

General Dental Practice Inspection Report (Announced)

Smile Solution Ltd Chepstow
Orthodontic practice, Aneurin Bevan
Health Board

Inspection date: 6 October 2022

Publication date: 6 January 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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
Website: www.hiw.org.uk

Digital ISBN 978-1-80535-211-2

© Crown copyright 2022

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

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

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	14
• Quality of Management and Leadership	18
4. Next steps.....	20
Appendix A - Summary of concerns resolved during the inspection	21
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan	23

1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Smile Solution Ltd Chepstow Orthodontic practice, Aneurin Bevan Health Board on 6 October 2022.

Our team for the inspection comprised of two HIW Inspectors and a dental peer reviewer. The inspection was led by a HIW Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Smile Solution Ltd Chepstow Orthodontic Practice was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Ensure an 'active offer' of Welsh is made to patients who may wish to communicate in Welsh, translate practice information and posters into Welsh and display them to ensure that patients are able to access information in the language of their choice
- Use the feedback information from patients to implement a 'you said, we did' information board.

This is what the service did well:

- Patients were treated in a caring and friendly manner in a surgery that preserved their dignity
- Patients who were anxious and / or autistic patients were given extra time and support to make decisions about their treatment
- Patient experience was positive at this setting, across most areas, based on feedback responses and comments.

Safe and Effective Care

Overall summary:

Overall, the practice was well maintained and well equipped to provide the services and treatments they were registered to deliver. All areas were clean and free from any visible hazards.

Infection prevention and control (IPC) measures were good, the practice had sufficient personal protective equipment (PPE) in place.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

This is what we recommend the service can improve:

- Complete an updated Fire Risk Assessment and health and safety risk assessment
- Address flooring seal degradation in the surgery
- Effectively manage the storage of cleaning equipment to reduce the risk of cross contamination.

This is what the service did well:

- Appropriate fire safety equipment monitoring and testing measures were in place
- Safeguarding training compliance rates, levels and procedures were of a high standard
- Staff training rates in relation to infection prevention and control (IPC) were high.

Quality of Management and Leadership

Overall summary:

We saw that the practice was well organised with policies and procedures in place. Documentation relating to staff information was held safely and securely and contained all the information necessary to ensure that staff were fit to work.

We saw evidence of regular, minuted team meetings. We saw that appraisals were undertaken once per year and staff were encouraged to undertake further relevant training to develop their careers.

This is what we recommend the service can improve:

- Complete an annual report relating to assessing and monitoring the quality of service provision to comply with regulation 16 of the Private Dentistry (Wales) Regulations 2017
- Ensure that recruitment procedures for all new staff are followed in relation to the collection of references

This is what the service did well:

- We saw that all staff, clinical and non-clinical worked very well together as part of a team.

Details of the concerns for patient safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 24 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for between one and two years. Some of the patients did not answer all of the questions. Some of the comments provided by patients on the questionnaires included:

"The orthodontist will always talk to me about the progress. It's really nice to be in the loop"

"Fantastic service, very pleased with treatments"

"Always polite and helpful staff"

"The staff are lovely"

Patients were asked in the questionnaires how the setting could improve the service it provides. Some of the comments provided by patients included:

"Not so long between appointments"

"Suitable parking near the surgery would be beneficial"

"It's great, I have no suggestions"

Staying Healthy

Health Protection and Improvement

We observed the changes that had been made to the environment of the practice in response to COVID-19. To protect against the risk posed by the virus we saw alcohol gel dispensers were placed at strategic locations throughout the practice.

Staff told us that they continued to record patient responses to the COVID-19 screening questions and we saw staff confirming these details on patient arrival at the practice.

We saw posters for patients on how to improve their dental health. This information was in English.

We saw a sign within the practice displaying 'No Smoking' which confirmed the practice adhered to the smoke free premises legislation.

All but one of the 24 patients who had completed a questionnaire said that the dental team had talked to them about how to keep their mouth and teeth healthy.

Dignified care

Communicating effectively

We witnessed staff members treating their patients in a dignified and respectful manner. Staff were friendly, doors were closed when the surgery was in use and we were assured that patient dignity was preserved.

We saw that waiting room use was limited to the next patient waiting to receive treatment and that waiting times were short. The telephone in the reception area did not accept voice mail messages and patients were asked to email or call back during opening hours.

All patients that answered the question indicated that the staff at the practice treated them with dignity and respect. We heard appropriate explanations of treatment and plans being shared with patients and their guardians. 20 patients indicated the dental team helped them to understand all available options when they needed treatment and all 24 patients said that things were always explained to them during their appointment in a way they could understand.

We found that the nine principles, as set out by the General Dental Council (GDC), was included in the patient information folder available in the waiting area. The nine principles applied to all members of the dental team and set out what patients should expect from a dental professional.

We noted that the practice had access to a telephone translation service for patients whose first language was not English. This was provided by the local health board.

Patient information

We reviewed a patient information folder which included a patient information leaflet containing all of the information required by the Private Dentistry (Wales) Regulations (PDR) 2017 regulations although this information was not available in Welsh. We also reviewed the General Dental Council code of ethics, complaints and concerns policy as well as other useful patient information.

We noted that information on the costs of orthodontic treatment was detailed in the patient information folder available in the waiting room.

We saw that the practice had displayed both Welsh and English versions of the HIW registration certificates.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

Timely care

Timely access

We observed minimal waits for appointments for patients attending the practice and we were advised that appointments usually ran to time. We were told that the receptionist would inform the patients about waiting times and any reasons for delays. We were informed that appointments could be booked over the telephone or in person.

All but one patient said they could arrange an appointment when they needed one. However, 16 of the 24 patients who answered, indicated they did not know how to access the 'out of hours' dental service if they had an urgent dental problem. We were told that out of hours information was available for patients via the Smile Solution Ltd website or on the out of hours telephone recorded answer message.

At the time of the inspection, we observed some restrictions due to COVID-19 still in place, with only patients with pre-arranged appointments entering the practice.

Individual care

Planning care to promote independence

We saw evidence of treatment options being recorded and consent to treatment obtained from each patient.

All patients who completed the questionnaire confirmed that the clinical team enquired about their medical history before undertaking any treatment and confirmed that they were involved, as much as they wanted to be, in decisions about their treatment.

The treatments and services offered by the practice were in accordance with the statement of purpose.

People's rights

We reviewed the practice equality and diversity policy. This demonstrated that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment. This policy had been recently reviewed and updated. We saw evidence of annual equality and diversity training that had been completed by all staff within the last year.

There was a hearing loop available within the surgery for patients and staff that experienced hearing loss.

The responsible individual described how autistic patients were given extra time to think about treatment decisions and even trial appliances in advance of treatment to minimise potential distress. We were told that patient needs were considered on an individual basis.

The practice was located on the first floor and is only accessible via a flight of stairs. This was detailed on the patient information leaflet and we were told that patients who were unable to access the first-floor practice were encouraged to telephone the practice so that alternative arrangements could be made. The practice had plans in place to relocate with a view to increasing accessibility for patients with mobility difficulties.

We were told that all patients would be routinely asked how they would prefer to be addressed. All patients would be referred to by their preferred name.

All respondents to the HIW questionnaire indicated that they felt they could access the right care at the right time regardless of any protected characteristic. Patients reported that they did not face any discrimination when accessing or using the dental practice.

Listening and learning from feedback

We were informed that the practice used a variety of methods to gather the views and feedback of patients and would provide questionnaires to patients to achieve this. We were also told that patients would be encouraged to leave a review on Google using the Google review Quick Response (QR) code on a poster in the waiting room. We saw that patient review feedback was shared regularly through minuted team meetings and themes were monitored.

At the time of our visit, the practice was not displaying information relating to improvements made because of patient suggestions and feedback, such as a 'you said, we did' board or information screen. We were told this was planned for the future.

The practice provided a copy of their complaint procedure in the patient information folder that was available in the waiting room. This information was also available on the practice website and included within the patient information leaflet and statement of purpose. The complaints policy had the appropriate contents relating to timescales and escalation of complaints. We were provided with a digital complaints log that was kept up to date and monitored progress, themes and resolutions. We saw evidence of detailed actions and responses taken to resolve patient concerns.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The surgery, decontamination room and reception area were of a good standard. The premises were small and there was minimal clutter.

Whilst the building was well maintained, we noted that the flooring seals in the surgery had degraded over time and recommend that the practice address this to ensure that efficient and effective cleaning is possible.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training.

Emergency exits were visible and a Health and Safety poster was displayed.

We reviewed the fire risk assessment and the health and safety assessment documents conducted by an external provider and dated August 2021, these included timeframes and actions completed. Both assessments need repeating to ensure that the environment remains safe for staff and patients.

Infection prevention and control (IPC)

There were appropriate arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures. Additionally, there was a cleaning schedule in place that supported effective cleaning routines. There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

We noted that the mops in the cleaning cupboard were not hanging to dry separately and risked cross contaminating clinical and non-clinical areas. Mops and buckets need to be separate and managed effectively.

The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The facility was small, clean, well-organised, well equipped and uncluttered.

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

There was a system in place to manage waste appropriately and safely. We saw evidence that a contract was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

We noted, from training records, that all staff had received infection control training within the last year.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had recently received cardiopulmonary resuscitation (CPR) training. The practice had a dedicated first aider.

The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency equipment and drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). We noted that both adult and paediatric pads were available for the defibrillator.

We were told that no medicines were routinely dispensed on site. Temperature sensitive emergency medications were refrigerated and the appropriate logs were in place.

We saw prescription pads being kept securely. Staff told us of the correct procedures they would take if there was an emergency.

Safeguarding children and safeguarding adults at risk

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies were recently reviewed, contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise. The responsible individual was the safeguarding lead and was able to discuss with us the policies and procedures. Staff were aware of the safeguarding policy and relevant procedures and told us any concerns would be reported to the safeguarding lead.

We saw that all staff had received children and adult safeguarding training within the last year. This was at level three by the clinicians and level two safeguarding training was completed by all other staff.

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place. When checked we noted that references for the practice manager and receptionist were missing.

We confirmed that all clinical staff were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We saw that the surgery contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment. The clinical equipment was considered to be safe and appropriately maintained.

We found there were sufficient dental instruments and they were in a good condition.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment and regular image quality assurance audits of X-rays were completed. There were safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment and we saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective care

Safe and clinically effective care

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and patient information leaflet that was compliant with the Private Dentistry (Wales) Regulations (2017).

We saw evidence that staff would obtain and follow professional guidance and advice when necessary and would use this to update practice policies.

Quality improvement, research and innovation

The practice had completed the Welsh Health Technical Memorandum (WHTM) 01-05 audit and there was evidence that they were working through the issues. We also saw evidence of other audits such as the audit of radiographs and the annual audit of patient records.

Information governance and communications technology

Patient dental records were stored electronically and securely on cloud-based servers. Access to dental records was via a password protected system and this followed an appropriate records management policy.

The practice managed and protected information in compliance with the General Data Protection Regulations 2018. We saw that staff personal folders were held securely within a locked metal filing cabinet.

Record keeping

A sample of 10 patient records were reviewed. Overall, there was evidence that staff were keeping good clinical records, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

All the records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality.

The practice had a consent policy that was adhered to.

Quality of Management and Leadership

Governance, Leadership and Accountability

We spoke to the registered manager and newly appointed practice manager, who had day to day responsibility for the management of this practice. Both were found to be committed to their role.

The staff that we spoke to were clear and knowledgeable about their roles and responsibilities. All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that practices were up to date.

Evidence was kept of regular team meetings and we were provided with examples of minutes from these meetings. The minutes demonstrated that issues and actions raised were appropriate and proactive. Meeting minutes were kept in a folder that was accessible to all staff.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had a current public liability insurance certificate available.

However, the practice had not completed the relevant report in accordance with regulation 16 (3) of the Private Dentistry (Wales) Regulations 2017, relating to assessing and monitoring the quality of service provision including an annual return.

Workforce

The procedure for recruiting new staff was described and we saw that there was an induction programme in place, which covered training and relevant policies and procedures as well as clinical competencies. We saw evidence that staff appraisals were also undertaken on a regular basis.

The practice manager informed us that agency staff are occasionally used and that relevant checks on agency staff were conducted by the dental agency and confirmation provided to the registered manager.

All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

Mandatory training certificates were reviewed for all staff and overall compliance was 100%. All members of staff had undertaken recent basic life support (BLS) training. There was a training matrix in place which detailed when mandatory

training courses were due for renewal. We were also informed of additional short courses available for staff through Dentex.

4. Next steps

Where we have identified improvements and immediate concerns 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 require the service to complete an immediate improvement plan telling 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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.

Appendix A - Summary of concerns resolved during the inspection

Service: Smile Solution Ltd Chepstow

Date of inspection: 6 October 2022

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 immediate concerns were identified on the inspection			

Appendix B - Immediate improvement plan

Service: Smile Solution Ltd Chepstow

Date of inspection: 6 October 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate improvements required				

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Smile Solution Ltd, Chepstow

Date of inspection: 6 October 2022

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
The registered manager must ensure an “active offer” of Welsh is made to ensure that those patients who may wish to communicate through the medium of Welsh are able to do so. This must include the translation of the patient information leaflet.	The Private Dentistry (Wales) Regulations (PDR) 2017, regulation 13 (1) and 13 (9) (a). Standard 4.2 Patient Information, Regulation.	Posters have been ordered and we have requested that this is also included on our Website.	Jennifer Collett Practice Manager	21 st January 2023
The registered manager must implement a ‘you said, we did’ display within an area accessible	PDR 2017, regulation 16	Posters are now displayed with forms for patients to complete	Jennifer Collett Practice Manager	Completed 25 th November 2022

to patients to encourage suggestions from patients to further improve the practice.	(1)(a) & (2) (b) (ii) (d)(ii) Standard 6.3 Listening & learning from feedback	with a post box in reception to receive these.		
The registered manager must ensure that a full environmental / health and safety risk assessment and a fire risk assessment are completed and regularly updated when actions are completed	PDR 2017, regulation 22 Standard 2.1 Managing Risk and Promoting Health and Safety	We have booked this twice but have had to rearrange for a visit this month. The company will visit on the 19 th December and I am waiting for a reply to my request for this to be completed before the 19 th December.	Jennifer Collett Practice Manager	19 th December 2022, at the latest
The registered manager must ensure that floors in clinical areas are adequately sealed to allow for effective cleaning	PDR 2017 regulation 13 (6) (a-b) and regulation 13(5) (a-b)	Completed	Jennifer Collett Practice Manager	27 th October 2022
The registered manager must ensure that mops and buckets are managed and stored effectively	PDR 2017 regulation 13 (6) (a-b) and	Brackets have now been installed in the cleaners cupboard to allow the mops to dry and hang upside	Jennifer Collett Practice Manager	27 th October 2022

	regulation 13(5) (a-b)	down. Buckets are cleaned and stored upside down		
The registered manager must produce an annual report relating to assessing and monitoring the quality of service provision	PDR 2017, regulation 16	This will be written and submitted in line with the regulation.	Jennifer Collett Practice Manager	21.12.22
The registered manager must ensure that references are obtained for all new staff	PDR 2017 Regulation 7(1) Workforce	This is part of the Dentex Group recruitment policy, which will be monitored and reviewed following all appointments.	Jennifer Collett	21.12.22

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): Miss Jennifer Collett

Job role: Practice Manager

Date: 5th December 2022