

**General Dental Practice  
Inspection (Announced)**  
Cardiff and Vale University  
Health Board,  
**Rhiwbina Dental at The  
Pines**

9 June 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Rhiwbina Dental at The Pines dental practice at Heol y Forlan , Cardiff, CF14 1AX within the area served by Cardiff and Vale University Health Board on 9 June 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 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

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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 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.

### 3. Context

Rhiwbina Dental at The Pines provides services to patients in the Cardiff area. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board. It is a mixed practice providing both private and NHS dental services.

The Pines is also a dental foundation training practice that supports newly qualified dentists undertaking their first year in dentistry (following completion of their university degree), with the supervision of an allocated trainer.

The practice team includes five dentists (including the practice owner and four associate dentists), four hygienists, a therapist, a head nurse and six dental nurses, a practice manager and an assistant manager and five reception staff.

## 4. Summary

HIW explored how Rhiwbina Dental at The Pines met the standards of care set out in the Health and Care Standards (April 2015).

Patients who provided comments within HIW questionnaires indicated they were satisfied with the care they had received. We received a number of comments praising the staff team.

Details of the practice's complaints procedure and the price bands for NHS treatment were not on display for patients to see. We have asked the practice owner to address this.

We found there were arrangements in place for the safe use of X-rays.

Emergency equipment and drugs were available to use in the event of a patient emergency (collapse). However, we identified improvement was needed regarding the system for checking that equipment and drugs remained suitable for use.

Noteworthy practise was observed in respect of the arrangements in place for the decontamination of dental instruments. Clinical facilities at the practice were of a high standard.

The sample of patient dental records we saw demonstrated care had been planned and delivered in a manner to ensure patient safety and wellbeing. However, we identified some areas for improvement in this regard.

A management team with designated areas of responsibility were responsible for the day to day running of the practice.

A range of policies were in place with the intention of providing patients with safe care and treatment. We have recommended the practice owner make arrangements for staff to receive training in vulnerable adult protection.

Staff told us they felt well supported in their roles and able to raise any work related concerns with senior staff.

The practice premises appeared very well maintained and were decorated to a very high standard.

## 5. Findings

### *Patient Experience*

**Patients who provided comments within HIW questionnaires indicated they were satisfied with the care they had received. We received a number of comments praising the staff team.**

**Details of the practice's complaints procedure and the price bands for NHS treatment were not on display for patients to see. We have asked the practice owner to address this.**

Prior to our inspection visit, we asked the practice to invite patients to complete HIW questionnaires. In total we received 21 completed questionnaires that had been completed prior to, and on the day of, our inspection.

Through our questionnaires we invited patients to provide comments on their experience of using the practice. All patients who contributed indicated they were satisfied with the service they had received from the dental practice and that the practice team made them feel welcome. All patients who returned questionnaires also indicated that they had been provided with enough information about their treatment.

We invited patients to tell us any additional comments that they would like to make. The following is a sample of those we received:

*'...I have received excellent treatment and I have always felt welcomed.'*

*'The staff are extremely helpful and friendly.'*

*'Always have difficulty getting through on telephone. Not everyone has email access.'*

*'Very happy with the service provided here...I especially like the email service to arrange emergency/rearrange appointments.'*

*'The Pines is a first class environment to receive dental treatment.'*

The majority of patients who provided comments within questionnaires told us they were aware of how to access out of hours dental services. However, there were some patients (seven) who told us that they either did not know or were unsure. Whilst the emergency contact number was available to patients at the



practice and on its website, the practice owner may wish to consider how to further raise awareness of this.

Responses we received from patients indicated that generally they were seen promptly on the day of their appointment. Those who told us they had experienced delays indicated this had happened infrequently and the delay had not caused them a problem. Staff described a process that was in place for informing patients should their dentist be running late or unexpectedly absent on the day of their appointment. This meant patients could then choose to make alternative arrangements if necessary.

The practice did not have its own system to obtain patients' views on the service provided by the practice. The practice team received feedback from annual patient satisfaction surveys conducted on behalf of the dental payment plan provider. We were told this covered the majority of the patients attending the practice. The management team told us that they acted upon feedback received both via this process and issues raised directly with them as appropriate. This meant there was a mechanism in place for patients to provide comments on their experience in addition to contacting the practice team directly on an ad hoc basis. However, the practice owner should consider how the views of patients not covered by the payment plan scheme may provide feedback via a more formal process.

Information about the services provided at the practice were displayed on a television monitor in the waiting room. Information about the practice was also available on the practice's website.

At the time of our inspection, the practice provided both NHS and private dental treatment. Whilst a price list for private treatments was displayed, details of the NHS pricing bands for treatment were not displayed within the practice. This meant NHS patients had to ask for written information on how much they had to pay for their dental treatment. The practice owner must make suitable arrangements to display this information in accordance with the standards set out by the General Dental Council (GDC).

### ***Improvement needed***

***The practice owner must make suitable arrangements to display the price band costs for NHS care and treatment provided at the practice.***

When asked whether they knew how to make a complaint about the dental services they received, just over half of the patients who returned questionnaires (13) told us they were not aware of the procedure to follow. Whilst the practice had a complaints (concerns) procedure, information for patients was not displayed within the practice. This meant that patients had to

ask for information on the process to follow, should they wish to make a complaint. Therefore the practice owner must make suitable arrangements to ensure complaints information is displayed within the practice and in a suitable format.

***Improvement needed***

***The practice owner must make suitable arrangements to display, in a suitable format, details of how patients can make a complaint about dental services received from the practice.***

## *Delivery of Health and Care Standards*

**We found there were arrangements in place for the safe use of X-rays.**

**Emergency equipment and drugs were available to use in the event of a patient emergency (collapse). However, we identified improvement was needed regarding the system for checking that equipment and drugs remained suitable for use.**

**Noteworthy practise was observed in respect of the arrangements in place for the decontamination of dental instruments. Clinical facilities at the practice were of a high standard.**

**The sample of patient dental records we saw demonstrated care had been planned and delivered in a manner to ensure patient safety and wellbeing. However, we identified some areas for improvement in this regard.**

### **Radiographic Equipment/Documentation**

Arrangements were in place for the safe use of radiographic (X-ray) equipment. A radiation protection file contained all the relevant documentation and information on the safe use of X-ray equipment used at the practice. Safety check certificates were available for each X-ray machine used at the practice. We saw certificates that indicated staff training on the safe use of X-rays was up to date.

Digital X-rays were used and these had been subject to image quality audit as part of the quality assurance system. This would identify any recurring quality issues with X-rays so improvements could be made.

### **Resuscitation and First Aid/Emergency Drugs**

Staff had access to resuscitation equipment and emergency drugs in the event of a patient emergency (collapse) at the practice. A series of flowcharts were available to guide staff on the appropriate steps to take should a patient emergency be identified. These had been placed in separate plastic wallets, together with the drugs to be used to facilitate quick and easy access in an emergency.

Senior staff confirmed that all staff had received training in the last twelve months on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The sample of training certificates we saw supported this.

Senior staff described a process was in place to identify and replace expired drugs and also to regularly check emergency equipment held at the practice.

However, written logbooks had not been maintained to demonstrate such checks had been conducted. When we checked the emergency drugs, we found one item had passed its expiry date and informed senior staff who agreed to make arrangements to replace the item. Given our findings, we recommended to the management team that the existing checking systems be revisited and they take account of guidelines set out by the Resuscitation Council (UK)<sup>4</sup>.

### ***Improvement needed***

***The practice owner should make suitable arrangements to ensure there is an effective system in place (and that this can be demonstrated) to regularly check emergency drugs and equipment at the practice in accordance with guidelines set out by the Resuscitation Council (UK). Specifically, this is with a view to identify and replace drugs nearing their expiry date promptly and to check equipment is suitable for use.***

Prescription pads were securely stored when not being used to prevent unauthorised persons using them.

### **Handling, Storage and Disposal of Hazardous and Non-Hazardous Waste**

We found arrangements were in place for the handling, storage and disposal of waste produced by the practice.

We saw clinical waste had been segregated into different coloured bags and was being stored in a lockable container until collected by the waste disposal contractor. Suitable containers were available to store extracted teeth, including those with amalgam fillings whilst waiting to be disposed of.

The practice had introduced the use of safer sharps<sup>5</sup> systems to reduce the risk of associated (inoculation) injuries from needles.

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<sup>4</sup> 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.

<sup>5</sup> Safer sharp – medical sharps that incorporate features or mechanisms to prevent or minimise the risk of accidental injury.

## **Decontamination of Instruments and Compliance with Welsh Health Technical Memorandum 01-05 (Revision 1)**

We found an appropriate process was in place for the transportation, cleaning and sterilisation of instruments. This was supported by records confirming daily checks had been conducted on the equipment used in the area. An up to date safety inspection certificate for the autoclave machine<sup>6</sup> was available.

The practice had a separate decontamination area made up of two separate rooms. The policy and guidance set out within the current Welsh Health Technical Memorandum 01-05<sup>7</sup> (WHTM 01-05) describes this arrangement as the preferred option as it provides a higher degree of separation between dirty instruments and cleaned or sterilized. The equipment being used for the cleaning and sterilisation of instruments was visibly in good condition. The practice had washer – disinfectors, which again WHTM 01-05 describes as the preferred option for cleaning dental instruments. We considered the arrangements that were in place to be noteworthy practise.

We saw that instruments were appropriately packaged to reduce the risk of contamination when stored. However, the practice team were not routinely recording the date of processing and the date the instruments had to be used by on the packaging. In addition there was no effective system in place to check the expiry dates of packaged instruments. We recommended that the practice team introduce a suitable system to date stamp all processed instruments as set out within WHTM 01-05 and to regularly check the expiry date of packaged instruments.

### ***Improvement needed***

***The practice owner should make suitable arrangements to:***

- 1. Ensure the date of processing and the date by which cleaned and sterilised instruments must be used by are clearly indicated on the packaging of all instruments prior to their storage.***

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<sup>6</sup> An autoclave machine is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

<sup>7</sup> [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.

## ***2. Introduce a suitable system for regularly checking the expiry date of processed dental instruments.***

We saw evidence that an infection control audit had been completed using a recognised tool during March 2015. This allows dental teams to self assess their practice and identify areas for improvement as a result of the audit findings. The practice owner may wish to consider using the audit tool<sup>8</sup> that has been specifically developed for use with WHTM 01-05.

### **Clinical Facilities**

We looked at the clinical facilities of the surgeries within the practice. We found these were of a high standard and contained relevant equipment to ensure the safety of patients and staff. The surgeries were furnished to facilitate easy and effective cleaning.

Equipment and instruments were clean and appeared to be in good condition. Hand washing facilities and disposable protective equipment were available to reduce cross infection.

A safety check certificate was available for the compressor<sup>9</sup> equipment and we found that portable appliance testing (PAT) had been conducted on portable electrical equipment.

### **Patient Records**

We considered a sample of 12 patient dental records. This sample included records that had been completed by all of the dentists working at the practice at the time of our inspection.

We found that where medical history forms had been scanned to the electronic record, the countersignature of the dentist was not visible. However, we were assured that dentists were countersigning such forms as we found this to be the case on paper forms waiting to be scanned. Electronic records did not always demonstrate that patients' updated medical histories had been confirmed verbally by the dentist at each visit.

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<sup>8</sup> <http://www.walesdeanery.org/index.php/en/practice-quality-improvement-programme/national-audit-projects/1676-whtm-01-05.html>

<sup>9</sup> A compressor pressurises air for use in dental procedures.

The sample of records we considered did not always demonstrate smoking cessation advice had been offered.

Whilst treatment plans had been provided to patients, the sample we considered was brief and needed to include more detail.

Whilst we identified some variation between dentists' practise (as described above), overall the records demonstrated care had been planned and delivered in a manner to ensure patient safety and wellbeing. We informed the practice owner of our findings who accepted corrective action was needed to address the areas we identified.

***Improvement needed***

***The practice owner must make suitable arrangements to ensure patient dental records at the practice are complete and include sufficient detail in accordance with professional standards and guidelines.***

## ***Management and Leadership***

**A management team with designated areas of responsibility were responsible for the day to day running of the practice.**

**A range of policies were in place with the intention of providing patients with safe care and treatment. We have recommended the practice owner make arrangements for staff to receive training in adult protection.**

**Staff told us they felt well supported in their roles and able to raise any work related concerns with senior staff.**

A practice manager was responsible for the day to day operation of the practice and was supported by an assistant manager and head nurse, each with their own area of responsibility.

We were able to confirm that all clinical staff working at the practice were registered with the General Dental Council and had indemnity cover in place. The sample of records we saw supported this.

Records were also available confirming clinical staff working at the practice had received Hepatitis B vaccinations. This meant staff had taken appropriate steps to ensure their and patients' safety in this regard. A member of the management team explained occupational health support and advice was available through arrangements with the local health board.

Dentists working at the practice and who provided private dental services had registration certificates issued by HIW. These were displayed in each surgery in accordance with the relevant regulations for private dentistry.

The practice had a range of relevant policies and procedures with the intention of ensuring patient care and treatment was delivered safely. The practice had a policy in place for safeguarding vulnerable adults and children. Whilst details of local safeguarding teams were available, the member of the management team with responsibility for updating the policy was receptive to our suggestion to incorporate these into the policy for ease of reference. The practice did not have a named Safeguarding Practice Lead and the practice owner should make arrangements to identify a suitable person as recommended within guidance<sup>10</sup>

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<sup>10</sup> Guidance for Safeguarding Children and Vulnerable Adults in General Dental Practice - <http://www.wales.nhs.uk/sitesplus/888/page/54347>



issued by Public Health Wales. We were told that whilst practice staff had attended child protection training they had not attended specific training on vulnerable adult protection issues. A member of the management team confirmed that arrangements would be made to arrange such training.

***Improvement needed***

***The practice owner should make suitable arrangements to ensure relevant practice staff receive vulnerable adult protection training.***

Staff told us practice meetings were held monthly and topics relevant to their work were discussed. We saw notes from practice meetings to support this. Staff told us they felt communication within the practice team was good. They also told us they felt well supported by the practice team and would be comfortable raising work related concerns with senior staff.

Staff explained they were able to access training relevant to their role and for their continuing professional development (CPD). Records we saw contained staff training certificates on a range of different topics. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

The practice provided both private and NHS care and treatment and had a written procedure in place for patients to raise concerns (complaints). This generally met the arrangements covering NHS and private care and treatment. However, to comply with *Putting Things Right*, the arrangements for handling complaints about NHS care in Wales, the procedure needed to include the rights of patients to refer their complaint to the Public Service Ombudsman for Wales. In addition the procedure needed to set out that patients could access support and advocacy via the local Community Health Council and include relevant contact details. The management team agreed to update the written procedure with this information.

A member of the management team had been delegated responsibility for handling concerns (complaints) received. Examples of learning from concerns (complaints) were provided and related to improvements to the telephone system and referring complaints to senior staff promptly.

Whilst records had been maintained, there was no formal log or system to audit concerns over time. Rather, this process relied on the knowledge of the complaints coordinator. The introduction of a written log, accessible to the management team, would assist the practice to identify common themes emerging from concerns, should the coordinator be absent. Therefore the practice owner may wish to consider implementing a suitable system to strengthen the existing arrangements.

## *Quality of Environment*

**The practice premises appeared very well maintained and were decorated to a very high standard.**

The Pines dental practice operates from premises located in Whitchurch near the city of Cardiff. The exterior of the practice was visibly very well maintained.

The practice had a number of designated car parking spaces within its own grounds immediately outside the practice building. Additional car parking was also available in nearby side streets.

There were no steps leading to the main entrance. This meant access to the practice was suitable for patients who use wheelchairs or mobility aids. Staff confirmed that reception staff assisted patients to open the door should they not be accompanied by a relative or carer. The opening hours and emergency contact number were clearly displayed at the main entrance of the practice. This meant patients attending the practice, when it was closed, were provided with a number to call for advice on emergency dental treatment.

Internally, the practice was decorated to a very high standard and provided a comfortable area for patients to wait to be seen by practice staff. The practice was arranged over two floors. A reception area, separate waiting room and four surgeries were situated on the ground floor; an additional waiting area and three surgeries were situated on the first floor together with staff facilities and office space. During a tour of the practice, these areas were very clean, tidy, well lit and ventilated. The size of the waiting areas seemed appropriate given the number of surgeries and patients attending on the day of our inspection.

Toilet facilities were available for patients to use and included facilities that were accessible for people who use wheelchairs. The toilets were clean and hygienic and contained suitable hand washing and drying facilities to reduce cross infection.

Fire exits were clearly signposted and instructions to follow in the event of a fire displayed. We found that fire extinguishers had been serviced within the last 12 months. This meant staff and patients were directed to safety and staff had access to suitable fire fighting equipment in the event of a fire.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of patient experience, delivery of the Health and Care Standards and management and leadership. 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 Rhiwbina Dental at The Pines 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: Rhiwbina Dental at The Pines**

**Date of Inspection: 9 June 2015**

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
7	<p>The practice owner must make suitable arrangements to display the price band costs for NHS care and treatment provided at the practice.</p> <p>(Health and Care Standards, Standards 3.2, 4.2; GDC Standards for the Dental Team, Standard 2.4.1)</p>	<p>NHS pricelist and treatment banding is now currently displayed in waiting room.</p> <p>As of 21<sup>st</sup> August 2015, there will be no NHS/PDS services provided at The Pines site. All NHS/PDS and DF1 services will be at our Rhiwbina site (25-27 Heol Y Deri) where adequate NHS information is displayed.</p>	Nia Evans (Asst. Manager)	Immediate
8	<p>The practice owner must make suitable arrangements to display, in a suitable format, details of how patients can make a complaint about dental services received from the practice.</p> <p>(Health and Care Standards, Standards 3.2,</p>	To be displayed in patient waiting room.	Nia Evans (Asst. Manager)	Immediate

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	6.3; GDC Standards for the Dental Team, Standard 5.1.5)			
<b>Delivery of Health and Care Standards</b>				
10	<p>The practice owner should make suitable arrangements to ensure there is an effective system in place (and that this can be demonstrated) to regularly check emergency drugs and equipment at the practice in accordance with guidelines set out by the Resuscitation Council (UK). Specifically, this is with a view to identify and replace drugs nearing their expiry date promptly and to check equipment is suitable for use.</p> <p>(The Health and Care Standards, Standard 2.9; Resuscitation Council (UK) - Primary Care - Minimum Equipment and Drug Lists for Cardiopulmonary Resuscitation, Section 3)</p>	Recorded checks are being done weekly rather than monthly to identify any emergency drugs nearing expiry.	Sarah Wakeling-Smith (Head Nurse)	Immediate
11	<p>The practice owner should make suitable arrangements to:</p> <ol style="list-style-type: none"> <li>1. Ensure the date of processing and the date by which cleaned and sterilised instruments must be used by are clearly indicated on the packaging of all</li> </ol>	<p>Staff are clearly stamping packaged instruments, ensuring the information is fully visible and not distorted.</p> <p>An audit is to be put in place to regularly check the expiry date of processed dental instruments.</p>	<p>Sarah Wakeling-Smith (Head Nurse)</p> <p>Sarah Wakeling-Smith</p>	<p>Immediate</p> <p>1 month and</p>

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<p>instruments prior to their storage.</p> <p>2. Introduce a suitable system for regularly checking the expiry date of processed dental instruments.</p> <p>(The Health and Care Standards, Standard 2.4; WHTM01-05, Paragraphs 2.4(k), 2.4 (l) and 4.26)</p>		(Head Nurse)	monthly there after
13	<p>The practice owner must make suitable arrangements to ensure patient dental records at the practice are complete and include sufficient detail in accordance with professional standards and guidelines.</p> <p>(The Health and Care Standards, Standard 3.5; GDC Standards for the Dental Team, Standard 4.1.1)</p>	An audit is to be put in place to regularly check patient dental records at the practice are complete and include sufficient detail in accordance with professional standards and guidelines	Nia Evans (Asst. Manager)	1 month and monthly there after
<b>Management and Leadership</b>				
15	<p>The practice owner should make suitable arrangements to ensure relevant practice staff receive vulnerable adult protection training.</p> <p>(The Health and Care Standards, Standard 2.7)</p>	Full practice in house training for POVA has been arranged with Denplan for the 18 <sup>th</sup> September 2015	Nick Claydon	3 months

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Quality of Environment</b>			
	None identified			

**Practice Representative:**

<b>Name (print):</b>	<b>Nia Evans</b>	<b>Sarah Wakeling-Smith</b>
<b>Title:</b>	<b>Assistant Practice Manger</b>	<b>Head Dental Nurse</b>
<b>Date:</b>	<b>30/06/15</b>	