

General Dental Practice Inspection (Announced)

Guys Dental Implant Centre

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2019

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 Guys Dental Implant Centre at 124 Cathedral Road, Cardiff, CF11 9LQ, within Cardiff and Vale University Health Board on the 25 November 2019.

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

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017 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 the service provided a safe and effective service to patients. The practice met all of the necessary standards set out within the regulations and as a result there were no recommendations for improvement.

We saw evidence of strong leadership and the practice had the required policies and procedures in place to support patients and staff.

The surgeries were maintained to a high standard as were the reception and waiting areas.

This is what we found the service did well:

- Appropriate arrangements were in place to ensure the surgeries were kept to a high standard.
- Patients provided positive feedback that they were happy with the service provided.
- There was evidence of strong management and leadership from the registered manager and good relationships between the staff.
- Good clinical arrangements were in place to ensure effective medicines management procedures
- There were state of the art processes in place for the decontamination of dental instruments

There were no areas of improvement identified in this inspection.

3. What we found

Background of the service

Guys Dental Implant Centre provides services to patients in the Cardiff area. The practice is a referral only practice for implants, and so does not see general dentistry patients.

The practice has a staff team which includes three dentists and two dental nurses.

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.

We found Guys Dental Implant Centre was committed to providing a positive experience for their patients.

The practice provided patients with a range of information regarding treatment options following referral from their dentist. There was a welcoming atmosphere, and we saw that the patient areas were maintained to a very high standard.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of nine were completed. All of the completed questionnaires were from patients who had been a patient at the practice less than a year to more than two years.

Overall, patient feedback was positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent'. Patient comments included the following:

"The service is impeccable"

"The service is excellent, there is nothing that requires improvement"

"The care I have received has been excellent and of the highest quality"

Staying healthy

Health promotion protection and improvement

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

During consultations, patients were given advice on good oral health prior to, during and after their treatment, and provided with smoking cessation advice should this be required. This was a good example of the practice supporting patients to maintain their own oral health and hygiene.

Dignified care

Without exception, all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff told us that if there was a need to hold a private conversation with a patient in person or on the telephone, they could use an empty room. All dental surgeries had doors which could be closed to provide patients receiving treatment appropriate levels of privacy and dignity.

We noted that the nine principles as set out by the General Dental Council (GDC)¹ were displayed in the waiting area where it was clearly available to patients.

Patient information

Where applicable, all of the patients who completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment. Information detailing the costs of treatment was displayed clearly for patients in the waiting room.

The practice patient information leaflet was made available to patients. The leaflet gave comprehensive information about the practice and included all the information required by the Private Dentistry (Wales) Regulations 2017.

Outside the building we saw that the practice's opening hours was displayed. In the event of an emergency, patients were directed to their registered dentist.

¹ <https://standards.gdc-uk.org> The GDC has set out nine principles that apply to all registered dental professionals that outlines the standards, performance and ethics that patients can expect from a dental professional

Communicating effectively

Whilst written information was available this was predominantly presented in English. Arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'².

The practice has a website, which contains comprehensive information for patients including how to book appointments and the range of treatments available.

All of the patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language

Timely care

The vast majority of patients who completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem.

All of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay and allow them to reschedule should they need to.

Individual care

Planning care to promote independence

Where applicable, all of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

² An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

During the inspection we noted that treatment options had been recorded on all relevant records we reviewed. This provided assurance that patients were supported to make choices about their treatment options.

People's rights

The practice was accessible for wheelchair users as it was located on the ground floor. The patient toilet was suitable for wheelchair users also.

We found that there were a number of policies in place to support staff and patients, including a patient acceptance policy and disability policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

We found there was a complaints policy in place that was compliant with the Private Dentistry Regulations. There is a responsible individual allocated to deal with complaints. The practice requested that feedback should be given through an online feedback site, however there was also a feedback form available should this not be an option for patients. Feedback received had been kept within the policy folder and shared with staff.

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.

We saw that the clinical facilities were well equipped, and there were arrangements in place for the safe treatment of patients.

We also saw that the practice was maintained to a high standard and the surgeries were well looked after.

We saw that medical records were maintained to a high standard.

The management of emergency drugs and ancillary equipment was seen to be safely managed.

Safe care

Managing risk and promoting health and safety

There were no concerns given by patients over the cleanliness of the dental practice. Every patient that completed a questionnaire felt that in their opinion, the dental practice was 'very clean'.

Overall we found the practice to be maintained to a high standard. We found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building appeared to be well maintained and clean. Inside, the building was light, tidy and spacious.

We saw that there were a number of comprehensive policies relating to the fitness of the premises. These included a health and safety policy and emergency contingency policy. Policies and risk assessments were readily available to all staff. There was a sufficient environmental risk assessment in place to help protect both staff and patients.

We saw fire extinguishers were available at various locations around the building, and we noted that servicing had been carried out in the last twelve months. The practice had a fire safety risk assessment in place as well as a fire policy. All staff had received appropriate fire training.

Under the Control of Substances Hazardous to Health (COSHH) Regulations 2002³, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a COSHH protocol and a mercury handling policy. We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-clinical waste. Clinical waste was stored appropriately.

Infection prevention and control

The practice had a designated room for the cleaning and sterilisation (decontamination) of dental instruments within the surgery, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁴. The room was visibly clean and tidy. The equipment within the decontamination room was electronically monitored, allowing staff to monitor the sterilisation process from start to finish. We saw evidence that the protocol for checking the sterilisation equipment was available and up to date, and there was an infection control policy and a sharps safety policy in place for staff to refer to. This meant that both staff and patients were being sufficiently protected from needle stick injuries and infection. Staff also had access to, and used, personal protective equipment (PPE) when undertaking decontamination activities.

The surgeries were visibly clean and tidy, and included all the appropriate materials and equipment for ensuring infection prevention and control. There was modern cabinetry in each surgery that was easily cleaned. The floors were sealed and extended to the walls, again for ease of cleaning. There is an appointed infection control lead who ensures equipment and training are up to date.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

³ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

⁴ 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.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation and medical emergency procedure. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation.

The practice had one appointed first aider, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice's first aid kit was complete and in date. The practice had policies and procedures in place which had been agreed by all staff, to ensure appropriate obtaining, handling, using, storing and disposal of medicines. We noted that the practice had a comprehensive process for stock checks of emergency equipment used.

The emergency drugs and equipment were stored in a cupboard and were all in line with Resuscitation Council (UK) guidance.

Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

At the time of the inspection, all staff had appropriate safeguarding training for child protection and protection of vulnerable adults. A safeguarding lead was also in place.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

In accordance with the regulations, the practice had a health and safety of facilities policy that included the testing of equipment, the undertaking of appropriate risk assessments and the reporting of incidents.

The radiological equipment (X-ray) was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and

comprehensive, containing all the essential information. We saw that the local rules⁵ were displayed in the surgeries.

In accordance with the requirements of the General Dental Council⁶ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017⁷ all clinical staff had completed the required training.

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of clinical audits in place to help demonstrate keeping up to date with professional standards. Results of the audits will help to identify areas for improvement and support any changes to dental team practises.

The practice had appropriate arrangements set out within the statement of purpose for the acceptance, assessment, diagnosis and treatment of patients. The practice also had a range of policies available to support these functions.

We found evidence throughout the course of the day that professional, regulatory and statutory guidance, such as NICE guidelines⁸, were given due consideration and followed where appropriate.

Quality improvement, research and innovation

As detailed above, we saw evidence that the practice has completed a range of clinical audits and due consideration is given to professional guidance.

⁵ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

⁶ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

⁷ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

1. ⁸ <https://www.nice.org.uk/.../oral-and-dental-health>

We were told that the practice had used the Health Education and Improvement Wales Maturity Matrix Dentistry practice development tool⁹ as their quality improvement tool, however this completed some time ago. We advised that the practice should consider using a development tool such as this regularly to support the practice to continually focus on best practice and legislative requirements, and also about how the team works together.

Information governance and communications technology

We found that patient information was stored securely, ensuring that personal and sensitive information was protected. Electronic records were regularly backed up to protect patient information and help prevent loss.

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

Record keeping

We reviewed a sample of patient records and saw that these were kept to a high standard. All the samples reviewed showed records were comprehensive and included a contemporaneous and accurate note of all assessment, treatment planning and treatment provided to the patient. We found the records were very professional and recorded discussions held about treatment options, costs and reasons for attendance.

We saw evidence that digital records are securely kept in compliance with the General Data Protection Regulation (GDPR). Staff informed us that computers are password protected and each member of staff has an individual password.

⁹ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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 Health and Care Standards.

We found evidence of excellent management and leadership at the practice.

The practice had a comprehensive range of relevant policies and procedures in place that were reviewed annually, and we saw evidence that they had been read by all staff.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

We saw that there was good communication between management and staff with clear roles and responsibilities.

Governance, leadership and accountability

Guys Dental Implant Centre is owned by the Registered Manager¹⁰ who also acted as the Responsible Individual¹¹ and the Principle Dentist. The Registered Manager is supported by a wider team of clinical staff. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

¹⁰ “Registered Manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice.

¹¹ “Responsible Individual” means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

Staff told us they worked well together and this was evidenced by their rapport. There was a whistleblowing policy in place to support staff in raising any issues or concerns about the delivery of care to patients, either directly with the dentist/s, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. The statement of purpose and patient information leaflet contained all the relevant information required by the regulations.

The Registered Manager confirmed that he was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the Registered Manager, which must be sent to HIW¹².

All clinical staff were registered to practise with the General Dental Council and had appropriate indemnity insurance cover in place. We saw the practice's public liability insurance certificate was available.

Staff and resources

Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and we saw evidence of personal development plans in place.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles to support their continual professional

¹² Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

development (CPD) requirements. All the staff training was laid out in the same format to ensure consistency of record keeping.

We were told that the practice holds staff meetings regularly. However, these are held informally due to the size of the team. We advised that a record of discussions should be kept and circulated to all staff following these meetings.

The Regulations for Private Dentistry require that at the time of registration, all staff working at the practice have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all staff.

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

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, measurable, 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

Dental practice inspections are usually announced. Dental practices receive up to twelve 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.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), 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 detail about how HIW inspects [dental practices](#) and the [NHS](#) 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: Guys Dental Implant Centre

Date of inspection: 25 November 2019

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
There were no immediate non compliance issues identified at 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: Guys Dental Implant Centre

Date of inspection: 25 November 2019

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	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
No areas for improvement 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: