first aider for the practice and, as the only dentist, is present during every working day.

Our review of staff records confirmed that all were up to date with Cardio Pulmonary Resuscitation (CPR) training.

Safeguarding of children and adults

We reviewed the safeguarding policies and procedures at the practice. All were up-to-date and included all relevant information, including the local contact details to report any concerns.

We reviewed training records which showed that all staff were up to date with safeguarding training and all trained to the appropriate level.

Management of medical devices and equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy and had been finished to a good standard.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment. We saw evidence of up-to-date ionising radiation training for all clinical staff.

The registered manager provided us with a copy of the most recent x-ray test certificate. This was in date and confirmed that the equipment was safe for use. However, we did not see copies of historical certificates. We mentioned this to staff and recommended that, going forward, both historical and current certificates are kept at the practice as a clear audit trail. Staff confirmed that, going forward, all annual and three yearly test certificates would be kept together in the practice.

During our visit, there was a poster clearly displayed in the waiting area of the practice, outlining the risks and benefits of x-rays.

Effective

Effective care

The practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Patient records

A sample of ten patient records were reviewed. We saw a suitable system was in place to help ensure records were safely managed and stored securely. However, we identified inconsistencies in the recording of the below information:

- Oral cancer screening
- Choice of preferred language
- Consent
- Oral hygiene information
- Smoking cessation advice
- Oral Cancer risk assessment.

Since our inspection, we have been provided with evidence of a prompt sheet that the dentist at the setting has implemented to ensure that, going forward, all required information is recorded consistently in patient records.

Efficient

Efficient

We found that the facilities were appropriate for dental services to be provided and there were processes in place for the efficient operation of the practice.

Staff told us that they felt the facilities at the practice were suitable for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

Quality of Management and Leadership

Leadership

Governance and leadership

We reviewed evidence of clear management structures in place at Trelai Park Dental Clinic.

The day-to-day management of the practice was the responsibility of both the registered manager and practice manager. It was clear that both were committed and dedicated to their roles. Staff told us that they were confident in raising any issues or concerns directly with the registered manager or the lead dentists. Staff that we spoke to confirmed that they felt well supported in their roles.

Staff that we met during inspection, were knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients. We saw evidence of a comprehensive register of policies and procedures in place to support staff. All policies were up to date and subject to annual review.

We were provided with evidence of GDC registration for all clinical staff and confirmed that they also had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

The practice had an up-to-date statement of purpose which contained all relevant information, as outlined in The Private Dentistry (Wales) Regulations 2017.

Workforce

Skilled and enabled workforce

During our visit, we reviewed current policies and procedures in place covering recruitment, induction and retention of employees. All were in date and contained the relevant information.

We saw evidence of annual appraisals and supervisions taking place for staff. Our review of staff files also confirmed that relevant staff had received Hepatitis B vaccinations and had up to date Disclosure and Barring Service (DBS) checks in place. We also reviewed staff training records and confirmed that all staff were compliant with mandatory training.

The practice had an up-to-date whistleblowing policy in place.

Culture

People engagement, feedback and learning

We reviewed the arrangements in place for seeking patient feedback. Trelai Park Dental Clinic was a small dental practice and staff informed us that, due to this, patients are very familiar with staff and are comfortable in giving verbal feedback. We were told that patient will often give feedback verbally to reception staff. This is then discussed amongst the team in staff meetings.

The practice complaints procedure was clearly displayed at the reception desk and in the waiting area. The document included all relevant information, such as the name of the person responsible for handling complaints at the practice, timescales for dealing with complaints and contact details for HIW.

Of the 34 questionnaire respondents, 28 told us that they were given information on how the practice would resolve any concerns or complaints post-treatment. Four patients answered with 'not applicable' and the remaining two skipped this question.

Information

Information governance and digital technology

We confirmed that the practice had adequate systems in place to record patient safety incidents. The practice uses RIDDOR to record this information. We were told that any patient safety related information was shared with team members during staff meeting and would be escalated to the health board when necessary.

During our visit, we found that patient records were stored in the reception area of the practice. Some of these were stored in appropriate, lockable and fireproof cabinets, however others were stored in drawers that did not have a lock. We immediately raised this issue with the registered manager due to the information security risk this posed. Whilst we were on site, staff had ordered an additional lockable cabinet to store the remaining patient records and we have since seen evidence of receipt of the cabinet. This was an immediate issue dealt with on site during our inspection and recorded under annex A of this report.

Learning, improvement and research

Quality improvement activities

The practice has a comprehensive quality assurance policy in place.

We saw evidence of a smoking cessation audit, antibiotic prescribing audit and infection prevention control audit having been recently completed. At the time of inspection, the practice had not yet completed a record card audit. However, since our visit we have seen evidence of this audit being completed.

Whole-systems approach

Partnership working and development

The registered manager informed us of the ways in which the practice engages with external quality management systems. We were told that the practice uses eDen and Compass for NHS metrics and data.

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
Our review of emergency equipment highlighted that the face masks, airways and oxygen tubing for adults and children were out of date.	This posed a risk to any patients requiring the use of this equipment as its effectiveness could not be guaranteed, due to the fact that the items were out of date.	We immediately raised this with the registered manager, informing them that the out-of-date equipment was a breach of regulations and posed a significant risk to patient safety.	The registered manager ordered replacements for all out-of-date equipment during our visit and we have since received evidence of receipt of the required equipment.
During our visit, we found that patient records were stored in the reception area of the practice. Some of these were not stored appropriately as they were kept in drawers that did not have a lock.	This posed a security immediate risk as the records stored in these drawers were not secure and could be easily accessed by anyone who entered the reception office.	We immediately raised this issue with the registered manager due to the information security risk this posed.	Whilst we were on site, staff had ordered an additional lockable and fire- proof cabinet to store the remaining patient records. We have since seen evidence of receipt of the cabinet.

Appendix B - Immediate improvement plan

Service: Trelai Park Dental Clinic

Date of inspection: 29/04/24

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. No immediate improvements identified					

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: Trelai Park Dental Clinic

Date of inspection: 29/04/24

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. We saw evidence of daily surgery checklist in place; however, the end of day checks did not include records of draining and visual checks of the autoclave.	The registered manager is required to record the draining and visual checks of the autoclave at the end of the day.	PDR 13	Produced A new End of Day Checklist that has the Recording of Draining and Visual checks of the Autoclave documented by the staff.	Mitin Kerai	Immediate - Checklist is now being used

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): Mitin Kerai

Job role: Dentist

Date: 01/07/2024