

General Dental Practice Inspection (Announced)

Pontcanna Dental Care, Cardiff

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Contents

1.	Introduction	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings	5
	Quality of the Patient Experience	5
	Delivery of Safe and Effective Care.....	7
	Quality of Management and Leadership.....	12
5.	Next Steps	13
6.	Methodology.....	14
	Appendix A	16

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 Pontcanna Dental Care, 102 Cathedral Road, Cardiff, on 10 January 2017.

HIW explored how Pontcanna Dental Care complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 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 6 of this report.

2. Context

Pontcanna Dental Care provides services to patients in the Cardiff area and beyond.

Pontcanna Dental Care provides private only dental services.

The practice staff team includes two dentists, three nurses, one hygienist, one receptionist and a business manager.

3. Summary

Overall, we found evidence that Pontcanna Dental Care provides safe and effective care.

This is what we found the practice did well:

- Patients who completed HIW questionnaires said they were happy with the service provided
- Staff we spoke to were happy in their roles and understood their responsibilities
- The quality of the patient notes we reviewed were of a high standard
- There are arrangements in place for the safe use of x-rays
- Dental instruments are cleaned and sterilised appropriately.
- Systems were in place to capture patient feedback, comments and complaints
- Relevant audits were being undertaken which were comprehensive and provided evidence of a practice continually looking to improve their services
- The environment provided clinical facilities that were well-equipped, maintained and visibly clean and tidy.

This is what we recommend the practice could improve:

- All the policies and procedures need to be consistent with those that had issue and review dates
- HIW details to be added to the complaints policy in the patient information book

4. Findings

Quality of the Patient Experience

We found evidence that the practice was committed to providing a positive experience for their patients and patient feedback confirmed this. The practice had systems in place for seeking patient feedback and used this as a way of assessing the quality of the service provided.

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

“It is actually a pleasure to come to dental appointments here. All the staff are pleasant, attentive and good at their jobs.”

“The fact that I have used this practice for some 40 years speaks volumes for my confidence and satisfaction with the service(s) provided by the practice.”

“Very grateful for the service I receive. I am slowly becoming less nervous with each visit.”

Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner. We found there was space for staff to have conversations with patients in a private area, away from other patients if required. We heard staff speaking to patients in a friendly and professional way. Feedback from the patients who completed our questionnaires was very positive. All patients told us that they were satisfied with the care and treatment they received at the practice.

Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. All of the patients who completed a HIW questionnaire told us they had not experienced a delay in being seen by the dentists.

The majority of patients told us they knew how to access out of hours dental care. Staff told us that emergency numbers were on the practice’s answerphone, website and business cards.

Individual care

A 'patient information' book was available in reception that included all the necessary information a patient might require about the service, including contact details, opening hours, emergency care, complaints and a price list.

The practice had a complaints policy and procedure in place. The documents contained contact details for alternative organisations which could assist patients with their issues if not resolved locally. Details for HIW were missing from the complaints policy in the patient information book and this needed to be added. The complaints procedure was situated in the hallway of the practice and also on the practice's website.

Improvement needed

The practice is required to include Healthcare Inspectorate Wales' details in all complaints documentation.

Systems were in place to record, monitor and respond to any complaints the practice received, including any verbal/informal comments. These systems were regularly reviewed to identify any themes and discussed with staff at meetings.

Regular staff team days took place and we saw a number of comprehensive minutes of such meetings. In addition, staff told us that informal discussions took place daily between members of the dental team to ensure any daily messages were communicated. This type of communication worked well as confirmed by staff.

The practice had a means of seeking patient feedback via a comments book situated in the waiting area and patient questionnaires. The last survey results we observed had been completed and analysed and provided comprehensive data on what the practice did well, and where improvements could be made.

The reception and waiting area was open plan, however, the practice had space to conduct private conversations and phone calls. This separate space ensured that patient's privacy, dignity and confidentiality was maintained. Staff further told us that they always asked for information from patients, as opposed to stating personal information, when using the telephone to ensure patient privacy and confidentiality was preserved.

Delivery of Safe and Effective Care

Overall, we found evidence that patients were provided with safe and effective dental care. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections. We were also satisfied that X-ray equipment was used appropriately and safely.

We looked at a sample of patient records and found the quality of clinical note writing to be of a high standard, with evidence of necessary checks made during an examination and documented.

Safe care

Clinical facilities

We found the practice had taken steps to help ensure the health, safety and welfare of staff and patients. We found that all surgeries were clean, tidy and well organised.

We saw that the testing of portable appliances (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the practice. The practice was visibly well maintained.

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We observed waste being stored securely, however we suggested that the practice consider using the lock on the bin to enhance security until collection.

Amalgam separator equipment was installed so amalgam (a form of dental substance containing mercury) particles from dental fillings could be removed from waste water before being disposed of safely.

The practice building was visibly well maintained both internally and externally and all areas within the practice were clean and tidy.

Fire safety equipment was available at various locations within the practice premises and we saw this had been serviced within the last 12 months.

Infection control

We were satisfied with the arrangements in place to protect staff and patients from preventable healthcare associated infections at this dental practice. This is because we saw evidence that there were infection prevention and control

measures in place based on the Welsh Health Technical Memorandum 01-05¹ (WHTM 01-05) guidelines. Examples included the following:

- A dedicated room for the cleaning and sterilisation of dental instruments
- Availability and use of personal protective equipment (PPE) such as disposable gloves, aprons and eye protection
- Dedicated hand washing sink
- The equipment used for the cleaning and sterilisation of instruments was visibly in good condition
- Logbooks for checking sterilisation equipment had been maintained, including daily testing
- Instruments were stored appropriately and dated

We saw that the practice completed regular infection control audits; the last one having been completed in August 2016. The practice used the Wales specific WHTM 01-05 infection control audit tool developed by the dental postgraduate section of the Wales Deanery, which we recognised as good practice.

The decontamination room benefited from different doorways which were clearly labelled as dirt and clean. This system indicated the 'dirty' to 'clean' flow to avoid any misunderstanding and to prevent clean areas from cross contamination.

It was recommended that when the practice replaced their autoclaves in the future, consideration should be given to printer or data logger autoclaves, rather than manual logging autoclaves as this would assist in monitoring the effectiveness of the equipment.

Emergency drugs and resuscitation equipment

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

¹ <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Emergency drugs kept at the practice were seen to be stored appropriately. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)². At the time of our visit staff told us that expired Midazolam³ was taken to a pharmacy to be disposed of. As there were no records to evidence this process and disposal it was recommended that the practice use their waste contractors to provide the necessary equipment and documentation to evidence that controlled drugs are disposed of safely and appropriately.

Improvement needed

The practice needs to review their disposal procedure for controlled drugs (specifically Midazolam) to ensure the process is documented and appropriate.

All the practice staff had been trained in first aid.

Emergency drugs were kept in a lockable room; however we asked the practice to consider installing a lockable cupboard within the room to enhance the security of the drugs and equipment when the practice was not in operation.

Safeguarding

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk. There were safeguarding policies for the protection of children and vulnerable adults. All clinical staff had completed training in the protection of children and vulnerable adults.

We were told there were arrangements in place for staff to raise any concerns. The practice told us that pre-employment checks of any new members of staff were carried out before they joined the practice and all dentists had a Disclosure and Barring Service (DBS) certificate in place. This meant that there was an emphasis on ensuring patients' safety.

² [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.

³ Midazolam is a medication used for anaesthesia, procedural sedation, trouble sleeping, and severe agitation

Radiographic equipment

The practice had digital X-ray equipment and the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. We saw documentation to show that the X-ray machines had been regularly serviced to help ensure they were safe for use. We found that the dentists involved in taking radiographs had completed the required training. This was in accordance with the requirements of the General Dental Council⁴ standards and the Ionising Radiation (Medical Exposure) Regulations 2000.

We observed that the radiation protection file was completed and maintained as required. On the day of the visit we were unable to locate the Health and Safety Executive's response to the practice (acknowledging that X-rays were being undertaken at the practice). The business manager contacted them on the day, requesting confirmation from them for their file.

Improvement needed

Confirmation is required from the practice that the Health and Safety Executive have acknowledged their letter informing them that X-rays are undertaken at the practice.

The practice had a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. This would identify possible issues with the taking of X-rays and indicate where improvements should be made if required to ensure that good, clear X-rays supported decisions about patient care and treatment.

Patient records

We looked in detail at a sample of twelve patient records at the practice. Overall, we found a high standard of clinical note writing. The records were appropriate and sufficiently detailed with information about each patient's treatment.

We found evidence that all necessary checks had been made during examination and oral health promotion, cancer screening and smoking cessation advice were routinely issued. Patient consent was well demonstrated and comprehensive written options including treatment costs for patients to make an informed choice were evident in the notes we reviewed.

⁴ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

Effective care

Patients benefit from a practice that seeks to continuously improve the service provided. We were told that the practice engaged in some relevant audits, including infection control, record keeping and radiographic audits.

One dentist had been involved in external peer reviews with another dental practice. This is an area of good practice and contributes to the quality of care provided as such arrangements promote the sharing of information between practices for the benefit of patients.

Quality of Management and Leadership

We found evidence of effective management and leadership at this practice. The day to day management of the practice was the responsibility of the business manager. We saw a staff team at work that seemed happy and competent in carrying out their roles. We saw there was a range of policies and procedures in place that supported the business and staff.

The practice has been managed by the current dentists since 2004.

We found that the practice was well run and supported by a range of clinical procedures and quality assurance processes to ensure that patients' care and treatment was delivered safely and in a timely way. We were able to confirm those arrangements by looking at a variety of records and policies and through discussions with members of the dental team.

We identified that the practice had a suite of policies and procedures in place. We recommended that all the policies and procedures have an issue and review date so they are consistent with the documents that did have this information.

We saw a staff team at work who told us they were happy in carrying out their roles and received the support and training they required. We found there were systems in place to ensure any new staff received an induction and that they were made aware of policies and procedures. At the time of our visit a staff handbook was being developed, which we noted as a positive initiative.

There was a system in place for staff to receive an annual appraisal, which ensured staff had opportunities to reflect on their work and identify any relevant training needs. Regular team meetings had taken place, which were documented.

We saw records relating to Hepatitis B immunisation status for all clinical staff working at the practice. This meant that the practice had a system in place to protect patients and staff from this blood borne virus.

We confirmed that all relevant staff were registered with the General Dental Council. In accordance with the private dentistry regulations, all dentists providing private treatment were registered with HIW and their registration certificates were available within the patient information book.

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 Pontcanna Dental Care 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

Any dentist working at the practice who is registered with HIW to provide private dentistry is subject to the provisions of the Private Dentistry (Wales) Regulations 2008⁵ and the Private Dentistry (Wales) (Amendment) Regulations 2011⁶. 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
- 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.

⁵ <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

⁶ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

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

Appendix A

General Dental Practice: Improvement Plan

Practice: Pontcanna Dental Care

Date of Inspection: 10 January 2017

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
Quality of the Patient Experience					
6	The practice is required to include Healthcare Inspectorate Wales' details in all complaints documentation	Regulation 15 (4) (a)	HiW details now added to Lounge Information booklet.	GB	Complete
Delivery of Safe and Effective Care					
9	The practice needs to review their disposal procedure for controlled drugs (specifically Midazolam) to ensure the process is documented and appropriate.	The Hazardous Waste Regulations 2005	Policy drawn up for safe disposal of controlled drugs. Policy circulated to all staff and kept with emergency drugs.	GB / LM	Complete

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
10	Confirmation is required from the practice that the Health and Safety Executive have acknowledged their letter informing them that X-rays are undertaken at the practice. <i>General Dental Council Standards for the Dental Team, Standard 1.5 & 1.9</i>	Regulation 14 (1) (b) Health and Care Standard 2.9	Contact HSE to obtain copy of acknowledgement. Acknowledgement received from HSE and forwarded to designated contact at HSE.	GB	Complete
Quality of Management and Leadership					
	N/A				

Practice Representative:

Name (print): Grant Bignell

Title: Business Manager

Date: 26/01/2017