

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

Cardiff and Vale University  
Health Board,

**Tongwynlais Dental  
Practice**

28 January 2015

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## Contents

1.	Introduction .....	2
2.	Methodology.....	2
3.	Context.....	4
4.	Summary.....	5
5.	Findings .....	6
	Patient Experience .....	6
	Delivery of Standards for Health Services in Wales .....	10
	Management and Leadership.....	13
	Quality of Environment .....	16
6.	Next Steps .....	18
	Appendix A.....	19

## 1. Introduction

Healthcare Inspectorate Wales (HIW) completed an announced inspection to Tongwynlais Dental Practice at 49 Merthyr Road, Tongwynlais, Cardiff CF15 7LG within the area served by Cardiff and Vale University Health Board on 28 January 2015.

During the inspection we considered and reviewed the following areas:

- Patient experience
- Delivery of Standards for Health Services in Wales
- Management and leadership
- Quality of environment.

## 2. Methodology

HIW inspections of General Dental Practices seek to establish how well practices meet the standards in *Doing Well, Doing Better: Standards for Health Services in Wales*<sup>1</sup>.

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 medical records
- Examination of practice policies and procedures
- Examination of equipment and premises

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<sup>1</sup> Doing Well, Doing Better: Standards for Health Services in Wales came into force from 1<sup>st</sup> April 2010. The framework of standards sets out the requirements of what is expected of all health services in all settings in Wales. [www.weds.wales.nhs.uk/opendoc/214438](http://www.weds.wales.nhs.uk/opendoc/214438)

- Information within the practice information leaflet and website
- 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 will be 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

Tongwynlais Dental Practice is one of two practices owned by the same dentist. The second practice is situated in Abertillery. This inspection only looked at the service provided in Tongwynlais Dental Practice. Both practices have the same practice manager. Tongwynlais practice provides services to 3600 NHS and 500 private patients in the Tongwynlais area of Cardiff. The practice forms part of dental services provided within the geographical area known as Cardiff and Vale University Health Board.

The practice employs a staff team which includes: two dentists and one Foundation Dentist, one hygienist, four nurses and one trainee nurse, one practice manager and one 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).

Tongwynlais Dental Practice offers treatment to private patients. This means that any dentist working at the practice who is also registered with HIW to provide private dentistry will be subject to the provisions of The Private Dentistry (Wales) Regulations 2008.

The practice provides general dental services.

## 4. Summary

HIW explored how Tongwynlais Dental Practice meets the standards of care in the Doing Well, Doing Better: Standards for Health Services in Wales.

Overall, patients told us that they were satisfied with the standard of care they received at the practice and received sufficient information about their treatment. Feedback from the HIW patient questionnaires was positive on all areas of care.

We were assured that care and treatment was planned and consistently delivered in a way that was intended to ensure patients safety and welfare.

On the day of the inspection we were assured that the practice was being effectively and efficiently run, with robust systems in place to ensure patient safety.

Patients using the practice and staff can be assured that the building is safe, well maintained, and provides a comfortable environment for patients to receive treatment. We saw that it was clean and welcoming with areas of good practice such as a dedicated decontamination room.

## 5. Findings

### *Patient Experience*

**Overall, patients told us that they were satisfied with the standard of care they received at the practice and received sufficient information about their treatment. Feedback from the HIW patient questionnaires was positive on all areas of care.**

Prior to the inspection, we asked the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. In addition, we spoke with a small number of patients who were receiving treatment on the day of the inspection (two people).

Eighteen questionnaires were returned. Patients who completed the questionnaires, and those spoken with, had been using the service between three months and 10 years. All 20 people indicated that the practice team always made them feel welcome with comments such as;

*“Yes, absolutely”*

*“Yes, always”*

*“Very welcoming”*

All patients felt that they were involved in making decisions about their care. Examination of a sample of patient records and conversations with the dentists disclosed consistent ways of working. All three dentists confirmed that treatment options were discussed with patients during consultations. The patient records we looked at showed, in most cases, that notes were updated after each visit; detailing the treatment given, as well as future plans. The practice manager told us that patients receive a treatment plan to take away and read.

Responses to the question about how to access the out of hours service showed that only half the patients would know how to access care when the practice was closed. HIW had telephoned the practice, outside of normal working hours, and found that the answer phone message included the emergency out of hours number. The contact number was also on the web site and on the times of opening sign on the front door. This means that patients would have a number of ways to access the number when the surgery was closed.

There was a flexible appointment system in place and patients could book appointments both in advance and on an emergency basis. This suggested



that patients could be confident that there was a system in place to try to ensure they were seen quickly when required. Sixteen patients stated that they were satisfied with this system and had not experienced any delay in their appointment time. Four patients said there had been delays, but added comments such as;

*“Only slightly, during busy periods (half term) and when I came for a emergency filling (they fitted me in around other patients)”*

*‘Not really, 5 mins tops’*

*‘Few minutes at most.’*

There was a small sign at the front of the premises indicating the opening times for the practice.

A complaints policy was available in the reception area. We discussed this with the practice manager and found the process was consistent with the ‘Putting Things Right’<sup>2</sup> guidance. The practice manager was advised to be vigilant with use of British Dental Association policies to ensure compliance with Welsh legislation. We did note however, that the Community Health Council (CHC) address was on the policy for patients to contact should the need arise. When we asked patients if they would know how to make a complaint or raise a concern, half said they would not. It is advisable therefore, that the practice makes the signage for the complaints process more visible to the patients. There was a patient information leaflet available but this did not include the relevant information on raising concerns. The practice manager explained that there had been many changes and developments in the practice over the last year, which included a new patient information leaflet. It was confirmed that the new leaflet would have the relevant information regarding how to raise a concern (complaint) and would be available in the very near future.

***Recommendation:***

***The complaints process should be made more visible and include CHC and HIW’s address for patients to have recourse should they require.***

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<sup>2</sup> Putting things Right is the integrated processes for the raising, investigation of and learning from concerns (complaints). Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales.

When questioned regarding their views on the overall service they received, patients said that they were very satisfied, with comments such as;

*'Yes, totally', 'very much so.'*

*'Overall, yes, brilliant service all round (reception and dentist / assistants).'*

*and*

*'Very satisfied.'*

In addition to the questions asked, some patients made personal observations which included;

*'I have stayed with this practice for the last 5 years or more due to the friendly welcome and professional attitudes of all involved.'*

*'I have always received excellent treatment from all the staff at this practice. I have recommended the practice to family and friends who are also very satisfied with their treatment.'*

*'Always made to feel at ease.'*

*'Big thank you to all staff.'*

The practice manager told us that at present the practice did not have its own system to regularly assess patients' views and act upon them. However, she had only been in her substantive post for three months and this was an area that she was looking at developing. This meant that at present, the practice did not formally take into account the views of patients when planning delivery of service. It was also explained that in the past, projects had been completed by vocational dental practitioners who had worked at the practice and these had provided a focus on patients' views. The practice is also annually involved in the NHS patient satisfaction survey

***Recommendation:***

***The practice needs to develop a system of continual evaluation and improvement through patients' feedback, to ensure the service meets the needs of its population.***

We saw an information section where there was a display of oral health promotion, cancer screening and smoking cessation advice. The responsibility for updating this information had been assigned to a senior nurse who had a recognised qualification in health promotion. Discussion with the practice

manager indicated, and patient records confirmed. that dentists also highlighted oral health issues and would refer to the oral hygienist or offer information leaflets such as healthy dietary advice, should the need arise.

Staff told us that arrangements were in place for patients with mobility problems to be seen in the first floor surgery. However, there were handrails and a portable ramp available for ease of access to the lower floor surgeries. This meant the practice environment was accessible to patients with mobility difficulties.

We accessed the practice website prior to the inspection and found that some aspects, in line with the General Dental Council (GDC) 'Principles of Ethical Advertising' (March 2012) were missing and therefore the website information needs to be reviewed. We were then shown the new website which was almost complete and was part of the improvements currently being undertaken. The new web site was innovative, met with the GDC standards and was very informative.

## *Delivery of Standards for Health Services in Wales*

**We were assured that care and treatment was planned and consistently delivered in a way that was intended to ensure patient safety and welfare.**

### **Patient Records**

Records were kept at the practice on a computer database, with some information and correspondence being held in paper records. Scrutiny of a sample of nine dental records (three patient records for each dentist working at the practice) indicated that patients' needs were assessed, and care and treatment was planned and recorded robustly. There were updates to medical conditions within all patient records; all had previous dental and social histories recorded; treatment plans were consistent with all dentists evidencing planning and discussions. All patients had been seen again within the National Institute for Health and Care Excellence (NICE)<sup>3</sup> guidelines. Overall the standard of record keeping was good. However there were a few minor issues such as; recording justification of x-rays, some inappropriate use of 'cut and paste' to complete notes; minor errors in BPE scoring and on one occasion we saw that one dentist (newly qualified foundation dentist) had omitted to write any notes at all. Further scrutiny of this dentist's records evidenced that it was only on one occasion.

### ***Recommendation:***

***The practice is advised to audit patient records for quality and safety assurance.***

### **Drug storage and emergency equipment**

Exploration of how emergency drugs were kept at the practice revealed that they were safely stored. We saw that there were suitable arrangements in place to ensure that expired drugs were promptly replaced. We did note that although all drugs and administration advice was available; on opening the box the contents were mixed up. It would be safe practice if the relevant algorithm

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<sup>3</sup> The NICE dental recall clinical guideline helps clinicians assign recall intervals between oral health reviews that are appropriate to the needs of individual patients.

(advice sheet) and drug was kept together for ease of access in an emergency situation.

There was a dedicated first aider and the first aid box was stored within easy reach. Equipment required in the case of an emergency was stored with the first aid kit. There was a system in place to ensure that equipment was regularly checked and in good working order.

### **Decontamination**

We looked at procedures in place for decontamination of instruments and saw that there was a dedicated decontamination room. This is an example of good practice. The room was well set out, clean and organised. We saw evidence of good record keeping; clear demarcation zones; a validation record for each wash cycle; use of ultrasonic bath and two autoclaves.

We noted that there were trays with secure lids to transport the equipment to and from the decontamination room. All instruments were in sealed bags and with the exception of one, all had been stamped with an expiry date. The practice manager told us that at present there were no routine, quarterly audits (checks) in relation to infection control requirements in accordance with the Welsh Health Technical Memorandum (WHTM 01-05) <sup>4</sup>. There were dedicated hand washing facilities in key areas of the practice premises.

### ***Recommendation***

***The practice needs to develop a system of quarterly audits in line with the WHTM 01-05 guidance.***

### **Radiographic equipment**

There was a radiation protection file which included the named radiation protection supervisor and adviser. We also saw a current radiation equipment check certificate and the staff had up to date ionising training. We were told that there was a book in each surgery that recorded dose investigation levels and the image quality. There was no evidence of audits undertaken of the evaluations or number of radiographs taken within the practice, by whom and

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<sup>4</sup> <http://wales.gov.uk/topics/health/cmo/professionals/dental/publication/cdo-letters/decontamination2/?lang=en>. The WHTM 01-5 document provides professionals with guidance on decontamination in primary care practices and community dental practices.

who processed them. These audits need to be undertaken to ensure safe and effective practice for patients.

***Recommendation:***

***The practice needs to develop a system to record image quality and a system of peer review and audit of radiographs.***

## *Management and Leadership*

**On the day of the inspection we were assured that the practice was being effectively and efficiently run, with robust systems in place to ensure patient safety.**

The practice provides both NHS and private dental care and treatment. At the time of our inspection an experienced practice manager was responsible for the day-to-day running of the practice. The position of practice manager had only been a substantial post for the last three months and this development was in line with many of the improvements and progressive changes which had been undertaken within the practice over the past 18 months.

We found that the practice was well run with the service underpinned by good, clear and relevant written policies and procedures to ensure that patient care and treatment was delivered safely. The policies had all been reviewed and updated as required, with review dates recorded. Staff were able to access these policies within the practice to check their understanding and ensure they were taking correct action.

The practice did not have a regular system of audit and peer review to ensure the quality of the service being offered was of an acceptable standard. We were told that the on-line Health Board annual audit had been completed but there was no evidence of any internal audits of practice.

### ***Recommendation:***

***The practice needs to develop a system of audit and review to ensure the quality and safety of the service being offered is of an acceptable standard.***

Staff told us that there were regular monthly staff meetings. These were minuted and we saw records of topics discussed. These meetings were an opportunity to raise any issues of concern, convey new/relevant information to the team and discuss lessons learned.

We saw that there was a well established staff team with some having worked at the practice for many years. We saw that the newer staff members had been given an induction and orientation programme. This meant that patients received care from staff who were familiar with the service and ethos of the practice.

Staff told us they felt well supported in their roles by the practice manager and would be comfortable raising any work related concerns they may have. There

was evidence of cohesive and effective team working with all staff having a clear understanding of what was expected in their role.

We looked at a sample of staff training records. These confirmed staff had access to a range of training opportunities relevant to their role.

We saw evidence of individual staff Continuing Professional Development (CPD) which ensures that their knowledge and expertise is regularly updated. Staff appraisals had not been undertaken due to the recent appointment of the practice manager, however, we were told that this was high on her agenda for the forthcoming months. This is a requirement of the 'Doing Well, Doing Better' standards.

### ***Recommendation***

***Staff must receive annual appraisals to evidence monitoring of the quality and safety of the care they provide.***

At the time of our inspection, all dentists had current Disclosure and Barring Service (DBS) certificates in line with the Regulations for private dentistry<sup>5</sup>. Dentists who only undertake NHS work only have the checks when they enlist on the NHS performers list. This also occurs if they change practice within the same health board. It is not mandatory for practice staff to have DBS checks, however, there is a requirement that the employing dentist undertakes checks to ensure the employee's suitability for employment.

There was a formal agreement with the Health Board for any occupational health issues that staff may have such as; vaccines, or in the event of a needle stick injury. This ensures that staff have appropriate checks to prevent possible cross infection with patients.

Staff told us that there was an identified person for first aid and health and safety. There was a current Employers/Public Liability Insurance certificate visible on the wall in reception. There was also a notice with price lists for NHS patients which was visible to the public and easy to read, however the notice for the private treatment price list was very small and difficult to read. Discussion with the practice manager indicated that this would be rectified. The HIW registration certificates were visible in reception.

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<sup>5</sup> The Private Dentistry (Wales) Regulations 2008 came into force on 1 January 2009. Amendments were made that came into force on 1 January 2012. These set out the legal requirements in relation to dentists providing private dentistry services.



***Recommendation:***

***The practice needs to ensure that the private treatment prices are visibly displayed in public areas in a font size which is suitable for a public poster.***

We looked at a variety of maintenance certificates held at the practice which showed there were suitable systems and management processes in place to ensure that all equipment was inspected in a timely way and in accordance with mandatory requirements.

## *Quality of Environment*

**Patients using the practice, and staff, can be assured that the building is safe, well maintained, and provides a comfortable environment for patients to receive treatment. We saw that it was clean and welcoming with areas of good practice such as a dedicated decontamination room.**

Tongwynlais Dental Practice is an established practice situated in the village of Tongwynlais. There is a small dedicated car parking area to the rear of the practice, although outside road parking is available.

The practice has, over the last 10 years, evolved and grown from one surgery to three. It is clear that a great deal of thought has gone into the development of the practice ensuring that quantity has not compromised on quality.

The practice has a reception area and one surgery on the ground floor and two surgeries on a lower level (one step down). There are three waiting areas over two areas. Observations made during the inspection confirmed the size of the waiting areas were appropriate for the number of surgeries and the areas were clean, tidy and satisfactorily lit and ventilated.

There is a suitable staff room which is the main meeting point for staff to discuss and share information. There is also a staff toilet, which is functional but would benefit from redecoration.

A tour of the building confirmed the practice was satisfactorily maintained internally and externally. There was a toilet facility with ease of access for patients using wheelchairs. Public areas had clear signage. Fire extinguishers were placed in strategic places and had been serviced regularly.

Appropriate arrangements were seen to be in place for the safe storage and security of paper and electronic records with a suitable back-up system for electronic records.

The names and qualifications of all dentists working at the practice were displayed on the wall outside the practice. Although the list of staff working at the practice, which included their registration numbers (where appropriate) and designation was available, it was a very small notice and the print was very difficult to read. Discussion with the practice manager indicated that a new notice with larger print would be made available.

***Recommendation***

***The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable.***

There were contracts in place for the removal of clinical and non-hazardous waste and the bags and bins were stored securely. This ensures a safe environment for patients to access and for staff to work.

## 6. Next Steps

This inspection has resulted in the need for the dental practice to complete an improvement plan in respect of all sections. 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 Tongwynlais 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: Tongwynlais Dental Practice**

**Date of Inspection: 28 January 2015**

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
<b>Patient Experience</b>				
Pg 7	The complaints process should be made more visible and include CHC and HIW's address for patients to have recourse should they require.	Amended current poster to include CHC information as per suggestion. HIW information already present	E Trotman	Completed 29/01/15
Pg 8	The practice needs to develop a system of continual evaluation and improvement through patients' feedback, to ensure the service meets the needs of its population.	Waiting time audit taking place 10/01/15 – 10/03/15 Full patient satisfaction survey planned March annually. To review in April practice meeting annually. We however refer you to the comments grid re: patient surveys	E Trotman E Trotman	31/03/15 30/04/15
<b>Delivery of Standards for Health Services in Wales</b>				

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
Pg 10	The practice is advised to audit patient records for quality and safety assurance.	Planned as part of GDP audit and peer review 2015	J Davies	2015
Pg 11	The practice needs to develop a system of quarterly audits in line with the WHTM 01-05 guidance.	Annual audit takes place in July (last full audit was in July 2014) A quarterly interim audit program has now been planned & diarised.	L Higson	29/01/15
Pg 12	The practice needs to develop a system to record image quality and a system of peer review and audit of radiographs.	Practice already records image quality information for ALL radiographs. Team to carry out radiograph audit as part of peer review 2015.	L. Higson	31/03/15
<b>Management and Leadership</b>				
Pg 13	The practice needs to develop a system of audit and review to ensure the quality and safety of the service being offered is of an acceptable standard.	As well as the annual Public Health Wales QAS we also take part in the Denplan Quality Programme. We plan to investigate further the use of an external assessment program such as the Denplan Excel program.	E Trotman	28/07/15 (6 months)
Pg 14	Staff must receive annual appraisals to evidence monitoring of the quality and safety of the care they provide.	Staff appraisal program arranged for May 2015	E Trotman	31/05/15
Pg 15	The practice needs to ensure that the private treatment prices are visibly displayed in public areas in a font size which is suitable for a public poster.	Price list printed to a larger size.	E Trotman	28/01/15

Page Number	Recommendation	Practice Action	Responsible Officer	Timescale
<b>Quality of Environment</b>				
Pg 16	The practice must visibly display a list of staff working at the practice, their designation and registration numbers where applicable.	Was already on display and checked. Reprinted using a larger font size as per feedback on the inspection day.	E Trotman	28/01/15

**Practice Representative:**

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

**Title:** .....

**Signature:** .....

**Date:** .....