

General Dental Practice Inspection (Announced)

Cathays Dental Clinic / Cardiff and Vale
University Health Board

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Cathays Dental Clinic at 159 Cathays Terrace, Cardiff CF24 4HW within Cardiff and Vale University Health Board on the 6 August 2019.

Our team, for the inspection comprised of two HIW inspectors, one of whom led the inspection, and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we found evidence that Cathays Dental Clinic was providing safe and effective care to patients. The practice was well organised and operating well.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service being provided at the practice as excellent.

However, we did identified some areas that the practice was not fully compliant with the Private Dentistry (Wales) Regulations 2017.

This is what we found the service did well:

- The majority of patients who provided comments told us that they were happy with the services being provided at the practice. We observed staff treating patients in a polite, professional and dignified manner.
- Evidence was seen to demonstrate that good quality patient notes were being maintained at the practice.
- Patient information was being stored securely and records reviewed demonstrated a very good level of record keeping.
- Staff files reviewed evidenced compliance with the required mandatory training and immunisations. Also, all staff working at the practice had undergone relevant DBS and employment checks.

This is what we recommend the service could improve:

- Limited information available in Welsh and other communication formats available within the practice.
- The arrangements for the storage of clinical waste within the practice whilst awaiting collection needs to be improved.
- Organisation of staff files and policy and procedure folders could be improved to allow for easier access to required information.

We identified the service was not compliant with Regulations 13(5a) and 13(5b) regarding the quality of treatment and other service provision. Healthcare waste was not being stored appropriately or securely in line with best practice guidelines.

These are serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance from the practice of the actions taken to address the improvements needed. Further details can be found in Appendix B.

3. What we found

Background of the service

Cathays Dental Clinic provides services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes two dentists, a practice manager, three dental nurses and two hygienists.

The practice provides a range of NHS and private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

The majority of patients who provided comments told us that they would rate the service being provided by the practice as 'excellent'.

During our visit we observed staff at the practice treating patients in a polite, professional and dignified manner. Steps were being taken by staff to maintain patients' privacy and dignity during treatment/consultations.

We saw evidence that good quality patient notes were being maintained at the practice to demonstrate that oral hygiene, diet and smoking cessation advice was regularly being offered to patients during their dental appointment.

A comprehensive patient information leaflet was available, as well as information leaflets and posters within the waiting room area. However, we identified that there was limited information available in Welsh, as well as in other communication formats.

Prior the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 21 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients who completed a questionnaire said that they would rate the service provided by the practice as 'excellent'. Patients provided the following comments:

"The whole team are amazing, extremely helpful, really friendly & kind. Been coming here for 20+plus years and would never change"

"Only that they operate well and are always willing to help with appointments and times to suit. Discussions about

ongoing dental care can be freely spoken about and answers are always given about any treatment. I hope this caring dental practice continues for a long time”

“I have always found everyone very friendly, respectful and professional. A really well operated practice”

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients’ comments included:

“Online bookings”

“I have been referred to a private practice for specialist hygienist care- it would be brilliant if this could be available at this practice-it’s not a cost issue for me more that I like this practice“

Staying healthy

Health promotion protection and improvement

All but one of the patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

A small selection of leaflets was available within the patient waiting room area, relating to oral hygiene for adults and children, other services available at the practice, treatment costs and information on payment options. A leaflet was also available offering advice on smoking cessation.

As part of our review of patient clinical records, we saw evidence to demonstrate that oral hygiene, diet and smoking cessation advice was regularly being offered to patients during their dental appointment.

Dignified care

The layout of the practice allowed for private and dignified care and treatment for patients. The surgery and treatment rooms were located away from the reception and patient waiting room area. There was one surgery located on the ground floor, down a small corridor away from the waiting room. The other surgery and treatment rooms were located on the first floor.

We observed treatment room doors being closed when staff were with patients. This helped reduce the possibility of consultations being overheard by other

people and meant that staff were taking appropriate steps to maintain patients' privacy and dignity during consultations/treatment.

Reception staff were observed speaking to patients over the phone and face to face in a sensitive and dignified manner. We were also told by reception staff that on the occasions where patients request a more private conversation, they were taken to a private room away from the reception area.

Without exception, all of the patients who completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We noted that the nine Principles as set out by the General Dental Council (GDC)¹ was available to patients within the waiting room area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

Patient information

There was a comprehensive patient information leaflet available within the waiting room area. The information contained within the leaflet included the services available, opening hours, staff details including GDC numbers and the complaints procedure.

There were details within the leaflet that related to 'Access to Patient Information'. This section referred to the Data Protection Act 1998 and the Freedom of Information Act 2000. There was no mention of the General Data Protection Regulations (GDPR) that came into force in May 2018. The patient information leaflet needs to be updated to reflect the GDPR.

It was highlighted following review of the practice website that the patient information leaflet contained on the website differs from the hard copy version available within the practice. Therefore arrangements should be made to update the information available on the website, to ensure consistency.

As previously mentioned, there were posters and a selection of leaflets available within the waiting room area. The information available related to the

¹ <https://standards.gdc-uk.org/>

services available and charges, oral hygiene for adults and children, how to access emergency dental treatment and how to make a complaint. Again, we identified a poster within the patient waiting room which referred to the Data Protection Act. This information will need to be updated to reflect the GDPR.

Where applicable, all of the patients who completed our questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. They also said that they had received clear information about available treatment options and that the cost was always made clear to them before they received any treatment.

Improvement needed

The practice must ensure that the patient information leaflet contained on the website is consistent with the hard copy available at the practice.

The practice must ensure that the patient information leaflet is reviewed regularly to ensure that information is accurate and up to date.

The practice must ensure that the information displayed within the patient information leaflet and in the patient waiting room relating to the Data Protection act is updated to reflect the GDPR.

Communicating effectively

The majority of information available at the practice including posters, leaflets and signage was in English. Staff confirmed that there was not a lot of information available in Welsh, including the patient information leaflet. However, we were told that there have been no requests for information in any other languages or formats. Staff informed us that arrangements would be made to translate the information should a request be received.

Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'active offer'² in line with the Welsh Language Standards.

² An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

There were no Welsh speakers working within the practice, however, we were informed that one of the dentists speaks French and Persian. Staff confirmed that a number of patients attend the practice who speak Persian and are able to converse in their preferred language with this dentist.

Staff we spoke to informed us that they were aware of Language Line³. However, confirmed that to date they have not had to access the service.

There was no hearing loop or Braille available for patients with sight or hearing impairments. The practice manager confirmed that there were a number of patients who attend the practice with sight and hearing impairments who have never requested information in a particular format. The practice manager felt that staff at the practice treat these patients well and stated that there have never been any issues or concerns raised.

The majority of patients who completed a questionnaire told us that they were 'always' able to speak to staff in their preferred language.

Improvement needed

The practice must provide details of the action taken to ensure information is available in Welsh and where required other languages and formats to meet the communication needs of the population that it serves.

Timely care

All patient appointments were booked over the telephone; there was no online booking currently available at the practice. However, the Registered Manager confirmed during discussion that the practice hoped to implement an online booking system in the future.

Staff confirmed that patients are told verbally if there are any delays in appointments. Patients then have the opportunity to either rebook their appointment or return later.

³ Language Line is a UK language translation service agency that provides a wide range of interpreting, translation and localisation agency services.

All of the patients who completed a questionnaire felt that it was 'very easy' or 'fairly easy' to get an appointment when they needed it.

The practice manager told us that on the occasions where patients contact the practice for emergency appointments, every attempt is made to try and see the patient on the same day.

A third of the patients who completed a questionnaire said that they would not know how to access the out of hour's dental service, if they have an urgent dental problem. However, information relating to out of hours arrangements for patient requiring emergency treatment was displayed on the wall in the practice waiting room and on the practice website. The out of hours contact details are also recorded on the practice voicemail message.

Individual care

Planning care to promote independence

During our review of clinical records, we saw evidence of good quality patient notes being recorded at the practice. Evidence was available to indicate the previous dental medical history was being recorded. This information was being regularly updated following each appointment at the practice. The notes also evidenced that patient social history was being recorded and considered within the care and treatment.

Where applicable, all but one of the patients who completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

There was an appropriate consent policy in place, as well as a policy and process to ensure that the rights of patients who lack capacity are upheld.

As part of our review of clinical notes, we suggested that the present medical history sheets being used could be reviewed and updated to allow for sufficient space. This would allow for the listing of medication and an increased font size to make the forms easier to read. It was noted that patient signatures were being scanned by receptionist staff onto the dental records and then being countersigned by the dentist at the patient's initial visit. However, there was no evidence to confirm that any updates or changes at subsequent visits were also reviewed and countersigned by the dentist.

Our review of clinical notes found that there was evidence of discussions between dentists and the patient around the various treatment options to ensure that the patients were able to provide their informed consent. In regards

to private treatment it was suggested that the list of options and costs discussed and the course of treatment chosen should be signed by the patient and countersigned by the dentist.

Improvement needed

The practice must provide details of the action taken to ensure that the medical history sheets being are updated and countersigned at each visit where required.

People's rights

Our findings described throughout this section (Quality of patient experience) indicate that the practice was aware of its responsibilities around people's rights. For example, during our visit we observed patients being treated with dignity and respect, as well as efforts made by staff to protect their privacy.

There were written policies in place relating to equal opportunities and ethnic monitoring.

Listening and learning from feedback

The practice had a procedure in place for patients/relatives to raise concerns about the services they received. This procedure was available in the patient information leaflet and was displayed on the wall in the patient waiting area. The procedure outlined the process to follow and included anticipated timescales for response, which was to provide a full response in writing within 10 working days. References were also included for the Community Health Council, GDC complaints service, the Public Services Ombudsman for Wales and Healthcare Inspectorate Wales.

As part of our review of the policies and procedures available within the practice, we identified that the complaints procedure contained within the relevant folder in the staff office did not include the relevant contact details, as outlined in the paragraph above. The practice need to ensure that all references to the complaints procedure displayed and/or available in the practice or on the practice website are up to date and include the correct information.

All complaints received by the practice are dealt with by the Practice Manager and are kept in a folder with all complaint correspondence. We were told that attempts are made to resolve any verbal concerns immediately once received. There has been one written concern received by the practice within the last 12 months.

A suggestion box was available in the waiting room area for patients to provide any feedback on their experiences. We were also told that there were patient questionnaires available to allow patients to feedback on the services being provided. However, there was no information available to evidence any changes which had been implemented as a result of feedback received from patients. The practice should consider implementing regular patient surveys to encourage routine feedback on the services being provided. Feedback should be analysed and information relating to any subsequent improvements displayed within the practice.

There was a whistle-blowing policy in place and staff we spoke to informed us that they would be willing to raise relevant concerns if required.

Improvement needed

The practice must provide details of the action taken to ensure all available copies of the practice complaints procedure contain accurate and up to date contact details.

The practice is required to provide HIW with details of the action taken to ensure regular patient surveys are undertaken.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found evidence to demonstrate that patients were being provided with safe and effective care.

Patient information was being stored securely and records reviewed demonstrated that the level of record keeping being maintained within the practice was very good.

The clinical facilities and equipment being used was found to be safe, suitable and in a good condition for which it was to be used for.

Emergency drugs were being held securely in accordance with relevant guidelines and requirements.

Contracts were in place for the collection of clinical waste. However, we identified that the waste was not being stored securely within the practice premises whilst awaiting collection.

Managing risk and promoting health and safety

The practice is a converted terraced property on the main road and access is via steps leading to the entrance at the front of the building. There was a handrail available to assist patients with mobility issues. The reception, patient waiting area and one surgery were located on the ground floor. The other surgery and treatment rooms were located on the first floor.

Staff informed us that any patients with mobility issues are seen in the surgery located on the ground floor. There was one unisex toilet located on the first floor to the practice, which meant patients have to use the stairs to access it.

Overall the premises were clean, safe and well maintained. There were no concerns given by patients over the cleanliness of the practice; the majority of patient who completed a questionnaire felt that, in their opinion, the dental practice was 'very clean'.

The toilet within the practice was clean and contained adequate handwashing and drying facilities, as well as a feminine hygiene disposal.

A Control of Substances Hazardous to Health (COSHH) overview policy document was in place along with COSHH assessments. There were assessments available relating to the relevant products that were routinely used within the practice

We saw that the employer's liability insurance certificate was displayed on the reception desk.

A health and safety policy was in place and the health and safety poster was also displayed on the wall within the staff office. A general health and safety risk assessment was completed in July 2019. There was also a fire risk assessment completed in August 2019.

The fire exit was signposted and there were also no smoking signs displayed within the premises. Evidence of regular fire alarm checks was available within the relevant folder in the staff office. Fire extinguishers were available on both floors within the premises and were appropriately fixed to the walls. Labels on the fire extinguishers indicated that they had been serviced in April 2019.

A business continuity plan was in place and staff were aware of the action to taken should an emergency occur.

During the inspection of one of the dental surgeries, an open storage unit containing uncovered items of laboratory work was found. These two separate containers containing mouth impressions and plaster study casts were located near to the patient seating area. One box contained on-going laboratory work and another contained gypsum study models and impressions remaining after completion.

Following discussion with staff, appropriate action was taken to relocate the ongoing laboratory work models into a closed cupboard to protect patient confidentiality. Also, the completed work models were removed from the surgery entirely and stored in the appropriate clinical waste bin ready for collection.

The practice had one appointed first aider and this staff member had undertaken training within the last 12 months. The practice should consider increasing the amount of appointed first aiders available at the practice, to ensure that there is adequate cover and appropriate access to first aid care in the event of an accident or injury.

During our tour of the practice we observed that clinical waste bags from the practice were being stored in a large cupboard within the small conservatory, located at the rear of the premises. This room was not locked. There was a waste management contract in place and we were informed that clinical waste was collected every two weeks from the practice. However, staff confirmed that the waste was kept in the unlocked cupboard until it was collected.

As previously outlined, due to the fact healthcare waste was not being stored appropriately or securely in line with best practice guidelines, we were not assured that the service was sufficiently protecting patients and staff against the risks of acquiring a healthcare associated infection.

Our concerns regarding the storage of clinical waste within the premises were dealt with under our immediate non-compliance process. Following on from our inspection a non-compliance notice was forwarded to the Registered Manager of the practice within 48 hours of the inspection. We were subsequently provided with assurances from the Registered Manager of the action to be taken to address the issues highlighted. This information can be found in Appendix B.

Improvement needed

The practice is required to provide HIW with details of the action take to ensure that all laboratory work is stored and disposed appropriately.

The practice is required to provide HIW with details of the action taken to ensure there is always adequate first aid care available in the event of an accident or injury.

Infection prevention and control

An infection control policy was in place which covered the arrangements relating to infection control, hand hygiene, disposal of clinical waste, housekeeping cleaning regimes and training. We saw that personal protective equipment (PPE) was available, being used by staff and regularly changed.

The environment was in a good state of repair and allowed for effective cleaning and infection control. The patients who completed the HIW questioned raised no concerns over the cleanliness of the practice; the majority of patients felt that, in their opinion, the practice was 'very clean'.

As previously detailed, a COSHH policy was in place and we saw evidence of COSHH assessments relating to the products used within the practice.

Clinical log books were available in the decontamination room within the practice. There was evidence of periodic tests and a daily maintenance programme for the decontamination equipment in accordance with WHTM01-05⁴. There were also daily surgery cleaning checklists in place for each surgery.

Routine infection control audits were being undertaken in line with WHTM01-05 and staff were trained and competent in the relevant decontamination protocols.

There were contracts in place for the safe transfer and disposal of hazardous waste (Clinical). Clinical waste was being collected from the practice every two weeks. However, as previously detailed, we identified that clinical waste was not being securely stored at the practice whilst awaiting collection.

We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

Medicines management

There was a medicines management policy in place with supporting arrangements to ensure safe and effective care. All staff at the practice had received cardiopulmonary resuscitation (CPR) training within the last year.

Medicines were being stored appropriately and we saw evidence to demonstrate that clear records were being maintained in relation to the administration of medicines.

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy.

Emergency drugs and prescription pads were being held securely in accordance with relevant guidelines and requirements. All drugs reviewed were in date and there was a system in place to replace expired drugs and syringes/needles. There was a log book available to evidence that regular checks were being carried out.

⁴ 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

Staff were reporting any concerns in relation to adverse reactions to drugs via the Yellow Card Report system⁵.

Safeguarding children and adults at risk

A safeguarding policy was in place for the protection of children and vulnerable adults. This policy included the relevant contact details to be used in the event of any safeguarding concerns.

The practice had a member of staff who was the nominated safeguarding lead who takes responsibility for ensuring that the safeguarding policy is adhered to. Also, we saw evidence to demonstrate that all staff had received relevant training.

Medical devices, equipment and diagnostic systems

We reviewed the clinical facilities at the practice and overall found the clinical equipment to be safe, suitable and in a good condition for the purpose for which it is used for. Relevant staff had received training to ensure that that can safely use all of the equipment available within the practice.

Systems were in place to ensure that reusable medical devices were being handled correctly and disinfected appropriately. There were also arrangements in place to promptly deal with any device or system failure.

There was a radiation protection policy in place, as well as a radiation protection file, which set out the required information including the inventory of the equipment, working instructions and name of the Radiation Protection Advisor. The local rules were displayed at each machine.

We saw evidence to demonstrate that all clinical staff had undertaken appropriate Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) training to ensure safe use of radiation equipment.

The practice has used the Wales Deanery Quality Improvement Tool for Ionising Radiation; evidence of audits were available.

⁵ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Within the hygienist room there was an intraoral x-ray machine, which we were told was not currently being used as it was defective and there was an 'out of order' sign attached. Arrangements need to be made by the practice to either repair this equipment or remove it from the premises.

We saw evidence to demonstrate that Portable Appliance Testing on electrical appliances within the practice was undertaken in June 2019.

Improvement needed

The practice is required to provide HIW with details of the action taken/planned to either repair or remove the defective equipment within the hygienist's surgery.

Effective care

Safe and clinically effective care

The practice's arrangements for providing safe and effective care were set out in the statement of purpose. The practice also had a wide range of policies and procedures to support these functions.

During our inspection evidence was seen to demonstrate that staff were following professional, regulatory and statutory guidance when providing treatment to patients. It was clear from the notes reviewed that patients were being provided with safe and effective care, in a dignified manner.

Quality improvement, research and innovation

Evidence of clinical audits undertaken by staff was available. Audits had also been undertaken relating to antibiotic prescribing and integrated smoking cessation.

The practice had also undertaken audits inline with the Welsh Deanery Maturity Matrix Dentistry practice development tool⁶ and the BDA good practice guide⁷.

⁶ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

⁷ <https://www.bda.org/goodpractice>

These development tools encourages teams to focus on best practice and legislative requirements and on how they work.

The Registered Manager informed us that there is no internal peer review of clinical records undertaken at the practice. However, the practice does commission an external dental peer to undertake reviews of clinical records to provide scrutiny and advice as to how practice and systems can be improved.

Information governance and communications technology

There was a records management policy in place and during our review of clinical records we found that all computerised records were comprehensive and clear. Patient medical histories were scanned into their records by staff. All x-rays were being stored digitally and radiographs we saw were of good quality.

As previously mentioned, information displayed within the practice waiting room and the patient information leaflet refers to the Data Protection Act 1998. This information will need to be updated to reflect GDPR. We were informed by staff that GDPR training for all staff working within the practice is scheduled to be undertaken in September.

Record keeping

As stated above there was a records management policy in place and there were systems in place to ensure that patient records were being managed safely. Patient information was stored securely ensuring that personal and sensitive information was protected.

The patient records we reviewed as part of our inspection demonstrated that the level of record keeping within the practice was very good. Good quality records were being maintained which included detailed evidence of cancer screening examinations, social histories and patient medical histories.

As part of our inspection, we reviewed staff files to check compliance with relevant training, immunisation and registration requirements. Whilst the required information was contained within staff files, the files were difficult to navigate; for example several certificates were being stored in a single plastic sleeve. The practice should consider organising staff files into sections to assist when attempting to locate information.

We also reviewed the policies and procedures in place within the practice. Paper copies of these policies were kept in 12 separate lever arch files contained within the staff office. Whilst there was an index on the front page of each of the folders listing the contents/policies available within, again it was

time consuming to find the policy required. The practice should consider organising the folders to assist staff in locating the policy that they are searching for. For example, reference labels or dividers could be added to the folders to identify specific sections or policies.

Improvement needed

The practice is required to provide HIW with details of the action taken to organise staff files to allow for easier access to required information.

The practice is required to provide HIW with details of the action taken to organise policy and procedure folders to allow for easier access to required information.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

At the time of our inspection, the practice was owned and operated by two dental partners. A practice manager was in post and we observed good working relationships between staff working at the practice. Overall, the practice was well organised and operating well.

Staff files reviewed evidenced compliance with the required mandatory training and immunisations. Also, all staff working at the practice had undergone relevant DBS and employment checks.

There was a vast and varied amount of policies and procedures in place within the practice. However, we identified that there was no evidence available to demonstrate that staff working at the practice had read and understood all of the policies and procedures in place.

Governance, leadership and accountability

The practice is owned and operated by two dentists, Drs Amir Koochek and Dr Kevin Gracias. Dr Koochek is the Registered Manager⁸ of the practice and Dr

⁸ registered manager” means a person who is registered under Part 2 of the Act as the manager of a private dental practice

Gracias is the Responsible individual⁹. There was a practice manager in post who was responsible for the day to day running of the practice. At the time of our inspection the practice manager was also responsible for undertaking a number of the daily tasks linked to the reception desk.

We noted the practice's public liability insurance certificate was displayed in the reception area as well as the HIW registration certificate.

The practice recently commissioned iComply to assist in drafting a new set of policies and procedures. As a result, there were a vast amount of relevant policies available linked to ensuring effective care as well as the safety of patients and staff. Within the staff files reviewed, there were copies of a number of policies and procedures relating to staff confidentiality, capability, social media, grievance and disciplinary matters. These selected policies contained within the staff files were signed and dated by the relevant staff member. However, we identified that there was no method in place to evidence that staff working at the practice had read and understood all of the other policies and procedures that were in place.

We were told by staff that regular staff meetings take place and minutes are recorded which are subsequently circulated to staff for review. We reviewed the minutes during the inspection and these showed that staff meetings are being held sporadically. It is recommended that more routine and consistent staff meetings are held, with clear agendas, objectives and learning outcomes.

As previously detailed, there was a whistle-blowing policy in place and the staff we spoke to informed us that they would feel able and willing to raise concerns should the need arise.

The registered Manager confirmed that he was aware of the practice's responsibilities regarding the notifications that needed to be sent to HIW in line

⁹ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice;

with the relevant regulations¹⁰, including serious injury to patients and any absence or changes to the registered manager.

Improvement needed

The practice is required to provide HIW with details of the action taken to ensure there is evidence available to demonstrate that all staff have read and understood the policies and procedures in place.

The practice is required to provide HIW with details of the action taken to ensure there are regular staff meetings held, with clear agendas, objectives and learning outcomes.

Staff and resources

Workforce

The Registered Manager told us that staff rotas are maintained to ensure that there were sufficient staff members on duty within the practice. We were told that the practice aims to have one member of staff on duty on the reception desk at all times and one nurse per surgery when operational.

We were informed that the use of agency staff is rare, but any temporary staff working at the practice were given a sufficient orientation/induction prior to undertaking any tasks at the practice. However, where possible the practice aim to use agency staff that have worked at the practice previously, to ensure there was a level of familiarity and continuity.

Staff supervision and appraisals are dealt with by the Registered Manager and there was evidence of staff appraisals within the staff files that we reviewed.

There were recruitment and induction policies in place. Staff files reviewed contained evidence of relevant DBS certificates, pre-employment checks and indemnity insurance.

¹⁰ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

Training records were reviewed within individual staff files, which evidenced that all staff were up to date with their mandatory training requirements.

There was no overall training matrix available setting out staff compliance against the relevant mandatory training required. The practice manager informed us that the responsibility regarding mandatory training requirements was down to the individual staff member concerned. The Registered Manager did confirm that training requirements would be discussed as part of the appraisal discussions that take place. Also, during the feedback meeting, the Registered Manager stated that there was now an arrangement with iComply that would mean that on the occasions where a staff member has mandatory training due for renewal, an email reminder would be sent to the relevant member of staff and the Registered Manager.

Despite this arrangement, the practice should consider maintaining its own record of staff compliance against mandatory training to ensure that there are no anomalies.

Improvement needed

The practice is required to provide HIW with details of the action taken to ensure that there is a system in place to monitor staff compliance with mandatory training required.

4. What next?

Where we have identified improvements and immediate non compliance issues during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we issued a non compliance notice asking the service to tell us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No concerns identified.			

Appendix B – Immediate improvement plan

Service: Cathays Dental Clinic

Date of inspection: 6 August 2019

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
The service must ensure healthcare waste is being stored appropriately and securely within the dental practice premises in line with best practice guidelines.	The Private Dentistry (Wales) Regulations 2017 Regulations 13(5a) and 13(5b)	As confirmed on inspection day, ALL healthcare waste will be stored in lockable clinical waste bins at the rear of the property.	Tracey Sawyer Amir Koochek	To be implemented by 12 th August 2019

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative: Amir Koochek

Job role: Registered Provider

Date: 8th August 2019

Appendix C – Improvement plan

Service: Cathays Dental Clinic

Date of inspection: 6 August 2019

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The practice must ensure that the patient information leaflet contained on the website is consistent with the hard copy available at the practice.	Private Dentistry (Wales) Regulations 2017 Regulation 6(2)	Our web developer will be contacted and provided with the hard copy of the patient information leaflet at the practice to ensure all information is consistent	Amir Koochek	6 weeks
The practice must ensure that the patient information leaflet is reviewed regularly to ensure that information is accurate and up to date.	Private Dentistry (Wales) Regulations 2017 Regulation 6(1)	The patient information leaflet will be reviewed on a quarterly basis going forwards to ensure all information is accurate and up to date	Amir Koochek	4 weeks
The practice must ensure that the information	Private Dentistry	All patient information will be updated to	Amir Koochek	4 weeks

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
displayed within the patient information leaflet and in the patient waiting room relating to the Data Protection act is updated to reflect the GDPR	(Wales) Regulations 2017 Regulations 6(1)	reflect the GDPR		
The practice must provide details of the action taken to ensure information is available in Welsh and where required other languages and formats to meet the communication needs of the population that it serves.	Health and Care Standards 2015 Standard 3.2	The patient information leaflet and other patient information will be translated into Welsh	Tracey Sawyer	8 weeks
The practice must provide details of the action taken to ensure that the medical history sheets being are updated and countersigned at each visit where required.	Private Dentistry (Wales) Regulations 2017 Regulation 20 (1a) (ii)	Medical history sheets are being updated, signed and countersigned but it will be ensured that they are scanned into the patients' computerised medical records and always available	Tracey Sawyer	1 week
The practice must provide details of the action taken to ensure all available copies of the practice complaints procedure contain accurate and up to date contact details.	Private Dentistry (Wales) Regulations 2017 Regulation 21 (1) and 21 (4a)	All copies of the practice complaints procedure contains accurate and up to date details	Tracey sawyer	1 day

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice is required to provide HIW with details of the action taken to ensure regular patient surveys are undertaken.	Private Dentistry (Wales) Regulations 2017 Regulation 16(2c)	Regular patient surveys are already being taken, but it will be ensured that they are monitored and reviewed quarterly and any highlighted concerns or improvements are documented with the corresponding action plan to be implemented	Tracey sawyer	1 week
Delivery of safe and effective care				
The practice is required to provide HIW with details of the action take to ensure that all laboratory work is stored and disposed appropriately.	Health and Care Standards 2015 Standard 2.1	All laboratory work has been moved out of the surgeries and in out of sight storage, and disposed of in clinical waste/gypsum product waste bins	Tracey sawyer	1 day
The practice is required to provide HIW with details of the action taken to ensure there is always adequate first aid care available in the event of an accident or injury.	Private Dentistry (Wales) Regulations 2017 Regulation 17(1a)	All staff will undertake first aid training courses, and so in the absence of the nominated first aider, there will always be a first aider present on the premises	Amir Koochek	8 weeks
The practice is required to provide HIW with details of the action taken/planned to either repair or remove the defective equipment within	Private Dentistry (Wales) Regulations	The defective equipment will be repaired/removed by an appropriate	Tracey sawyer	8 weeks

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
the hygienist's surgery.	2017 Regulation 13(2a)	third party company		
The practice is required to provide HIW with details of the action taken to organise staff files to allow for easier access to required information.	Health and Care Standards 2015 Standard 3.5	All staff will be required to review their personal files and where appropriate insert dividers and separate certificates in poly pockets to ensure ease of access	Tracey Sawyer	2 weeks
The practice is required to provide HIW with details of the action taken to organise policy and procedure folders to allow for easier access to required information.	Health and Care Standards 2015 Standard 3.5	Dividers will be placed in appropriate places within the comply folders to allow for easier identification and access of required information	Tracey Sawyer	4 weeks
Quality of management and leadership				
The practice is required to provide HIW with details of the action taken to ensure there is evidence available to demonstrate that all staff have read and understood the policies and procedures in place.	Health and Care Standards 2015 Standard 7.1	All staff will be provided with appropriate templates in relation to policies and procedures so they may initial/sign to evidence they have read and understood them	Tracey Sawyer	4 weeks
The practice is required to provide HIW with details of the action taken to ensure there are	Health and Care Standards 2015	Regular staff meetings are held but it will be ensured clear agendas with	Tracey Sawyer	2 weeks

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
regular staff meetings held, with clear agendas, objectives and learning outcomes.	Standard 7.1	objectives are planned and documented before meetings and learning outcomes are acted upon and recorded		
The practice is required to provide HIW with details of the action taken to ensure that there is a system in place to monitor staff compliance with mandatory training required.	Private Dentistry (Wales) Regulations 2017 Regulation 13(3a)	Mandatory training requirements will be arranged for the whole team in a manner that requires all staff to attend. Should a member of staff miss any mandatory training requirement, they will be prompted by the practice manager until the required training is undertaken and recorded in staff files	Tracey Sawyer	4 weeks

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Amir Koochek

Job role: Registered Manager

Date: 16th September 2019