



General Dental Practice Inspection (Announced)

Bamboo Dental Practice

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Bamboo Dental Practice, at 28 Cowbridge Road West, Cardiff, CF5 5BS on the 6 July 2017.

HIW explored how the practice complied with the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011 and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we found evidence that Bamboo Dental Practice provides safe and effective care to their patients in a pleasant environment with friendly, professional and committed staff. Patients were very satisfied with the service provided.

This is what we found the service did well:

- Patients were provided with enough information to make an informed decision about their treatment and we saw evidence that patients were satisfied with the treatment and service received
- We found evidence that this is a very well run service with effective systems to support overall practice management and leadership
- The staff team appeared very happy in their roles, were competent in carrying out their responsibilities and had a strong commitment to providing a high quality service
- Clinical facilities were well-equipped, visibly clean and well organised
- Appropriate arrangements were in place for the safe use of X-rays
- Dental instruments were cleaned and sterilised appropriately. A washer disinfectant was available in the decontamination room
- Systems for governance and monitoring the quality of the service against the requirements of the regulations are in place.

This is what we recommend the service could improve:

- More health promotion information needs to be available for patients in the waiting areas

3. What we found

Background of the service

Bamboo Dental Practice provides private only dental services.

The practice employs a staff team which includes three dentists, one hygienist, one therapist, three dental nurses, two trainee dental nurses, four reception staff and on the day of the inspection there were two practice managers.

A range of private dental services are provided.

Quality of patient experience

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

Overall, we found that Bamboo Dental Practice was working hard to provide a high quality experience to their patient population. The dental team works well together and know the needs of their patients very well. The feedback we received confirmed that patients were very happy with the service.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. A total of 16 questionnaires were completed. The majority of completed questionnaires were from patients who had received treatment at the practice for less than a year. Overall, patient feedback was positive. Patients were asked within the questionnaires how the dental practice could improve the service it provided. Two comments were received as follows:

"I have been coming to this practice for 24 years. I was concerned when the previous dentist left but I needn't have been as the new dentists are extremely good. All the staff here are fantastic and many have been here a long time"

"They are very good now"

Staying healthy

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

Health promotion information assists in supporting patients to take responsibility for their own health and wellbeing. We found that further dedicated dental health promotion information needed to be made available to patients in the waiting areas. This was because limited health promotional materials were available. This will mean that patients have access to information to support them in caring for their own oral hygiene.

Improvement needed

More health promotion information needs to be available for patients in the waiting areas.

Dignified care

All patients who completed a questionnaire felt that they had been treated with respect when visiting the practice and were made to feel welcome by the practice team. We observed a friendly and professional approach adopted by staff, towards patients.

There was space available for staff to have conversations with people in a private area, away from other patients, if required for the purpose of maintaining patient confidentiality. We saw that the doors to the dental surgeries, (where patients were receiving care on the day of our inspection), remained closed to maintain privacy and dignity.

Patient information

Almost all patients who completed a questionnaire confirmed that the cost of any treatment was always made clear to them before they received their treatment. Patients also stated that they understood how the cost of their treatment was calculated.

A private patient's price list was displayed prominently on our arrival, for patient information. The practice had key information available in the Welsh language e.g. complaints procedures. We saw that the practising dentists' details and the surgery opening hours were displayed externally.

Communicating effectively

A small number of the patients who completed a questionnaire considered themselves to be Welsh speakers, and these patients told us that they could sometimes speak to staff in Welsh at the practice. The majority of non-Welsh speaking patients who completed a questionnaire told us that they were always able to speak to staff in their preferred language.

Timely care

The practice tried to ensure that dental care was always provided in a timely way. However, almost a third of patients who completed a questionnaire said

that they would not know how to access the out of hours dental service if they had an urgent dental problem. We saw though, that the details of the emergency contact number were being displayed externally and on the website.

Individual care

Planning care to promote independence

All but one of the patients who completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment. The majority of patients who completed a questionnaire also told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and that the dental team helped them to understand all available options when they needed treatment.

People's rights

The practice had an equality and diversity policy in place. Access for patients with mobility difficulties and/or wheelchair users was available to the ground floor surgery. In addition, a disability access audit had been undertaken by the practice manager and access was improved as a consequence of patient feedback. The unisex disabled patient toilet was located on the ground floor and one further toilet was available on the first floor with sanitation bins being available.

Listening and learning from feedback

Over a third of patients who completed a questionnaire told us that they wouldn't know how to raise a concern or complaint about the services they received at the dental practice. Most patients who completed a questionnaire confirmed however, that they were asked for their views about the dental practice, for example, through patient questionnaires.

We saw that the complaints procedure was displayed prominently in waiting areas. The complaints procedure was compliant with the Private Dentistry Wales 2008 Regulations¹. Also following discussion about easier access to the

¹ [https://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-\(wales\)-regulations-2008](https://www.dentalprotection.org/uk/help-advice/regulations/wales/private-dentistry-(wales)-regulations-2008)

complaints procedure on the practices website, the practice manager arranged (on the day of the inspection) for their IT consultant to make this more prominent and accessible on the website's home page.

Delivery of safe and effective care

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

Overall, we found evidence that patients were provided with safe and effective dental care. Clinical facilities were well equipped and were visibly clean and tidy. We were satisfied with the arrangements in place to protect patients and staff from preventable healthcare associated infections.

We found the practice had taken steps to protect the health, safety and welfare of staff and patients.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use.

There were arrangements in place for the safe use of X-ray equipment. The practice had also taken steps to promote and protect the welfare and safety of children and adults who become vulnerable or at risk.

The practice needs to review its fire risk assessment and take corrective actions where required. The practice also needs to ensure full record keeping in respect of accident book entries.

Safe care

Managing risk and promoting health and safety

We found the practice had taken steps to help protect the health, safety and welfare of staff and patients. The practice was visibly well maintained and surgeries were clean, tidy and well organised. There were no concerns raised by patients about the cleanliness of the dental practice; all patients who completed a questionnaire indicating that, in their opinion, the dental practice was very clean. We saw that portable appliance testing (PAT) had been undertaken to help ensure the safe use of small electrical appliances within the

practice. Evidence of an electrical wiring certificate for the premises was also available.

We looked at the risk assessments regarding the Control of Substances Hazardous to Health (COSHH) and we saw that safety data sheets had been kept for substances in addition to appropriate risk assessments. COSHH substances were being safely and securely stored. Contract documentation was in place for the disposal of non hazardous and hazardous waste. Sharps containers were safely stored. There was a health and safety policy in place.

Fire extinguishers were available and had been serviced in the last 12 months, with a fire equipment maintenance contract in place and fire signage and risk assessment were evident. However, the practice is required to review the fire risk assessment and take action, as we found that one ground floor fire exit, which led onto the car park area, was not compliant. This is because, it was locked and so did not allow immediate exit in the event of a fire. In addition, the fire exit led onto the car parking area, we found that the exit could be obstructed by a vehicle, as there was no fire exit keep clear signage on the outside of the door.

Improvement needed

The fire risk assessment must be reviewed to address the issues identified in the report.

Infection prevention and control

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

- Designated room for the cleaning and sterilisation of dental instruments
- There was a washer disinfectant available
- 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 and transported appropriately and their packaging dated to show when they had to be used.

A decontamination policy was in place and we saw that all staff were signing and dating to indicate that they had considered key policies. We found that vaccination immunity check status for staff members was up to date.

The practice had undertaken an infection control audit, as recommended by Welsh Health Technical Memorandum 01-05 (WHTM 01-05)² guidelines and relevant staff had completed decontamination refresher training on a five yearly basis.

Medicines management

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use in the event of a patient emergency (collapse). A resuscitation policy was in place including roles and responsibilities for staff.

We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

The practice had appointed first aiders in the team who had completed relevant training and a first aid kit was available. There was an appropriate accident book in place and completed accident sheets were being filed securely to maintain data protection. However, we found that there was incomplete detail for two entries in the accident book to indicate the full response taken following staff needle stick injuries. The practice must therefore ensure that accident records and subsequent actions taken are fully recorded in the accident book.

Emergency drugs were well organised, with corresponding life support flowcharts for use in specific emergencies. A record of the regular emergency drugs checks was being maintained.

² <http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444>

Improvement needed

The practice must ensure that accident records and subsequent actions taken are fully recorded in the accident book.

Safeguarding children and adults at risk

The practice had taken steps to promote and protect the welfare and safety of children and vulnerable adults that might be at risk. This is because there were appropriate protection policies in place and safeguarding training was provided for relevant staff.

There were arrangements in place for staff to raise any concerns and staff told us they felt able to do this in practice.

Medical devices, equipment and diagnostic systems

We looked at the clinical facilities in the surgeries and found that they contained appropriate equipment for the safety of patients and the dental team.

We noted that the surgeries had been designed and organised to help the team work efficiently and were visibly very clean and in good condition. We also saw that the environment had been planned and laid out to ensure the safe use of radiation equipment.

We saw documentation to show that X-ray machines had been regularly serviced to help ensure they were safe for use. We found that staff involved in taking radiographs had completed the required training, in accordance with the requirements of the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000³. A radiation protection file was being maintained.

Effective care

Safe and clinically effective care

³ http://www.legislation.gov.uk/ukxi/2000/1059/pdfs/ukxi_20001059_en.pdf

Patients benefit from a practice that seeks to continuously improve the service provided. We saw that the practice engaged in relevant audits, including infection control, clinical record keeping, disability access and radiology.

Quality improvement, research and innovation

We noted that aspects of the Deanery of Wales CAPRO audits⁴ were being undertaken.

Information governance and communications technology

The storage of patient files was appropriate, to ensure the safety and security of personal data. All electronic files were being backed up regularly and access to computer screens was secure and discreet. A data protection policy was in place.

Record keeping

We viewed a sample of dental records for both dentists and spoke with both dental practitioners on the day of our inspection. Overall, we found there was a very good quality of record keeping and patient care. No improvements were noted in this area and therefore the quality of clinical record keeping is to be commended.

⁴ <https://dental.walesdeanery.org/improving-practice-quality/carro>

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Private Dentistry Regulations and relevant professional standards.

Bamboo Dental Practice has a well established practice team with a low turn over of staff. We found the practice to have very good leadership and staff understood their roles and responsibilities. The day to day management of the practice was provided by the principal dentist, supported by an efficient practice manager. Staff we spoke with were committed to providing high quality care for patients.

Governance, leadership and accountability

We found the practice to have very good leadership and staff understood their roles and responsibilities. The day to day management of the practice was provided by the principal dentist, supported by very efficient practice manager support. The practice was well organised, with good record keeping being maintained across most areas.

There was evidence of effective quality assurance processes and relevant audits were being undertaken, as demonstrated by the WHTM 01-05 audit and good clinical record keeping practices. A quality assurance policy was in place.

All relevant staff were registered with the General Dental Council. The dentists' HIW certificates were on display as required by the Private Dentistry (Wales) Regulation 2008.

There were systems in place to ensure that pre-employment checks of any new members of staff were carried out before they joined the practice, including Disclosure and Barring Service (DBS) clearance checks. DBS clearance checks were also present for all dentists as required by the Private Dentistry (Wales) Regulation 2008.

Staff and resources

Workforce

Staff we spoke with were very committed to providing high quality care for their patients.

We saw evidence of staff induction documentation and these were well planned. All staff had been given access to policies and procedures. We also saw that all staff had accessed a wide variety of training, meeting continuing professional development requirements. We saw evidence of monthly team meetings and annual staff appraisals. We saw confirmation of indemnity insurance cover.

We looked at the policies and procedures in place and we found that these were very well organised, thorough and saw evidence that they reflected actual practice.

4. What next?

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 when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Our dental practice inspections are usually announced. Dental practices will receive up to 12 weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

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](#) and the [Private Dentistry \(Wales\) \(Amendment\) Regulations 2011](#). 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 [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further details about how HIW inspects [dental practices](#) and [independent healthcare services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No Immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Bamboo Dental Practice

Date of inspection: 6 July 2017

The table below includes any immediate 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.

Immediate improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
No immediate assurance issues were identified on this inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Bamboo Dental Practice

Date of inspection: 6 July 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
More health promotion information needs to be available for patients in the waiting areas.	Private Dentistry (Wales) Regulations 2008 Regulation 14 (1) (a)	Leaflets were purchased from Oral health foundation to accompany the information provided on the practice TV. Children's goody bags were also purchased which we give out to children on their dental examination. Smoking cessation leaflets were ordered on the day of inspection.	Natalie O'Keefe	Completed
Delivery of safe and effective care				
The fire risk assessment must be reviewed to	Private	Door was unlocked straight away and	Natalie O'Keefe	Fire door is

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
address the issues identified in the report.	Dentistry (Wales) Regulations 2008 14 (1) (d)	sign placed on back door immediately. The external back door is no longer locked during working hours whilst we await the replacement of a fire door. A Keep Clear sign was placed on the outside of the fire door to ensure that door is not obstructed. We also have had CCTV installed 7th August 2017 so we can monitor that it is kept clear at all times		due to be fitted by 5th October 2017
The practice must ensure that accident records and subsequent actions taken are fully recorded in the accident book.	Private Dentistry (Wales) Regulations 2008 14 (1) (b)	Practice meeting took place 7th July 2017 where all staff were present to ensure what actions and information is needed to be documented in the accident book. A checklist was also added to the front of the accident book 10th July 2017	Natalie O'Keefe	Completed
Quality of management and leadership				
No issues were identified in this area on this				

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
inspection				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Natalie O’Keefe

Job role: Practice Manager

Date: 6th September 2017