

# **General Dental Practice Inspection (Announced)**

## **Oasis Dental Care Cardiff – Mermaid Quay**

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## 1. Introduction

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

HIW's primary focus is on:

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

HIW completed an inspection to Oasis Dental Care Cardiff - Mermaid Quay, Unit 11a, Mermaid Quay, Cardiff Bay, Cardiff on 17 January 2017.

HIW explored how Oasis Dental Care Cardiff - Mermaid Quay 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

Oasis Dental Care Cardiff – Mermaid Quay provides private only dental services to patients in the Cardiff area.

The practice staff team includes three dentists, one orthodontist, three dental nurses, two hygienists and one practice manager.

A range of private dental services are provided.

### 3. Summary

Overall, we found evidence that Oasis Dental Care Cardiff – Mermaid Quay 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
- There are arrangements in place for the safe use of x-rays
- Systems were in place to capture patient feedback, comments and complaints
- Relevant audits were being undertaken
- 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 include an issue and review date
- All policies and procedures need to be appropriately tailored and applicable for Wales
- The emergency drugs and equipment needs to be better organised to be able to access the appropriate drug/s
- Infection control audits need to be dated and aligned to Welsh guidelines (WHTM 01-05)
- The practice must have a robust system of checking patients' medical histories each time they are treated.

## 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 regularly 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 views on the dental services provided. Twenty one questionnaires were completed and returned to us. Patient comments included:

*“Excellent practice, very clean and staff very efficient.”*

*“Always very professional and friendly staff.”*

*“The introduction, advice and service I have received has been first class.”*

### **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. We observed and staff told us that emergency numbers were on the practice’s answerphone, website and displayed on a sign outside the practice entrance.

### **Individual care**

A 'patient information' book was available in the waiting area that included all information a patient might require about the service, including details of the practice, complaints and various patient information leaflets. A patient notice board contained information about the team at the practice 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 Healthcare Inspectorate Wales (HIW) need to replace Care Quality Commission (CQC) information that we observed in the complaints policy.

### ***Improvement needed***

#### ***The complaints policy needs to be updated to include Healthcare Inspectorate Wales' details.***

Systems were in place to record, monitor and respond to any complaints the practice received, including any verbal/informal comments. These systems were linked to head office and were regularly reviewed to ensure timescales and any themes were identified.

We were told that monthly staff team meetings take place and we observed a number of minutes of these meetings. In addition, staff told us that a daily huddle takes place between members of the dental team to ensure any daily messages were communicated. This type of communication worked well and the staff we spoke to confirmed this.

The practice had a way of seeking patient feedback via questionnaires which were situated in the waiting area. Alternatively, patients could provide feedback electronically via the website. Results of feedback were displayed in the reception area.

The practice had a reception area and two open plan waiting areas. Private conversations could be conducted with patients in the surgeries and there was also additional space available for private conversations and phone calls. This additional 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 are 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 these were appropriate.**

**We made recommendations for the practice to improve the arrangements around recording medical histories; undertaking internal peer reviews specifically for radiographs and activity and documentation needs to be aligned to Welsh guidelines.**

### **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.

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 around the practice and we saw this had been serviced within the last 12 months.

#### *Infection control*

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). Our observations of this process were satisfactory. 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
- Logbooks for checking sterilisation equipment had been maintained, including daily testing.
- Instruments were stored appropriately and dated.

We saw evidence that the practice had undertaken an infection control audit. However, the audit did not have a date recorded to confirm when it had been completed. In addition, the audit tool referenced HTM 01-05 guidelines. We advised staff that the Welsh Health Technical Memorandum (WHTM) 01-05 needs to be used for dental services in Wales. The practice should consider using an audit tool aligned to the WHTM 01-05, such as the Wales Deanery infection control audit tool.

### ***Improvement needed***

***Infection control audits need to be dated to evidence when it was undertaken.***

***All decontamination activity and documentation must be aligned to the WHTM 01-05 guidelines.***

The decontamination room benefited from clear signage indicating dirty and clean areas. This system enables staff to avoid any misunderstanding and to prevent clean areas from cross contamination.

At the time of our visit we observed a vacuum autoclave that was out of commission. Although the practice had another autoclave to complete their sterilisation process, we advised that the out of commission autoclave needs to be replaced or fixed.

### ***Emergency drugs and resuscitation equipment***

The practice had 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).

Emergency drugs kept at the practice were well signposted. At the time of our visit we identified that staff may not be able to access the appropriate drug/s because they appeared untidy and disorganised. We recommended that the drugs and equipment stored in the cupboard is better organised in order for staff to be able to access the correct drug/equipment in an emergency.

### ***Improvement needed***

#### ***Emergency drugs and equipment needs to be better organised in order for staff to access the appropriate drug/s and/or equipment in an emergency.***

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)<sup>1</sup>.

The practice had identified staff listed as their first aiders. Certificates evidenced that their training was up to date.

### ***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 are carried out before they join the practice via head office and all staff had a Disclosure and Barring Service (DBS) certificate in place.

### ***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 is in accordance with the requirements of the General Dental Council<sup>2</sup> and Ionising Radiation (Medical Exposure) Regulations 2000.

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<sup>1</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>2</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

We observed that the radiation protection file was completed and maintained as required, including the notification letter from the Health and Safety Executive acknowledging that radiographs were being undertaken at the practice.

The practice had a 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 five patient records at the practice. Overall, we found that the records were appropriate and sufficiently detailed with information about each patient's treatment.

We found evidence that patients were provided with sufficient information about their treatment in order that they could make an informed decision about their care.

The practice had a system for checking medical histories of patients, but we found this is not always checked and signed by the dentist each time a patient is treated in accordance with the General Dental Council Standards.

### ***Improvement needed***

***The practice must have a robust system of checking patient's medical histories each time they are treated.***

### **Effective care**

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

We were told that the dentists had access to a clinical director to provide any clinical support as required and to conduct regular appraisals. We recommended that the dentists undertake peer review audits internally, including radiographs to ensure quality and grading remains at a high standard.

## *Quality of Management and Leadership*

**We found evidence of effective management and leadership at this practice. We saw a staff team at work who seemed happy in carrying out their roles. We saw there was a range of policies and procedures in place, but we recommended these to be appropriately tailored and applicable for Wales.**

Oasis Dental Care Cardiff, Mermaid Quay is part of Oasis Healthcare Limited, with other practices located across the UK. The practice is supported by a management team, including a clinical director and regional manager as well as staff at the head office. The day to day management of the practice is the responsibility of the practice manager. The practice has been managed by Oasis since 2014.

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, as well as staff signatures confirming that they have read and understood them.

A review of all policies and procedures is required to ensure they reference the correct guidelines and/or organisations. We identified a number of documents containing bodies and guidelines that are not specific to Wales and these need to be changed to accurately reflect the correct information.

### ***Improvement needed***

***The practice needs to review all policies and procedures to ensure they are consistent and contain an issue and review date as well as staff signatures to confirm they have read and understood the document.***

***All policies and procedures must be appropriate and applicable for Wales, including ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.***

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.

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 they may feel is required. 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 displayed.

## 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 Oasis Dental Care Cardiff, Mermaid Quay 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, measurable, 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 2008<sup>3</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>4</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

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<sup>3</sup> <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

<sup>4</sup> <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- Conversations with nursing staff
- Examination of a sample of patient dental records
- Examination of practice policies and procedures
- Examination of equipment and premises
- Information within the practice information leaflet and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the dental practice to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from dental inspections are notified to the dental practice and to the health board via an immediate action letter. Any such findings will be detailed, along with any other recommendations made, within Appendix A of the inspection report.

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



**Appendix A**

**General Dental Practice: Improvement Plan**

**Practice: Oasis Dental Care Cardiff – Mermaid Quay**

**Date of Inspection: 17 January 2017**

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>					
6	<i>The complaints policy needs to be updated to include Healthcare Inspectorate Wales' details.</i>	Private Dentistry Wales Regulations 15 (4) (a) (b)	- This has now been implemented	Donna Lovell	Done
<b>Delivery of Safe and Effective Care</b>					
8	<i>Infection control audits need to be dated to evidence when it was undertaken.</i>	Private Dentistry Wales Regulations 14 (2)	Noted and going forward this is now done	Donna Lovell	Done

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
		WHTM 01-05 2.22 – 2.25			
8	<b><i>All decontamination activity and documentation must be aligned to the WHTM 01-05 guidelines.</i></b>	Private Dentistry Wales Regulations 14 (1) (b) WHTM 01-05 document	All documentation is now aligned to WHTM 01-05 guidelines	Donna Lovell	Done
9	<b><i>Emergency drugs and equipment needs to be better organised in order for staff to access the appropriate drug/s and/or equipment in an emergency.</i></b>	Private Dentistry Wales Regulations 14 (3) (a) (b)	A new case has been ordered	Julie Bennet	Done
10	<b><i>The practice must have a robust system of checking patient's medical histories each time they are treated.</i></b>	The General Dental Council Standards 4.1	New procedure implemented. All Dentists, as well as checking Medical Histories now also sign them to confirm	Donna Lovell	Done
<b>Quality of Management and Leadership</b>					

Page Number	Improvement Needed	Regulation / Standard	Practice Action	Responsible Officer	Timescale
11	<b><i>The practice needs to review all policies and procedures to ensure they are consistent and contain an issue and review date as well as staff signatures to confirm they have read and understood the document.</i></b>	The General Dental Council Standards 6.6.8 6.6.9	Noted and procedures have now been implemented to ensure all staff/associates sign to confirm understanding and reading.	Donna Lovell	Done & On-going
11	<b><i>All policies and procedures must be appropriate and applicable for Wales, including ensuring that Welsh specific regulations, standards and guidelines are adequately reflected.</i></b>	Private Dentistry Wales Regulations WHTM 01-05 The General Dental Council Standards 1.9	All polices are updated and changed where necessary (We already had access to these and had changed them for our Practices Areas, but had not updated our policies folders	Donna Lovell	Done

**Practice Representative:**

**Name (print): DONNA LOVELL**

**Title: PRACTICE MANAGER**

**Date: 15<sup>th</sup> MARCH 2017**