

General Dental Practice Inspection Report (Announced)

Andrews Denture Clinic, Cardiff &
Vale University Health Board

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Andrews Denture Clinic, Cardiff & Vale University Health Board on 9 May 2022.

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

The inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Andrews Denture Clinic was committed to providing a positive experience for their patients. The feedback we reviewed from the clinic's patient questionnaires was positive with 16 patients rating the service they received as excellent.

We saw changes had been made to their service provision based on government guidance. These changes enabled patients to be treated as safely as possible, with procedures in place to minimise the spread of COVID-19.

Patient information was clearly displayed in the waiting area and services were being delivered in a timely manner for their patients.

This is what we recommend the service can improve:

- The COVID-19 screening questions that patients are asked prior to their arrival at the clinic should be recorded on patient records.

This is what the service did well:

- We concluded that the services provided by the denture clinic were being delivered in a caring and professional manner. This was evidenced by the clinic not having any recorded incidents or complaints and by the clinics questionnaires confirming that all patients said the staff were polite.

Safe and Effective Care

Overall summary:

We found the denture clinic was meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The clinic appeared well maintained and well equipped to deliver the services and treatments they are registered to deliver. All areas were clean and free from any visible hazards.

We found that fire safety arrangements were appropriate to protect staff and visitors and that patient records were being kept to a good standard.

We made recommendations (see below) which will help to further improve the services the clinic provides.

This is what we recommend the service can improve:

- The service needs to introduce a programme of audits which will help identify any aspects of the service that could be improved
- A regulation 23 report needs to be completed, including all the areas required by this regulations and submitted to HIW
- Due to the substances used at the denture clinic a COSHH file needs to be in place and kept at the clinic
- The service needs to check the ventilation system, specifically the out flow from the treatment room into the reception/waiting area is compliant with professional standards.

This is what the service did well:

- The clinic had appropriate fire safety arrangements in place which were reviewed regularly to maintain a safe building for staff and visitors
- The equipment being used at the denture clinic appeared in good condition and was being maintained in line with the manufacturers' guidelines.

Quality of Management and Leadership

Overall summary:

From discussions with staff we concluded that they were committed to providing a high standard of care for their patients.

We observed a number of policies and procedures in place which were relevant to the services the denture clinic was providing. These were being reviewed regularly and stored centrally for easy access.

Staff had access to the appropriate training opportunities in order to fulfil their professional obligations. We saw training was up to date and certificates being kept to evidence this.

Details of concerns relating patient safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the denture clinic to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice.

Unfortunately, no HIW questionnaires were received. However, the clinic provided us with 16 of their own patient experience questionnaires because they felt these were more relevant to their patient group. Our review of their questionnaires showed that their patients all rated the service they had received as excellent.

Staying Healthy

Health Protection and Improvement

We saw the changes that had been made to the denture clinic environment as a result of the pandemic. Personal Protective Equipment (PPE) for staff and patients is available as well as hand sanitising stations throughout the clinic.

To minimise the risk of COVID-19 transmission, the door remains locked and only patients with pre-arranged appointments could visit the clinic. The treatment room had been decluttered as much as possible.

We were told that COVID-19 screening questions are asked prior to a patient arriving at the clinic, but not recorded. We recommended that this information is captured on the patients record.

All of patients that completed the clinics questionnaire told us that the clinical dental technicians had spoken to them about how to keep their dentures clean and mouth healthy.

The name of the denture clinic was clearly visible from the outside. Opening hours and an emergency telephone number were also displayed. The names and qualifications of the clinical dental technicians were displayed in the waiting area.

We saw no smoking signs displayed within the denture clinic, confirming they adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

All of the patients that completed the denture clinics questionnaire told us that English was their preferred language.

We saw that the complaints procedure was displayed in Welsh, but we were told the denture clinic had never had any requests from patients to have information in Welsh.

We were told that patients are provided with a one to one consultation in private and that all private conversations with patients are held in the treatment room away from the reception/waiting area.

We saw the General Dental Council's (GDC) 9 principles was displayed in the waiting area, therefore in line with the Private Dentistry (Wales) Regulations 2017.

Patient information

We saw a price list for all treatment charges displayed in the waiting area. The denture clinic offered a range of different types of dentures to help meet the needs of their patients.

We saw patient information leaflets were available on the reception desk for patients to take away. The complaints procedure was displayed in the waiting area and there was also a copy of the clinics statement of purpose available on the reception desk, which was compliant with the regulations.

The names and qualifications of the clinical dental technicians were also displayed in the waiting area. All of this information could be easily seen by patients.

Posters reminding patients about wearing face masks were seen.

Timely care

Timely access

We were told the clinic endeavours to provide denture care and treatment in a timely manner. Appointments can be made via telephone or email.

Staff told us that patients would be informed about any delays upon arrival or as soon as possible thereafter.

We were told the denture clinic provides emergency denture repairs, including out of hours, weekends and bank holidays, where appropriate. This ensures that patient dignity and timely care are being provided as patients are not being left without their dentures for prolonged periods of time.

At the time of the inspection, we saw some restrictions due to COVID-19 still in place, with only patients with pre-arranged appointments entering the practice. The door to the clinic was locked, with staff answering and directing patients into the treatment room to help reduce the amount of time a patient spends on the premises.

Individual care

Planning care to promote independence

Of the five patient records we reviewed we found that treatment plans were being completed, all of which were focusing on delivering person centred care.

We found that the treatments and services offered by the denture clinic were in accordance with their statement of purpose.

People's rights

We saw the clinic had an equality and diversity policy in place which referenced the Equality Act 2010. The policy acknowledged the need to deliver services and treatment to all patients regardless of a protected characteristic.

The denture clinic operates their services on the ground floor. There is a ramp available for anyone unable to climb the step into the building. All patient areas within the building are accessible for anyone using a mobility aid.

Listening and learning from feedback

We were told the denture clinic obtained feedback by sending patients a questionnaire 6-8 weeks after their treatment. Staff said they provide a stamped address envelop for patients to return their questionnaires and review responses in order to learn from the feedback submitted.

We noted that there was no formal means of capturing this feedback. We recommended that feedback is formally recorded so where applicable it can be reflected upon appropriately. We did note from the denture clinic questionnaires we received that there were positive responses from patients.

The complaints procedure was displayed for patients in the waiting area. We were told the service had never received any complaints, but did have processes in place to ensure any complaints were dealt with appropriately.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

We found there were suitable arrangements in place to protect the safety and wellbeing of staff and visitors to the clinic.

The building appeared to be well maintained both externally and internally. All the areas within the clinic were visibly clean, tidy and free from obvious hazards. All the rooms were clearly signposted. The treatment room and laboratory were in a good state of repair. Both the rooms had the necessary equipment required to undertake the treatments and services offered by the clinic.

We saw there were policies and procedures in place as well as a health and safety risk assessment to ensure the premises were safe and fit for purpose.

There were appropriate arrangements in place to protect staff and people visiting the clinic in the event of a fire. Both staff had up to date fire training. A fire risk assessment had been undertaken and fire extinguishers throughout the clinic had been serviced in January 2022. Fire exits signs were clearly displayed and a fire log book was used to record fire drills.

We saw a health and safety poster displayed and both clinical dental technicians had been trained in first aid.

A staff room provided space for staff to change. A toilet was available for both staff and the public.

As required by the regulations, we saw the clinic had in place a business continuity policy.

Infection prevention and control (IPC)

We saw there was an appropriate infection control policy in place. A contract with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste was also in place.

We saw that waste was being stored appropriately, in a locked, secure cupboard.

We noted there were appropriate arrangements in place for the handling of substances subject to COSHH. However there was no COSHH file available. We recommended that a COSHH file is implemented with all the necessary safety data sheets and kept at the clinic.

The denture clinic does not carry out any AGPs, but we did note that an electric ventilation fan from the treatment room had an out flow into the reception/waiting area. To ensure this is compliant, we recommended that the clinic check the requirements for this system to ensure it is safe and meets any standards issued by the Dental Laboratory Association, General Dental Council, the local health board standard operating procedure and the Health and Safety Executive.

Medicines management

The clinic had a managing medical emergencies policy and procedure in place which was in line with national guidelines. All staff had completed their online CPR training and were waiting to receive a date from the provider to complete their face to face CPR training.

We saw the clinic had resuscitation equipment available. As the clinic only provides treatment to patients over 18 years of age, they only had adult defibrillator pads for the resuscitation equipment. We noted the equipment was being stored appropriately.

The clinic had a MHRA yellow card scheme policy in place. Staff were aware of their responsibilities to report any adverse reactions experienced by patients to the MHRA.

No emergency drugs or prescription only medication is stored at the clinic.

Safeguarding children and safeguarding adults at risk

The clinic had an adult safeguarding policy in place which included details of the local safeguarding team.

Both staff were designated safeguard leads and both had completed level 2 training.

Medical devices, equipment and diagnostic systems

The clinic does not use any X-ray equipment.

The equipment that is used at the clinic, we found was in good condition and suitable for the services the clinic provides.

Staff told us they had been trained to use the equipment safely. The clinic uses single use items and where reusable devices are used, we found they were being disinfected appropriately.

Effective care

Safe and clinically effective care

We saw that the clinic had arrangements in place for the acceptance and treatment of patients. This is because details were documented in their statement of purpose and in policies and procedures.

Staff told us they were obtaining professional guidance and where applicable using this to update their own policies.

Quality improvement, research and innovation

The clinic had a quality assurance policy in place, however there were no audits being completed. We recommended that the clinic introduce a programme of audits so they can evidence how they are continuously striving to improve the service provided to patients.

Regulation 23 of the Private Dentistry (Wales) Regulations 2017 requires the registered provider prepares a written report on the conduct of the practice. Therefore we recommend that the responsible individual reviews the requirements of Regulation 23 and undertakes a visit at the earliest opportunity. The report produced should be submitted to HIW.

Information governance and communications technology

The clinic had a data protection policy and confidentiality policy in place. We found patient records were being stored securely in a locked cabinet in line with GDPR requirements.

Record keeping

We reviewed five sets of patient records and concluded that these were being kept to a good standard. The notes were clear, legible, and generally good quality.

Of the records we reviewed, we saw they had sufficient information of the patients' medical history, reason for attendance, treatment information and consent.

Quality of Management and Leadership

Governance, Leadership and Accountability

The denture clinic is owned by both the clinical dental technicians, who are both the registered managers and responsible individuals.

Both clinical dental technicians manage the day to day administration of the service and have clear lines of responsibility.

We found there was a wide range of policies and procedures in place and these were reviewed regularly.

We saw both clinical dental technicians were registered with the GDC and had appropriate indemnity insurance in place.

Both members of staff were aware of their responsibility to report certain incidents to HIW. There was a policy in place to ensure their awareness of these obligations.

We saw that the statement of purpose and patient information leaflet contained all the areas required by the regulations and were available for patients.

The clinic may wish to consider making use of the Health Education and Improvement Wales quality tools to help with improvement and audit activities.

Workforce

We saw the clinic had a number of policies in place that supported the safe recruitment of staff. These included a recruitment policy, bullying and harassment policy and disciplinary procedure. The two clinical dental technicians are self-employed, so there were no staff files to review. We saw evidence to confirm that hepatitis B vaccinations were in place and DBS certificates on file.

We saw that both staff had attended training on a range of topics relevant to their roles to meet their CPD requirements.

The clinic had a whistleblowing policy which had clear signposting for raising concerns.

We were told that no formal team meetings take place because there are only two staff. They communicate on a daily basis and both know what is required of them to ensure the business operates appropriately.

4. Next steps

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 how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

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: Andrews Denture Clinic

Date of inspection: 9 May 2022

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.

Improvement needed	Standard/ Regulation	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: Andrews Denture Clinic

Date of inspection: 9 May 2022

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
The COVID-19 screening questions that patients are asked prior to their arrival at the clinic should be recorded on patient records.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20 (1)(a)(i)	Covid Screening questions that are asked to the patient prior to arrival at the clinic are now kept with patient records.	Registered Manager, Simon Andrews	Completed by 23/05/22
The service needs to introduce a programme of audits which will help identify any aspects of the service that could be improved.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)(a)	Audits will be introduced. First audit will be on record keeping to identify any aspects that could be improved followed by infection control audit.	Registered Manager, Simon Andrews	next 3 to 6 months
Due to the substances used at the denture clinic a COSHH file needs to be in place and kept at the clinic.	The Private Dentistry (Wales) Regulations 2017	A COSHH file is now in place and kept at the clinic.	Registered Manager, Simon Andrews	Completed by 23/05/22

	- Regulation 20 (1)(a)(i)			
The service needs to check the ventilation system, specifically the out flow from the treatment room into the reception/waiting area is compliant with professional standards.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (8)	Flow from ventilation system from treatment room into reception/waiting area has been removed and replaced with ventilation system in ceiling flowing to outside of the premises.	Registered Manager, Simon Andrews	Completed by 27/05/22
The registered provider must complete a Regulation 23 report and ensure the report includes all the areas required by the regulation. A copy needs to be sent to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 23 (1); (2) (a) (b) & (c); (3); (4) (a) (b) & (c); (5) (a) & (b) (i) (ii); (6)	Regulation 23 report completed and sent to HIW via objective connect.	Registered Manager, Simon Andrews	Completed by 27/05/22

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): Simon Andrews

Job role: Registered Manager

Date: 27/05/2022