

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

Cardiff and Vale University  
Health Board, Cowbridge  
Dental Care

16 December 2015

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## Contents

1.	Introduction .....	2
2.	Context.....	3
3.	Summary.....	4
4.	Findings .....	5
	Quality of the Patient Experience .....	5
	Delivery of Safe and Effective Care.....	8
	Quality of Management and Leadership.....	12
5.	Next Steps .....	14
6.	Methodology.....	15

## 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 of Cowbridge Dental Care at 30 High Street, Cowbridge, CF71 7AG on the 16 December 2015.

HIW explored how Cowbridge Dental Care met the standards of care set out in the Health and Care Standards (April 2015) 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 5 of this report.

## 2. Context

Cowbridge Dental Care provides NHS and private dental services to patients in the town of Cowbridge, Vale of Glamorgan. More specifically, dental care is provided on a private basis for adults; NHS services being available to children (under 18 and up to 25, if in full time education).

The practice staff team includes two dentists (one of whom is the principal dentist), one orthodontist, three dental nurses, two dental hygienists, a receptionist and a practice manager.

### 3. Summary

Without exception, patients who completed HIW questionnaires indicated that they were highly satisfied with the service received at Cowbridge Dental Care.

We observed the warm, friendly and professional approach adopted toward patients by members of the dental team and found that patients were regularly provided with the opportunity to offer their views on the care and treatment provided.

We examined equipment maintenance records and considered the presentation of the dental premises. Consequently, we were able to confirm that the dental team placed considerable emphasis on the health and safety of patients and staff.

We looked at a sample of five patient's dental records and held discussions with the dental team. As a result, we were able to confirm that every effort was made to ensure that patients understood their options for treatment and had agreed to go ahead with the chosen approach before treatment began. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to promote patients' health and well-being.

The dental service was efficiently operated by the principal dentist and a team of experienced, motivated staff. The practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety. Staff told us they were very well supported in their roles.

## 4. Findings

### *Quality of the Patient Experience*

**Without exception, patients who completed HIW questionnaires indicated that they were highly satisfied with the service received at Cowbridge Dental Care.**

**We observed the warm, friendly and professional approach adopted toward patients by members of the dental team and found that patients were regularly provided with the opportunity to offer their views on the care and treatment provided.**

Prior to the inspection we asked the practice to distribute HIW questionnaires to patients to obtain their views on the dental services provided. Twenty one were completed and returned. Without exception, patients indicated that they were highly satisfied with the services received at the practice.

A number of patients provided us with comments which included:

*'I am very happy with this practice. I have always been made to feel very welcome. The service is outstanding.'*

*'A lovely practice with great staff and exceptional level of service'*

*'My children have always been happy to come to the dentist- the treatment and the staff have always been excellent. Thank you'*

*'Emergency treatment has been prompt'*

### Dignified care

We observed that people visiting the practice were treated with dignity and respect by the staff team. This is because we found the staff to be very professional, but friendly, and we overheard them being polite and courteous to patients via telephone calls and during face to face conversations. Comments made within completed HIW questionnaires also confirmed that patients had been made to feel welcome when visiting the practice.

We saw that the practice reception was located a short distance away from the patient lounge. This meant that staff were able to limit opportunities (for people seated in the lounge/waiting room) to hear the conversation taking place with individual patients at any one time. We also saw that the door to the dental

surgery, (where patients were receiving care on the day of our inspection), remained closed at times when a patient was in the room.

All patients who completed a HIW questionnaire told us they had been given enough information about their dental treatment. The sample of patient records we saw also demonstrated that dentists had discussed individual patients' treatment with them.

The practice provided both NHS and private dental services and information about various dental costs was displayed in the first floor lounge for the benefit of patients.

The practice had developed a patient information leaflet and copies of this were readily available for patients to take away with them. This meant that patients had access to information about the practice that could be kept for future reference.

### Timely care

We found that the practice made efforts to ensure patients were seen in a timely manner. This was confirmed through comments received within twenty HIW questionnaires. Only one patient described they had experienced occasional, brief delays in being seen by the dentist on the day of their appointments. Staff however told us that they made sure they kept patients informed if their dentist was running late or unexpectedly absent; alternative arrangements then being offered.

Conversations with the dental team confirmed that a number of emergency slots were available to patients each working day; every effort being made to ensure that patients were seen by a dentist on the same day, in response to their requests.

An emergency contact telephone number for patients' use was clearly displayed at the entrance of the practice. The number was also listed in the practice's patient information leaflet. In addition, we were told that the practice's answerphone message informed patients of the correct number to call. This meant that patients could access advice on how to obtain treatment when the dental practice was closed.

### Staying Healthy

Examination of a small sample of patients' records confirmed that people were provided with health promotion information and advice to support them to achieve, and maintain, good oral health.



There were no smoking signs at the premises in support of the promotion of legislation concerning smoke free environments.

### Individual Care

The practice had arrangements in place to assist people with mobility difficulties to access the premises and receive care and treatment in a safe manner. For example, there were stairs leading from the street entrance to the first floor (where the reception, lounge and one dental surgery was located) and the practice had fitted a stair lift to help patients with mobility difficulties reach that area. Whilst the remaining two dental surgeries could be reached by stairs only, we were told that patients who were unable to use those stairs would receive care and treatment in the first floor dental surgery.

We saw that there was a suggestion box in the lounge so patients could provide their comments on how the service could be improved. Conversations with reception staff and a dentist revealed that the contents of the suggestion box were viewed every month, albeit that it was rarely used by patients.

Discussions with the team however revealed the efforts made to determine whether patients were satisfied with their care and treatment before they left the practice. In addition, the dental team obtained patients' views on a regular basis through the use of a survey. We were provided with completed questionnaires associated with the most recent survey completed during October 2015. All 18 questionnaires seen showed a high level of satisfaction with the services received.

We found that the practice had a written procedure for dealing with concerns (complaints) about NHS and private dental treatment. We were told that no formal complaints had been brought to the attention of the practice in the past two years. The practice's combined NHS and private complaints procedure was displayed within the lounge; however the print was very small and may be difficult for some patients to see.

The practice was however receptive to our suggestion to produce the concerns/complaint information in larger print to assist patients to understand their rights in this regard. Nine patients who returned completed HIW questionnaires stated they did not know how to make a complaint about their dental care or treatment; several indicating they have never needed to make a complaint. Twelve patients however confirmed they knew how to make a complaint about dental services they received, if needed.

## *Delivery of Safe and Effective Care*

**We examined equipment maintenance records and considered the presentation of the dental premises. Consequently, we were able to confirm that the dental team placed considerable emphasis on the health and safety of patients and staff.**

**We looked at a sample of five patient's dental records and held discussions with the dental team. As a result, we were able to confirm that every effort was made to ensure that patients understood their options for treatment and had agreed to go ahead with the chosen approach before treatment began. We were also able to confirm that dental care and treatment was planned and delivered in a way that was intended to promote patients' health and well-being.**

### Safe Care

We examined equipment maintenance records kept at the practice and the on-going contract in place to ensure the appropriate handling, storage and disposal of hazardous waste. All such records were found to be current and valid. We also found that hazardous waste awaiting disposal was kept in a locked area to protect patients and staff.

During the inspection visit, we looked at the clinical facilities available at the practice. Our observations confirmed that the practice environment was visibly clean and hygienic, well equipped and the facilities were of a very good standard.

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination) and found that the practice had a well established and thorough approach to this aspect of service. There was a separate decontamination room at the premises (which is considered to be good practice) and conversations with a dental nurse led to a full and satisfactory description of the decontamination process in place. We also saw that the entire decontamination process was supported by detailed records of daily and other regular safety checks regarding the effective operation of the ultrasonic bath<sup>1</sup> and autoclaves<sup>2</sup>. We did find however, that the practice had not

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<sup>1</sup> An **ultrasonic bath** cleans items using ultrasound (usually from 20–400 kHz) and an appropriate cleaning solvent.

recently undertaken one specific test with regard to the use of the ultrasonic bath (known as a protein test). This matter was discussed with the dental team on the day of our inspection and the required protein test was immediately ordered for use. The decontamination process was otherwise very robust and set out in a way which protected staff and patients from cross contamination and infection.

We saw that instruments which were packaged and stored in preparation for re-use contained appropriate 'use by' dates. In addition, we saw evidence of the recent completion of thorough infection prevention and control audit associated with the Welsh Health Technical Memorandum (WHTM) 01-05 (Revision 1).<sup>3</sup>

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We were able to confirm that staff had received recent and relevant training in cardiopulmonary resuscitation (CPR) /emergency resuscitation.

Emergency drugs kept at the practice were seen to be securely stored and there were suitable arrangements in place to ensure that expired drugs were promptly replaced. In addition, the dentist confirmed there was always a member of staff working at the surgery trained in the use of first aid. We found though that individual, written instructions, for the use of emergency drugs were not kept with each respective drug; rather they were all kept together. The practice was receptive to our suggestion that each drug should be kept in a separate plastic pocket together with written instructions for ease of use in an emergency situation.

We found that the arrangements in place for the use of X-ray equipment were in-keeping with existing standards and regulations. This included training updates for staff. We observed that the radiation protection file was very detailed and explicit with regard to the use of X-ray equipment. This meant that

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<sup>2</sup> An **autoclave** is a pressure chamber used to sterilize equipment and supplies by subjecting them to high pressure saturated steam.

<sup>3</sup> 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.

the practice was able to provide us with assurance that all necessary measures were being taken to protect patients and staff. It was also evident that the dentist had recorded sufficient information to justify why certain dental X-ray views had been taken. In addition, the practice had a suitable quality assurance system in place to ensure that the image quality of patient X-rays were graded and recorded. This meant that dentists were able to ensure that good, clear X-rays supported decisions about patient care and treatment.

Contact details of the local safeguarding teams in relation to adult and child protection were clearly contained within policy documents to assist staff if they needed to report such matters.

The nursing and administrative element of the staff team was well established; some individuals having worked at the practice for a number of years. We were told that the practice occasionally used agency dental nurses at times when permanent members of the team were not at work due to unforeseen sickness. We therefore explored the staff checks in place with regard to agency staff and found that the practice applied the same robust approach to recruiting agency staff as it did for permanent members of the team. This meant that there was an emphasis on adhering to all-Wales safeguarding arrangements and ensuring that patients received care and treatment from competent staff.

### Effective Care

We viewed a sample of five dental records as there was only one dental practitioner working on the day of our inspection. As a result, we found that patient care entries within each of the records contained detailed information about treatment options, patient consent and treatment provided. Discussions with the dental team at the surgery revealed the emphasis they placed on planning and delivering patient care and treatment in a way that was intended to ensure patient's safety and welfare. This was achieved in part, by checking patient's medical history at every visit to ensure that changes and possible risks to their health were identified and recorded.

The practice followed the National Institute for Health and Care Excellence (NICE)<sup>4</sup> guidelines in relation to recommended timescales for dental recall

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<sup>4</sup> The NICE dental recall clinical guideline helps dentists to decide how often patients should be recalled between oral health reviews that are appropriate to the needs of individual patients. The guidelines apply to patients of all ages receiving primary care from NHS dental staff in England and Wales.

visits. This assisted in determining when patients should receive their next appointment.

Patients' dental records were kept and stored securely at the dental practice.

## *Quality of Management and Leadership*

**The dental service was efficiently operated by the principal dentist and a team of experienced, motivated staff. The practice had appropriate clinical procedures and quality assurance processes in place to ensure patients' safety. Staff told us they were very well supported in their roles.**

Cowbridge Dental Care is an established independent surgery. The principal dentist had overall management responsibility for the day to day operation of the practice; however, each member of the dental team had clear individual responsibility for aspects of the day to day running of the service. A new practice manager had recently been appointed and was due to take up the position in the near future.

We found that the dental surgery was well run. The daily operation of the service was underpinned by a range of clinical procedures and quality assurance processes to ensure that patients' care and treatment were 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. The practice was also a member of the British Dental Association good practice scheme.

Conversations with a senior member of the dental team demonstrated that sickness/absence levels were low. This minimised the use of agency staff and meant that patients received care and treatment from team members who were familiar to them.

Dental nursing staff we spoke with told us they felt very well supported in their work. They also told us they, along with the dentists, attended regular staff meetings where they had opportunities to raise any issues of concern about services being provided to patients. Such meetings were also used to convey new/relevant information to the dental team. We were able to confirm those arrangements by looking at the notes held at the surgery which highlighted the relevant topics/issues discussed by the team.

Discussions with staff also revealed that they were encouraged to participate in day to day decisions about the operation of the practice and felt valued as members of the dental team.

Examination of three staff files demonstrated that they had completed relevant training during 2014 which included sessions about cardiopulmonary

resuscitation (CPR) and adult and child protection. We further found that the practice placed a great emphasis on staff training and development in general; continuing professional development files containing information about staff training in recent years.

Conversation with the principal dentist confirmed that staff received an annual appraisal which assisted in determining whether training received in the previous twelve month period had been effective, and what training was required in the future.

We were able to confirm that staff had contracts of employment in place and all clinical staff were registered with the General Dental Council and held dental indemnity cover. The surgery had also developed an induction programme to ensure that any new future members of the dental team were provided with a means of becoming familiar with the values and ethos of the practice, as well as established processes and procedures in relation to patient services.

We saw that the practice had current evidence of Hepatitis B vaccination for all members of clinical staff.

Discussion with dental staff demonstrated that they felt confident to raise any concerns they may have about services provided at the practice with senior members of the team. A whistleblowing procedure was also found to be in place to enable staff to raise concerns about patient care and safety with an external organisation, if considered necessary.

HIW certificates were prominently displayed in respect of the private dentistry provided at the practice as required by the regulations.

Examination of a variety of maintenance certificates held at the service revealed that there were suitable systems and processes in place to ensure that dental/other equipment was inspected in a timely way and in accordance with mandatory requirements.

## 5. Next Steps

Findings from this inspection did not result in the need for the practice to complete an improvement plan.



## 6. Methodology

The new Health and Care Standards (see figure 1) are at the core of HIW’s approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

**Figure 1: Health and Care Standards**



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<sup>5</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>6</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

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

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

professional standards and guidance such as the GDC Standards for the Dental Team.

During the inspection we reviewed documentation and information from a number of sources including:

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

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

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

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