

**General Dental Practice
Inspection (Announced)**
Cardiff and Vale University
Health Board, Fairwater
Green Dental Practice

11 June 2015

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at Fairwater Green Dental Practice, 6 Fairwater Green, Fairwater, CF5 3BA within the area served by Cardiff and Vale University Health Board on 11 June 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Health and Care Standards
- Management and leadership
- Quality of environment.

2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the Health and Care Standards¹. 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 2008² and the Private Dentistry (Wales) (Amendment) Regulations 2011³. Where appropriate we consider how the practice meets these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance such as the GDC Standards for the Dental Team.

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

- Information held by HIW
- Interviews of staff including dentists and administrative staff
- Conversations with nursing staff

¹ <http://www.wales.nhs.uk/governance-emanual/how-the-health-and-care-standards-are-st>

² <http://www.legislation.gov.uk/wsi/2008/1976/contents/made>

³ <http://www.legislation.gov.uk/wsi/2011/2686/contents/made>

- 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.

3. Context

Fairwater Green Dental Practice provides services to patients in the Fairwater area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

Fairwater Green Dental Practice is a mixed practice providing both private and NHS dental services. There is however a greater emphasis placed on the provision of NHS dental care and treatment.

The practice staff team includes three dentists (one of whom is the principal dentist), a practice manager, five nurses (two of whom also work at reception on occasions) and a dedicated receptionist.

The principal dentist is also a qualified dental foundation trainer. As a result, the practice offers placements and support to newly qualified dentists undertaking their first year in dental practice (following completion of their university degree).

A wide range of dental services are provided. This includes:

- Dental examination and diagnosis
- Preventative care
- Supply and repair of dental appliances
- Fillings, crowns and bridge work

4. Summary

HIW explored how Fairwater Green Dental Practice met the standards of care set out in the Health and Care Standards (April 2015).

Patients who provided comments within HIW questionnaires indicated they were highly satisfied with the service they had received.

Conversation with two patients on the day of our visit resulted in very positive comments about their care and treatment and the staff team.

We found the practice was being run with the intention to meet the relevant standards. We also found that patient records were generally of a high standard which demonstrated that care had been planned and delivered in a manner to ensure patients' safety and wellbeing.

We identified the need for improvement to the system in place for checking resuscitation equipment and emergency drugs.

The dental practice was established and well run by the principal dentist and a practice manager, both of whom were supported by a knowledgeable and motivated team.

The practice had appropriate management systems and processes in place to ensure patients' safety.

The dental practice premises provided a safe environment for patients to receive treatment. All areas within the building were clean, visibly well maintained, welcoming and tidy.

5. Findings

Patient Experience

Patients who provided comments within HIW questionnaires indicated they were highly satisfied with the service they had received.

Conversation with two patients on the day of our visit resulted in very positive comments about their care, treatment and the staff team.

Prior to our inspection visit, we asked the practice to invite patients to complete HIW questionnaires. Sixteen questionnaires had been completed prior to our inspection.

All patients stated they were satisfied with the care and treatment they received at the practice and felt welcomed by staff. We also observed the warm, friendly and professional approach adopted toward patients (via the telephone and on a face to face basis) by the staff team.

Five patients told us they had experienced some delay in being seen by the dentist on the day of their appointment, although this tended to be occasional and the delay brief. Patients also told us that the dentist apologised for the delay. A sample of patient written comments included the following:

'Excellent!'

'Always received great service and treatment at this practice'

'Polite efficient service has been my experience here'

'Information about treatment is very helpful and easy to understand'

'I like this practice. They know me and my children and I feel confident in their expertise'.

We spoke with two patients attending the practice on the day of inspection. Both offered very positive comments about their care and treatment to date.

Fifty per cent of patients who completed our questionnaires indicated that they did not know how to access 'out of hours' dental services, although three of those stated that they would call the practice telephone number. We saw a large sign displayed at the front of the practice premises with the emergency telephone number and we confirmed there was a contact number provided within the practice answer phone message and patient information leaflet. This

meant out of hours information was easy available for patients should the need arise.

All patients said they received enough information about their treatment. Staff told us treatment options were discussed with patients and we saw this recorded in patient notes.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. The practice had emergency appointments available every day, enabling patients to be seen quickly if required.

The practice had a detailed website (which met all relevant General Dental Council (GDC) standards for advertising) and a patient information leaflet. Basic information about the service was also provided through the Cardiff and Vale University Health Board website.

Conversation with the dental team revealed that patients were encouraged to offer their verbal views on the service provided when they attended the practice. We were also provided with a copy of the practice's patient questionnaire, a supply of which was available to patients at the reception desk. The practice manager told us that completed questionnaires were regularly reviewed; issues being discussed at the monthly staff meeting. This meant there were systems in place to allow patients to provide feedback to the practice on an on-going basis.

When asked about making complaints about their care or treatment, most patients told us they either knew how to raise any concerns, or did not have a reason to complain. Eight patients indicated that they did not know how to raise concerns or make a complaint. We saw there was a combined complaints poster displayed within the ground floor patient waiting area with regard to NHS patients and those who received private dental treatment. However the writing on the poster was small. We therefore spoke with the practice manager who produced the information in larger print during our inspection in an attempt to make the information more accessible to all patients.

We were able to confirm that the practice had an established process for recording any concerns/complaints received; albeit that this was a rare occurrence. Records also clearly showed how such concerns had been addressed.

Delivery of Health and Care Standards

We found the practice was being run with the intention to meet the relevant standards. We also found that patient records were generally of a high standard which demonstrated that care had been planned and delivered in a manner to ensure patients' safety and wellbeing.

We identified the need for improvement to the system in place for checking resuscitation equipment and emergency drugs.

Radiographic equipment

We found suitable arrangements were in place for the safe use of radiographic (X-ray) equipment. This included relevant staff training documentation, safety checks and equipment maintenance and testing. Local rules for the use of X-ray equipment were also seen within the radiation protection file.

Conversation with the dental team confirmed that the quality of X-rays taken were considered and recorded on a daily basis. The practice had also completed a dental X-ray audit during 2013.

Drug storage and emergency equipment

The practice had procedures in place to respond to patient medical emergencies. We saw records that indicated members of the dental team had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

We found that resuscitation equipment and emergency drugs were available in the event of a patient emergency (collapse) at the practice. However, whilst we were told that the emergency oxygen supply was checked on a regular basis, such checks were not recorded. We also found that the emergency checklist did not contain any dates to confirm when regular checks were taking place. In addition, the signature of the person completing such checks was absent and the AED⁴ defibrillator pads had expired. We were able to confirm that all emergency drugs were 'in date'.

⁴ An automated external defibrillator (AED) is a portable device that checks the heart rhythm and can send an electric shock to the heart to try to restore a normal rhythm.

The above matters were brought to the immediate attention of the dental team in order that improvements were made in a prompt manner. Since that time, the practice has informed us that weekly checks of emergency equipment have been put in place, in accordance with current UK resuscitation guidelines. We have also been informed that new defibrillator pads have been ordered.

Conversation with the practice manager revealed that two members of the dental team had received recent training in the use of first aid. We also saw a sign at the premises which confirmed those arrangements.

Decontamination

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. The area was visibly clean, hygienic and uncluttered. We held conversations with a member of the dental team and were satisfied that there were appropriate and well established processes in place to minimise the risk of cross infection to protect patients and staff. We saw that sufficient equipment was available for decontamination purposes, all of which appeared to be in good condition. A dedicated hand washing sink and disposable items (such as eye protection, gloves and aprons) were available to assist individuals with their infection control procedures.

We found that the practice had completed a thorough audit of infection prevention and control during 2014 using documentation which corresponded with WHTM 01-05⁵ guidelines. The practice also had appropriate daily and weekly recorded checks in place to ensure that the decontamination process was effective and equipment remained in good working order to assist with patient safety.

We held conversations with the dental team and discovered that the practice was not able to provide us with the most recent maintenance certificate regarding autoclave equipment (the previous certificate being slightly in excess of the required fourteen month period). The team agreed to pursue the matter promptly. The day after the inspection, we were informed that a maintenance visit to the practice was planned via a new company. The certificate issued as a

⁵ The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

result of that visit is to be forwarded to HIW for verification purposes as agreed with the practice.

Improvement Needed

The practice is required to provide HIW with evidence of a current scheme of maintenance in respect of autoclave equipment.

Waste disposal

Contract documentation was in place for the disposal of non hazardous and hazardous waste. We also saw that waste had been segregated into different coloured bags/containers in accordance with correct methods of disposal. These were stored in an area of the practice premises that was not used by the public, whilst waiting to be collected. This meant that the practice had a system in place to manage waste appropriately and safely.

Clinical Facilities

We looked at the clinical facilities in each of the dental surgeries and found these contained relevant equipment for the safety of patients and the dental team. We noted that all surgeries were clean and tidy. Instruments were stored appropriately to avoid contamination. Packaged instruments also clearly contained the date when the sterilisation process had taken place together with the date by which they needed to be used.

A safety check certificate was available for the compressor⁶ equipment and we also found that portable appliance testing (PAT) had been completed with regard to electrical equipment.

Patient records

We reviewed a sample of 15 dental records. As a result, we found overall that patient care entries contained sufficient information regarding discussions held about treatment options and how patient consent was obtained. Additionally we found that Basic Periodontal Examination (BPE⁷) scores had been recorded in

⁶ A compressor pressurises air for use in dental procedures.

⁷ The BPE is a dental screening tool which is used to spot gum disease early on. Dentists can then give you advice on how best to brush your teeth and the best way to floss.
<http://www.bdasmile.org/adults/adults.cfm?contentid=1097&contentparentid=1034>

relation to completed consultations with adults, as required by professional guidelines.

We found that the dental team made good use of computer templates to record planned patient care and treatment although there was some evidence of over reliance on 'auto notes' (otherwise known as electronic prompts for dentists to complete information). This meant that patients' records were not as individualised as they could be; in accordance with good professional guidelines.

We saw that patients were offered X-rays at appropriate time intervals, and that the quality of x-rays was monitored.

Patients' records were kept and stored securely at the practice in paper and electronic form.

Management and Leadership

The dental practice was established and well run by the principal dentist and a practice manager, both of whom were supported by a knowledgeable and motivated team.

The practice had appropriate management systems and processes in place to ensure patients' safety.

Fairwater Green Dental Practice is an established dental service. Staff who spoke with us said that they felt very well supported in their work; being able to obtain advice and support as and when required.

The principal dentist was involved in the day-to-day running and management of the practice and worked closely with the practice manager. There was a range of policies, management systems and processes in place to ensure that treatment was delivered safely to patients. All policies had been subject to annual review which meant that the dental team had access to relevant and current guidelines to help them in the course of their work.

The practice was a member of the British Dental Association good practice scheme and had won an award during March 2014 from that organisation. By becoming members of this UK wide quality assurance programme, practices demonstrate a visible commitment to providing quality dental care in accordance with nationally recognised standards.

Discussion with the principal dentist and other members of the dental team revealed that staff turnover and sickness/absence levels were very low. This meant that patients received care and treatment from a dental team who were familiar to them.

The practice occasionally used agency dental nurses when regular staff were unavailable. We spoke with a member of the dental team about the arrangements in place to check the competency of agency nurses and were told the practice always obtained verbal reassurances about the suitability of nurses from the agency and felt this information was reliable. However, we advised the practice to also request a written record of qualifications and training completed when using agency nurses in the future, to ensure the suitability of agency staff.

We found there was an appropriate training programme in place to ensure the effective induction of new members of the dental team. This meant that patients were treated by individuals who had received training and support to become familiar with their role and practice processes.

Members of the dental team we spoke with stated they were happy in their roles at the practice and told us that the team worked well together. We were told that staff meetings were often held once a month and were provided with notes that had been recorded in recent meetings. The notes demonstrated that a range of relevant topics had been discussed. These included ideas for training, appraisals and the content of patient questionnaires. This meant that the dental team had a formal mechanism to raise issues and keep up to date with practice processes and their roles.

Conversation with individuals also confirmed that they felt confident in raising any issues of concern about the delivery of care and treatment to patients on a day to day basis; improvements being made as far as possible.

We looked at three continuing professional development files in detail and found that each member of the team concerned had been provided with relevant training opportunities in accordance with professional guidelines. We also looked at training certificates for other individuals and were able to confirm that there was considerable emphasis on learning and development within the dental team. This meant that patients were treated by staff who had appropriate skills and up-to-date training.

We saw evidence of Hepatitis B vaccinations and immunity records within individual dental team files. This meant that the practice had taken appropriate steps to protect patients and individuals working at the practice. We were also told that the dental team were able to obtain support and advice associated with their work from the occupational health department at Cardiff and Vale University Health Board as and when needed.

HIW certificates were prominently displayed at the dental surgery in accordance with the regulations; the details of which were found to be correct.

We saw that the Health and Safety posters at the premises contained details of appropriate contacts as required.

Quality of Environment

The dental practice premises provided a safe environment for patients to receive treatment. All areas within the building were clean, visibly well maintained, welcoming and tidy.

Fairwater Green Dental Practice is situated in converted commercial premises in the middle of a row of shops in the village of Fairwater, Cardiff.

There were no dedicated car parking spaces at the practice. However, free car parking was possible within the surrounding residential area.

The ground floor of the practice contained the reception area, decontamination room and one dental surgery. Entry to the dental surgery was possible via a permanently fitted ramp which would enable patients with mobility difficulties and those who use wheelchairs to access dental care and treatment in a safe manner. The remaining two dental surgeries were situated on the first floor of the building; hand rails being provided to assist patients to use the flight of stairs.

We saw that there was one seating area on the ground floor and one on the first floor, the combination of which provided patients with sufficient space to wait, in relation to the number of dental surgeries. Both areas were light, clean and welcoming.

Patients and staff were provided with a toilet which was signposted and located on the ground floor. This was accessed from the reception area via a fixed ramp. We also saw that the practice had a toilet facility on the first floor for use by staff. Some patients (with mobility difficulties) may find it difficult to use the ground floor toilet as the doorway was narrow and there were no grab rails in place to assist with transfer. There was however, an emergency call bell in place. Each of the toilet areas were clean and hygienic and contained suitable hand washing/drying facilities. The practice was receptive to our advice to make adaptations to the ground floor toilet (such as grab rails) which would impact positively on patients' comfort and safety.

Staff were provided with a kitchenette on both floors of the building, one of which was integral to the practice manager's office.

We saw that the practice had valid documentation with regard to public liability insurance.

All areas within the building were visibly well maintained, clean and tidy. We also found that the practice was fitted with a suitable heating and ventilation system.

6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state when and how the findings identified at the Fairwater Green Dental Practice will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dental inspection process.

Appendix A

General Dental Practice: Improvement Plan

Practice: Fairwater Green Dental Practice

Date of Inspection: 11 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	Patient Experience			
	There were no areas identified for improvement.			
	Delivery of Health and Care Standards			
Page 10	The practice is required to provide HIW with evidence of a current scheme of maintenance in respect of autoclave equipment. Health and Care Standard 2.4	Evidence will be emailed over to the inspector in respect to the autoclave servicing and maintenance scheme.	Practice Manager	1 week of inspection
	Management and Leadership			
	There were no areas identified for			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	improvement.			
	Quality of Environment			
	There were no areas identified for improvement.			

Practice Representative:

Name (print): ...Danielle Hill.....

Title: ...Practice Manager.....

Date: ...04/08/2015.....