

**General Dental Practice  
Inspection (Announced)**  
Cardiff and Vale University  
Health Board, IDH-Splott  
Road Dental Centre

15 June 2015

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## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection at IDH-Splott Road Dental Centre, 21 Splott Road, Cardiff, CF24 2BU within the area served by Cardiff and Vale University Health Board on 15 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 Standards<sup>1</sup>. 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>2</sup> and the Private Dentistry (Wales) (Amendment) Regulations 2011<sup>3</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 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

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

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

<sup>3</sup> <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

IDH Splott Road Dental Centre provides services to patients in the Splott area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

IDH Splott Road Dental Centre is a mixed practice providing both private and NHS dental services.

The practice staff team currently includes one associate dentist, two dental nurses (one of whom is a trainee), a practice manager and one receptionist.

A range of dental services are provided.

## 4. Summary

HIW explored how IDH Splott Dental Centre met the standards of care set out in the Health and Care Standards (April 2015).

The majority of patients who completed a HIW questionnaire told us they were satisfied with services provided at the dental centre. Patients also told us staff were friendly and welcoming and generally gave them enough information about their care and treatment.

Three patients attending the dental centre on the day of our inspection also offered positive verbal comments about their experiences at the dental centre.

The dental centre invited patient comments and suggestions as a means of improving services provided.

Overall, we found that the dental centre was being run with the intention of meeting relevant health and care standards and professional guidelines.

We have identified the need for improvement to the content of patients' records. We also advised the dental team on how to improve aspects of their emergency resuscitation procedure.

IDH Splott Road Dental Care was purchased from the previous owner during November 2014. The service is currently run by a practice manager with the support of an area manager, clinical director and a small team of dedicated staff.

The practice had a comprehensive range of appropriate corporate policies, clinical procedures and quality assurance processes in place to ensure the safety of patients and staff. We did however advise senior managers and the dental team of the need to ensure that policies and procedures were reviewed on an annual basis as a minimum. We also advised that policies should reflect All-Wales and local guidance. This was because a small number of those seen made reference to a regulatory body which applied to parts of the UK other than Wales.

The dental centre premises provided a clean environment for patients to receive care and treatment.

**The dental provider/owner was issued with a HIW immediate assurance letter on the 17 June 2015 in relation to our inspection findings associated with the incorrect application of NHS treatment Bands.**

## 5. Findings

### *Patient Experience*

**The majority of patients who completed a HIW questionnaire told us they were satisfied with services provided at the dental centre. Patients also told us staff were friendly and welcoming and generally gave them enough information about their care and treatment.**

**Three patients attending the dental centre on the day of our inspection also offered positive verbal comments about their experiences at the dental centre.**

**The dental centre invited patient comments and suggestions as a means of improving services provided.**

We sent patient questionnaires to the dental centre ahead of our inspection and 17 of those were completed.

The majority of patients indicated that they were satisfied with the treatment they had received at the dental centre and were made to feel welcome by staff. Nine patients told us they had experienced a delay in being seen by the dentist on the day of their appointment and one patient indicated that they sometimes had to wait a while to get an appointment. We also observed that there were two or three patients waiting to see the one dentist working at the dental centre on a number of occasions during our inspection.

Written comments received from patients included the following:

*'Very friendly and chatty. Team is always smiling'*

*'Much better now'*

We held conversations with three patients attending the practice on the day of our inspection (one of whom was a new patient) and they provided further positive views of the care and treatment they had received and their ability to make appointments at times which fitted well with their home and working lives.

When we asked patients about treatment information, most patients indicated that the dental team explained the treatment they needed in enough detail.

Eight patients who completed a questionnaire stated that they did not know how to access out of hours dental services. However, the emergency/out of hours number was displayed at the dental centre premises and the answerphone message also provided patients with out of hours information. There was no



practice information leaflet available to patients at the time of our inspection as publication was in progress, as stated by the practice manager.

The dental centre offered both routine and emergency appointments and was open Monday to Friday from 8.30am to 5pm. The service closed for one hour each day between 1.00pm and 2.00pm.

Patients indicated that they were generally satisfied with services at the dental centre and had no complaints or concerns. Eleven of the 17 patients who completed a questionnaire though stated that they were not aware of how to make a complaint about their care or treatment, should the need arise. We saw that the NHS and private dentistry complaints process/procedure was displayed in the waiting area; information being consistent with the NHS 'Putting Things Right' arrangements and the private dentistry regulations. However, given that the information was displayed in small print and positioned at a high point on the wall before reaching reception, we advised that the poster be produced in larger print and displayed in a more prominent area in the patient waiting room. The practice manager agreed to address this matter to assist patients to understand their rights in relation to complaint handling.

We were told that the dental centre had, very recently, introduced a suggestions box to the patient waiting room to enable people to comment on services provided in an anonymous way, if preferred. The practice manager also told us that the contents of the box would be checked monthly; information collected would then be discussed at the next staff meeting in an attempt to make any improvements to the service, as far as possible. Discussion with a senior manager also indicated that patients were able to offer their views on the service provided at the dental centre via the IDH patient communication website.

Details about the dental centre were available on the IDH Splott Road website. However, we found that there was reference to the provision of 'hypnosis' as part of patients' dental treatment. We discussed this matter with the practice manager and IDH senior managers at inspection and were told that such information remained on the website as a result of a technical problem and no member of the dental team was trained in the use of hypnosis. We were assured that the information would be removed as a matter of urgency as this was potentially misleading to patients and not in-keeping with the General Dental Council (GDC) principles for ethical advertising. However, on checking the website two days after our inspection, the information remained in place.

### ***Improvement Needed***

***The dental provider/owner is required to describe the action taken to ensure that the dental centre website is compliant with the GDC Principles of Ethical Advertising.***

We saw that a series of posters were on display in the patient waiting area. These included reference to NHS and private dental charges, GDC standards, the names and roles of members of the dental team and mouth cancer awareness.

## *Delivery of Health and Care Standards*

**Overall, we found that the dental centre was being run with the intention of meeting relevant health and care standards and professional guidelines.**

**We have identified the need for improvement to the content of patients' records. We also advised the dental team on how to improve aspects of their emergency resuscitation procedure.**

### Radiographic equipment

We found that appropriate arrangements were in place for the safe use of radiographic (X-ray) equipment. This included relevant staff training and equipment maintenance and testing.

Conversation with the dental team confirmed that the quality of X-rays taken was considered and recorded daily on an individual patient basis. Examination of a small sample of patient X-rays however revealed that the quality/grading of X-rays was not always precise. This meant that the dentist may not always have a good quality X-ray available to assist with making decisions about patient care and treatment.

We saw the results of a retrospective X-ray audit which demonstrated that the dental centre had a system in place to consider/review the image quality of X-rays taken (retrospectively). This was with a view to identifying the need for improvements. Discussions with the dental team and senior managers also revealed that consideration was being given to the introduction of a digital X-ray system which would improve the overall quality of X-rays taken at the dental centre.

### Drug storage and emergency equipment

The dental centre had procedures in place to respond to patient medical emergencies. We saw records that indicated staff had received training on how to deal with such emergencies and how to perform cardiopulmonary resuscitation (CPR). Resuscitation equipment and emergency drugs were available in the event of a patient emergency (collapse) at the practice.

Records were available which confirmed that daily checks were in place to ensure that drugs and/or equipment were replaced ahead of their expiry dates. However, we found that the dental team did not have ready access to individual flow charts to guide them in the use of specific emergency drugs. This may lead to misunderstanding at times when a prompt response to patients is required. In addition, the emergency equipment and drugs were in a sealed bag which may

cause a delay at times of emergency. The dental team were therefore advised to store all emergency items in one of the dental surgeries-unsealed. This change was made during our inspection. We also advised the team to photocopy the relevant pages (about the different types of patient emergency that may arise) from their training manual and place them into the emergency kit together with the relevant drug to assist staff with their use. The practice manager agreed to address this matter as soon as possible.

We were able to confirm that two members of the dental team were trained in the use of first aid.

### Decontamination

The practice had a dedicated room for the cleaning and sterilisation of dental instruments. We also spoke with a member of the dental team and were satisfied that there were suitable and well understood processes in place to minimise the risk of cross infection to protect patients. We saw that sufficient equipment was available for decontamination purposes. A dedicated hand washing sink and disposable items (such as eye protection, gloves and aprons) were available to assist the dental team with their established infection control procedures.

The decontamination room appeared to be clean and hygienic and there was an extractor fan in place to correctly assist the flow of air from the side of the room where clean and sterilised instruments were placed into sealed packaging, to the side of the room where dirty instruments were processed. This reduced the possibility of re-contamination of clean instruments.

Dirty and clean instruments respectively were transported to and from the decontamination room in clearly marked sealed boxes. We also found that the dental team had a process in place whereby used instruments were immersed in an appropriate cleaning solution (in a dirty instrument box) immediately after use in the dental surgery. This was to maintain a moist or humid environment which is considered to be useful in assisting with subsequent decontamination.

We observed that the hazardous waste bin was not fully operational. Specifically, individuals had to physically open the lid as the foot pedal was no longer present. We brought this to the attention of senior managers who expressed their willingness to replace this item of equipment promptly.

We saw that sterilised instruments had been placed in sealed packaging which contained the date of sterilisation and the date by which they needed to be used, as a means of protecting patients.

We found that the dental centre had completed two audits of infection prevention and control (otherwise known as decontamination) using a recognised audit tool (Infection Prevention Society) during December 2014 and more recently in June 2015. This was as a means of self assessing the decontamination process and to highlight any areas for improvement. However, the team had not completed an audit which corresponded with WHTM 01-05<sup>4</sup> guidelines. This was discussed with the practice manager and senior managers who agreed to undertake such an audit in the very near future.

Conversation with the dental team revealed an emphasis on promoting a safe, good quality service through daily and weekly checks with regard to the use of dental equipment. Examination of logbooks for testing and checking equipment confirmed that staff had an established system in place to ensure that all remained effective and in good working order to assist with patient safety.

### Waste disposal

Contract documentation was in place for the disposal of hazardous waste. We saw that such waste was safely stored in a lockable facility whilst awaiting collection. We also saw the current contract in place for the collection of non hazardous waste from the premises.

Conversation with the dental team revealed that the sealed hazardous waste had to be transported through the dental premises on the day of collection. This was because there was no rear entry to the premises. We were however assured that patient care and treatment was not compromised as a result of this arrangement.

### Clinical Facilities

We looked at the clinical facilities in each of the surgeries and found these contained relevant equipment for the safety of patients and staff. Both dental surgeries were visibly clean and hygienic. However, some of the cabinets and drawers in surgery one were ill-fitting and difficult to clean. The work surface in the same dental surgery was also damaged/chipped. The dental team and senior managers were advised to consider the replacement of the above items.

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<sup>4</sup> The Welsh Health Technical Memorandum (WHTM 01-05) document provides professionals with guidance on decontamination in primary care practices and community dental practices

## Patient records

We looked in detail at a sample of five current patient records. Generally, the written and electronic records we saw were of a reasonable standard.

However, one of the five records seen contained recent evidence of the application of incorrect NHS treatment banding. This had also resulted in incorrect information being conveyed to the Health Board as part of the dental centre's weekly contract monitoring arrangements. Conversation with a senior manager resulted in their agreement that the above claim would be recalled. Subsequent discussions with the dental team however further revealed a lack of understanding about the correct NHS treatment claim.

***The above finding resulted in the issue of a HIW immediate assurance letter which means that the dental provider/owner had seven days to provide HIW with full and satisfactory information about any action taken or planned, to address the matters described. HIW subsequently received a response and requested further information to clarify the action taken. The dental provider has since supplied HIW with an additional response, the content of which is currently being considered.***

We also noted that some of the records did not contain all the required information. This was as follows:

- There was no record of smoking cessation advice in instances where patients had disclosed their use of tobacco
- The recording of full/updated medical histories was inconsistent as was the countersignature by the dentist, (which would show that the dentist had read and noted the content of the medical history)
- Three of the five records seen failed to contain evidence of a patient treatment plan
- Evidence of how patients' consent to treatment had been obtained in each of the records seen was insufficient
- No detailed evidence of referrals to other health professionals or an 'in-house' process to ensure that patients had been offered an appointment to be seen for assessment/treatment that could not be offered at the dental centre
- No record of explanations having been given to patients with regard to mouth cancer screening

- Patient records did not provide evidence that the dental centre was adhering to visit recall guidelines
- Two of the five records examined did not provide evidence that patients were offered X-rays at appropriate time intervals to assist with decisions about their care and treatment.

***Improvement Needed***

***The dental provider/owner must demonstrate how it will ensure that all future patients' records contain complete information in accordance with professional standards, guidance and The Health and Care Standards.***

## *Management and Leadership*

**IDH Splott Road Dental Care was purchased from the previous owner during November 2014. The service is currently run by a practice manager with the support of an area manager, clinical director and a small team of dedicated staff.**

**The practice had a comprehensive range of appropriate corporate policies, clinical procedures and quality assurance processes in place to ensure the safety of patients and staff. We did however advise senior managers and the dental team of the need to ensure that policies and procedures were reviewed on an annual basis as a minimum. We also advised that policies should reflect All-Wales and local guidance. This was because a small number of those seen made reference to a regulatory body which applied to parts of the UK other than Wales.**

The practice manager was responsible for the day to day running of the service with the support of an area manager, clinical director and a small team of dedicated staff. The practice manager worked at the dental centre five days per week. However, we were told that there were imminent plans for her to manage a second dental practice in the Cardiff area which meant that she would only be present at Splott Road Dental Centre for two, or three days per week. There was one associate dentist working at the dental centre at the time of our inspection (which primarily placed an emphasis on the provision of NHS dental services).

Discussions with the practice manager and senior managers revealed that a second associate dentist was due to join the dental centre who would assist with completing the level of work necessary to fulfil the requirements of the existing NHS dental contract. We were also told that an additional dental nurse would be employed at that point. However, at the time of our inspection, the amount of work allocated to the dental centre was over and above the level which one dentist would normally be expected to complete. Our observations on the day of inspection together with conversations held with the dental team, confirmed that the existing level of work placed the current dentist under some degree of pressure on a day to day basis.

The dental provider/owner was therefore advised of the need to ensure that there was sufficient, on-going and readily accessible daily management oversight and advice available to the dental centre, particularly as the dental team was still evolving following the purchase of the service during November 2014. This issue was discussed with the practice manager and senior managers during our inspection feedback session on the day of inspection.



### ***Improvement needed***

***The dental provider/owner is required to clarify current and future arrangements for ensuring that the dental centre has effective governance, leadership and accountability to support the sustainable delivery of safe, effective person centred care.***

### **Staff issues**

Overall, we found that the dental team had the skills required to meet the care and treatment needs of patients. This was in part, because we found that the dental centre had a corporate induction programme in place to ensure that any new members of the dental team were provided with a means of becoming familiar with established processes and procedures in relation to patient services.

We held conversations with members of the dental team and were told that they attended monthly staff meetings where they had the opportunity 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 'staff meeting' notes held at the dental centre which highlighted the relevant topics and issues discussed by the dental team.

Examination of training certificates associated with two individuals working at the dental centre demonstrated that they had completed appropriate training during 2014 and 2015 which included sessions about cardiopulmonary resuscitation (CPR), child and adult protection (safeguarding) arrangements and disinfection/decontamination of dental instruments.

Conversation with the practice manager confirmed that each member of the dental team had recently received their first 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 saw that the dental centre had current evidence of Hepatitis B vaccination and immunity levels for all members of the team. Conversation with the practice manager also confirmed that there were suitable arrangements in place with Cardiff and Vale University Health Board so that immunisations, support and advice could be obtained from the occupational health department as and when required. This meant that the dental centre had taken appropriate steps to protect patients and people working at the dental centre from blood borne viruses.

## Clinical Governance/Quality assurance arrangements

Patients' rights, dental health and best interests were safeguarded by a comprehensive range of corporate policies and procedures.

We saw that individuals working at the dental centre had signed each policy document to indicate that the content had been read and understood. Nevertheless, a large number of the policies had not been reviewed in the past twelve months in accordance with good practice, whilst others made reference to working arrangements which applied to parts of the UK other than Wales.

We saw that there was a whistleblowing policy/procedure in place. However, the policy did not make specific reference to local arrangements, or include contact details of the Health Board or other relevant bodies. This meant that individuals did not have ready access to names and contact numbers of external agencies in the event that they may wish to raise any issues of concern about service delivery 'outside' of the dental team.

### ***Improvement Needed***

***The dental provider/owner is required to demonstrate how it will ensure that the dental team has access to up to date policies and procedures which are based on All-Wales guidelines and local arrangements. This is to assist the dental team to provide a safe and effective service to patients.***

We were provided with copies of recently completed risk assessments in relation to fire safety and health and safety arrangements at the premises. In both cases, action required and a priority rating was applied to any areas of concern. In addition, the dental centre had completed a patient records audit which had resulted in an action plan which we were told was being monitored by senior managers.

We found that there was an established system in place for the recording of verbal and formal complaints.

Discussion with the practice manager and senior managers revealed that there were regular opportunities for the associate dentist working at the dental centre to engage in formal discussions/meetings with other dentists. This was as a means of providing peer support and encouraging continuous learning.

A HIW certificate was prominently displayed in dental surgery one in respect of the private dentistry provided at the practice as required by the regulations for private dentistry.

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

## *Quality of Environment*

**The dental centre premises provided a clean environment for patients to receive care and treatment.**

IDH Splott Road Dental Care is situated at 21 Splott Road, Cardiff, CF24 2BU in converted commercial premises set out on the ground floor of the building. There were no dedicated car parking spaces at the premises; however, free parking spaces were available nearby in the surrounding area.

The dental centre comprised an integral patient waiting room and reception area. The premises also had two dental surgeries. The patient waiting area was considered to be of a suitable size for the number of dental surgeries within the building. There was also a dedicated decontamination room, a kitchen and a small office allocated to the practice manager.

The premises were suitable for people who used wheelchairs or other mobility aids. This is because the entrances to the dental centre and the dental surgeries respectively were wide enough to allow safe passage of such equipment and there were no steps present.

Patients and members of the dental team were provided with a unisex toilet which was located to the left of the reception area. This area was seen to be clean and contained hand washing facilities. However, patients who used wheelchairs would not be able to use this facility due to the narrow access available. Conversation with staff indicated that such patients would be provided with information about adapted toilets available within a community facility close to the dental centre.

Discussion with the practice manager and senior managers on the day of inspection revealed that the internal areas of the dental centre had been subject to re-decoration or refurbishment in recent months. Conversations with two patients led to positive comments on the improvements they had noticed in this regard.

Patient records were stored securely and all areas within the building were clean, fresh and tidy. We also found that the practice was adequately ventilated and had suitable lighting.

The name and qualifications of the associate dentist was clearly displayed on the front of the building together with the telephone number for the dental centre.

We saw that the dental centre had valid documentation on display with regard to public liability insurance.

Fire exits were clearly signposted.

## 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 IDH Splott Road Dental Centre 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: IDH Splott Road Dental Centre

Date of Inspection: 15 June 2015

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<b>Patient Experience</b>			
Page 7	The dental provider/owner is required to describe the action taken to ensure that the dental centre website is compliant with the GDC principles of Ethical Advertising (2012).			
	<b>Delivery of Health and Care Standards</b>			
Page 12	<b><i>One of the five patient records seen contained recent evidence of the application of incorrect NHS treatment banding. This had also resulted in incorrect information being conveyed to the Health Board as part of the dental</i></b>	<b><i>This issue has already resulted in the issue of a HIW immediate assurance letter (17 June 2015) which required the dental provider/owner to respond to HIW within seven days to describe action taken/to be taken.</i></b>		

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
	<i>centre's weekly contract monitoring arrangements. Specifically, the claim had been incorrectly made for Band 2 treatment instead of Band 1 (as evidenced by the form of care and treatment provided to the patient concerned).</i>			
Page 13	The dental provider/owner must demonstrate how it will ensure that all future patients' records contain complete information in accordance with professional standards (GDC standard 4), guidance and the Health and Care Standard 3.5.			
<b>Management and Leadership</b>				
Page 15	<p>The dental provider/owner is required to clarify current and future arrangements for ensuring that the dental centre has effective governance, leadership and accountability to support the sustainable delivery of safe, effective person centred care.</p> <p>Health and Care Standard 3.3 (plus reference to page 8 -Governance, Leadership and Accountability)</p>			

Page Number	Improvement Needed	Practice Action	Responsible Officer	Timescale
Page 16	<p>The dental provider/owner is required to demonstrate how it will ensure that the dental team has access to up to date policies and procedures which are based on All-Wales guidelines and local arrangements. This is to assist the dental team to provide a safe and effective service to patients.</p> <p>(Health and Care Standards 2015-various)</p>			
<b>Quality of Environment</b>				
	No improvements were identified at this inspection in relation to the above theme.			

**Practice Representative:**

**Name (print):** .....

**Title:** .....

**Date:** .....