

General Dental Practice Inspection Report (Announced)

Willows Dental Practice, Swansea
Bay University Health Board

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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.



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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 Willows Dental Practice, Swansea Bay University Health Board on 9 June 2022.

Our team for the inspection comprised of two HIW Inspectors and a dental peer reviewer.

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 Willows Dental Practice to be a welcoming and friendly practice that focussed on providing a professional and caring service for their patients.

The practice was situated within the heart of Swansea city centre and provided a modern and welcoming atmosphere for patients.

This is what we recommend the service can improve:

- Making an 'active offer' in order to encourage those patients who may wish to communicate through the medium of Welsh to do so
- Displaying information to encourage communication through Welsh and ensure written information is available bilingually
- Offering information in a variety of accessible formats.

This is what the service did well:

- We saw that the practice had installed a TV screen on the wall of the waiting area that displayed relevant information about the practice on a loop. This included details of the dental professionals working at the practice and their General Dental Council (GDC) registration status
- We witnessed patients being treated in a caring and friendly manner within modern and well-equipped surgeries that promoted dignity and respect
- We witnessed that the practice promoted confidentiality and saw that confidential conversations were undertaken in a manner to promote privacy
- We found the practice was light, airy and modern
- Equality and diversity were promoted and the practice was accessible for all.

Safe and Effective Care

Overall summary:

Overall, we found that the practice offered safe and effective care to their patients.

Of the ten patient records that were reviewed as part of the inspection, we identified that, overall, patient dental records were completed to a high standard. However, we found that consent, oral cancer screening and intra oral examinations had not always been recorded consistently at each visit.

We found that the practice had appropriate and sufficient policies, arrangements and procedures in place for the taking, handling and recording of x-rays and appropriate medicines management procedures in place.

Emergency drugs and equipment were also stored and managed correctly.

This is what we recommend the service can improve:

- Ensure that receipts are provided by the disposing pharmacy for expired medicines accepted for disposal
- The safeguarding lead for the practice should be trained to level three
- Staff working for the practice should have safeguarding training of an appropriate level in relation to their role that is renewed on a regular basis
- Ensure current processes and procedures for the laundry of linen and uniforms at the practice are compliant with Welsh Health Technical Memorandum (WHTM) 01-04 should the practice wish to reinstate the offer of this service to staff.

This is what the service did well:

- The practice had a well-appointed decontamination room with effective infection prevention and control measure in place throughout the practice
- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- The practice used an online portal system for patients to fill in and update details of their medical history and COVID-19 screening.

Quality of Management and Leadership

Overall summary:

Willows Dental Practice has a committed and professional team of staff who we witnessed working well together. Staff strived to provide high standards of care to their patients.

We saw that the practice was well organised. Policies and procedures were mostly online on a dedicated records storage system. These met the standards and regulations for private dental practices in Wales.

Staff personal files were stored securely and contained the necessary documentation to ensure compliance with mandatory training and compliance with GDC guidelines.

We saw that morning staff meetings or ‘huddles’ took place each morning and support for staff was readily available from the management team in place at the practice.

This is what we recommend the service can improve:

- Undertake an antimicrobial prescribing audit
- Arrange a contract with the council for removal of domestic waste
- Provide a contract that sets out the terms and conditions for the doctor providing a service at the practice
- Ensure compliance documents are held for the doctor to demonstrate compliant working with the regulations governing their medical practice.

This is what the service did well:

- Staff were registered with the DBS update service and checks on this were carried out annually
- Fire safety documentation was up to date
- An effective management structure was in place and staff were well supported.

Details of the concerns for patient’s 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. Most of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Some of the comments provided by patients on the questionnaires included:

“I have never felt so comfortable in a dental practice, the staff here, starting at the receptionist, to the dental nurses and the dentist are all very friendly and informative.”

“This is an excellent practice. The change of venue has been transformational.”

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received included:

“Have more dentists so more people can come.”

“Shorter periods between appointments.”

“The only negative might be the lack of child-friendly waiting room.”

Staying Healthy

Health Protection and Improvement

We observed the changes that had been made to the environment of the practice due to COVID-19. We saw that facemasks and alcohol gel were available at the entrance to the practice and when appropriate, patients would be asked to wear a mask and apply sanitising gel to their hands from a dispenser positioned by the door of the practice.

Additionally, the reception desk had an integrated plastic screen to protect staff and patients.

We observed that the waiting area was bright, clutter free and airy and with plenty of seating available. We noted that the practice had a television screen that was fixed to the wall. This displayed relevant information about the practice for patients.

The name of the practice was clearly visible above the main entrance to the practice. Opening hours were displayed on the large front window as well as details of the dentists that worked for the practice.

Of the 24 patients that responded to the HIW questionnaire, 23 stated that the dental team talked to them about how to keep their mouth and teeth healthy.

Dignified care

Communicating effectively

All patients who completed the HIW questionnaire stated that they felt that the staff at the practice treated them with dignity and respect. Every respondent to the questionnaire also indicated that they felt the dental team help them to understand all of the available options for treatment when they needed it.

We saw patients being provided with care in a dignified and respectful manner. We heard staff speaking to patients in a manner that was helpful and friendly.

We observed that the doors to surgeries were closed during treatments. We were assured that patient dignity was preserved.

We questioned staff as to how they would undertake a private or sensitive conversation should they need to and were told that this would be carried out in the practice managers office which was situated behind the main reception desk. Prior to discussing anything of a confidential nature over the telephone, we were told that a check would be carried out of the caller's identity to preserve confidentiality.

We found the practice had a limited supply of patient information leaflets. Additionally, information was not available to patients in alternative formats (for example braille or easy-read formats).

We found that the practice provided some information in Welsh, this included information on how to claim free dental treatment as well as leaflets on smoking

cessation. In addition, the practice benefitted from having two Welsh speaking staff. The registered manager was also actively learning Welsh.

We noted that the practice had access to a telephone translation service for patients who were speakers of other languages. This was provided by the local health board.

Patient information

The practice did not have information leaflets available to patients that provided information about the different types of treatments available at the practice. We were told that patient information leaflets had been removed from the waiting area to protect against the risks posed by the COVID-19 pandemic.

However, we were told by the registered manager that a video was being made to inform patients attending for oral hygiene education of how this could be achieved and on the day of our visit information leaflets providing advice on smoking cessation were available. We also saw that the practice had a practice information leaflet readily available to patients.

We saw that information concerning fees for private treatment as well as NHS treatment costs was displayed on the large television screen present on the wall behind the reception desk in the waiting area. This information screen also provided information relating to the staff working at the practice as well as details of opening hours.

We saw that the practice had displayed both Welsh and English versions of the HIW registration certificates and we saw that the General Dental Council's "Standards for the Dental Team" was also displayed.

We were provided with the most recent statement of purpose and patient information leaflet. We found that both documents contained the information required as set out in the Private Dentistry (Wales) Regulations 2017.

Timely care

Timely access

We observed that the practice strived to ensure that patients were treated in a prompt and timely manner. We were told that appointments could be booked over the telephone or in person.

Staff told us that should the dentist run late for an appointment, patients would be notified by the reception team. Patients were then offered the option of a new appointment or to continue to wait.

Of the 24 patients that completed a HIW questionnaire, most responded that it was at least fairly easy to get an appointment when needed. Most respondents also indicated that they knew how to access the out of hours emergency dental service. Information on how to access this was available on the dental practice answerphone with separate processes to follow for NHS and private patients.

Individual care

Planning care to promote independence

During the inspection, we reviewed ten patient dental records. We saw that all had evidence of appropriate treatment planning.

This was confirmed in the responses to the HIW questionnaire. All patients questioned responded that they felt they were as involved as much as they wanted to be in the decisions made regarding their care and all stated that the dental team enquired about their medical history prior to undertaking any treatment.

People's rights

We were provided with evidence of an equality and diversity policy to ensure patients human rights were always upheld. This had been recently reviewed.

The practice was located entirely on the ground floor of the building. Entry was via a doorway at the front of the practice and was accessible with a slope up to the front door. The practice had a disabled toilet as well as facilities for bariatric patients such as bariatric waiting room chairs and a bariatric toilet. The reception desk had a lowered area for patients requiring this.

We noted that the practice had a hearing loop system for those patients that were hard of hearing and dental chairs and surgeries were easily accessible to all, with ample room for those patients who may need to transfer from a wheelchair.

We were told that all patients would be routinely asked how they would prefer to be addressed. Patients who were transgender would be referred to by their preferred pronouns and a 'pop-up' messaging system on the electronic dental records system in use at the practice, served as a reminder to staff.

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.

One patient actively praised the dental practice for its approach stating:

“[Disability removed for anonymity]...The staff are all super patient about this and know to [treat me appropriately according to my needs]. I feel that my disability is not an issue, and they just crack on with what they need to do without making me feel like I’m being difficult or causing extra work. That’s why I’d never go to another dentist now.”

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 and social media.

We were told that the practice would discuss feedback from patients in staff meetings and, if appropriate, during the morning team “huddle”.

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.

We noted that the practice complaints policy was displayed on the television screen within the waiting area and saw that a summary of this was also available in the patient information leaflet.

We were told that the practice had a separate complaints policy for NHS and private patients. Each policy contained details of a named person to whom a complaint should be directed, as well as a timescale for response. In addition, details of organisations to whom a complaint could be escalated were also included. We also saw that HIW was signposted within the complaints policies.

We saw that the practice held a dedicated complaints log. This was comprehensive and included a full breakdown of the complaint including details of any attempted resolution and outcomes. Complaints audits would be sent to the local health board for further review on a quarterly basis and discussions of this would be held during staff meetings.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The dental practice was located in Swansea city centre. Previously used as a café, the practice had been completely redesigned by the current registered manager to offer a purpose-built dental practice.

The practice was well maintained, neat and tidy and surgeries were well appointed and modern. The practice had a dedicated decontamination room that was situated towards the middle of the practice.

Surgeries, despite being windowless, were well ventilated with good lighting and flooring was of a suitable 'cap and cove' design to ensure effective cleaning.

We found that the waiting area was modern and bright with plenty of seating.

A well-proportioned office area behind the main reception was used by the practice manager.

We were provided with a health and safety risk assessment that had been recently completed as well as a business continuity plan that contained details of the utility companies used by the practice should a failure arise.

We saw that the practice had displayed a valid employer's liability insurance certificate within the staff kitchen area. A health and safety executive poster was also present.

We reviewed the arrangements relating to fire at the practice. We saw that the fire risk assessment was last completed in October 2020. No actions had been identified for completion. We were provided with evidence of fire safety and maintenance logbooks. These contained details of the regular checks and maintenance carried out at the practice. We saw that fire drills were undertaken every six months, with checks on fire extinguishers carried out annually. Checks on the integrity of doors and escape routes were carried out weekly. We found that the emergency lighting was last checked in February 2022 and required repeating monthly by the service company. We were told that the practice was aware of this and at the time of the visit, were in contact with the maintenance company to visit the practice to repeat this check.

We saw that the practice had an appropriate number of fire extinguishers available, and these were of a suitable type for the practice. All staff had recently undertaken fire safety training.

Infection prevention and control (IPC)

We found that the practice had appropriate policies and procedures in place to ensure effective infection prevention and control (IPC). We were provided with evidence of policies that covered hand hygiene, the disposal of clinical waste and cleaning regimes. The practice also had specific policies in place to ensure that the risks posed by COVID-19 were mitigated.

The practice had a designated infection control lead in place. This was the practice manager. We saw that the Welsh Health Technical Memorandum (WHTM) 01-05 had been recently completed and staff were up to date with training in IPC. A review of staff files also demonstrated that all staff working clinically at the practice had provided satisfactory evidence of hepatitis B immunity.

We observed that the practice environment was clean, in good condition and enabled effective infection control. We saw that each dental surgery had a cleaning schedule with a separate schedule available for the decontamination room. These schedules were completed daily with a record kept of each.

We requested evidence of checks completed on the decontamination and sterilisation equipment at the practice and were provided with evidence of digital printouts and logbooks for the autoclaves. These were completed daily and checked weekly to ensure they had been consistently completed by staff.

We saw that, whilst the practice was not using a system of safety sharps for the administration of local anaesthetic injections, we were assured that the practice used devices to minimise the risks associated with using sharps.

We questioned the registered manager on the support available to staff should they sustain a needlestick or sharps injury and were told that an occupational health service was available to all staff. When speaking with staff we were assured that staff were aware of the protocol to follow should they sustain a sharps injury in the course of their work.

Throughout our visit, we witnessed staff wearing the correct personal protective equipment (PPE).

We were provided with evidence of contracts for the disposal of waste from the practice. However, we found that the practice did not have a contract in place with the local authority for the removal and disposal of domestic waste. At the time of our visit, this was the responsibility of the registered manager who would take the waste to the local authority amenity site.

We reviewed the arrangements for the handling of substances that were subject to Control of Substances Hazardous to Health Regulations (COSHH) and were provided with a recently updated folder containing the data sheets for this. No actions had been identified.

We noticed that the dental practice provided an in-house laundry service for staff uniforms. However, on the day of our visit we were not able to view compliance documentation relating to Welsh Health Technical Memorandum 01-04 (Decontamination of Linen for Health and Social Care). Accordingly, we raised this with the registered manager who immediately ceased to offer this service.

During our inspection we found that reusable dental equipment was not always individually bagged after sterilisation. We raised this issue immediately with the registered manager, practice manager and the decontamination nurse. We saw that this was immediately corrected, with all instruments and equipment immediately bagged and appropriately stored.

Medicines management

We saw that the practice had a medicines management policy in place. This policy contained the procedures and processes to ensure that medicines were handled, stored and used safely. The policy did not contain details of safe disposal and this therefore required addition.

We were told that the practice did not store medication other than those required as emergency medicines. However, during our observations of the practice, we found evidence of medicines used for ear, nose and throat conditions stored in an unlocked drawer within one of the dental surgeries. We were informed that these medicines were the responsibility of a visiting doctor who used the practice on an ad-hoc basis to treat patients on behalf of the local health board for conditions involving the ear, nose and throat. Upon making the registered manager aware of the medicines, these were immediately removed from the drawer and stored in a safe and secure manner.

During our review of patient dental records, we found that clear records were kept of medicines administered. We observed that staff gave patients information about any medicines prescribed by the treating clinician.

We were told that expired medications would be disposed of at a local pharmacy. At the time of our visit, no receipt was obtained from the disposing pharmacy of their acceptance.

We reviewed the emergency drugs and equipment at the practice and found them to be stored appropriately, in date and in an area that was easily accessible to staff. We saw evidence of regular checks to ensure emergency drugs and equipment were present and ready for use if needed.

The practice had two designated first aiders in place. These were the registered manager and the responsible individual. Both designated first aiders held recently completed first aid training. A fully stocked first aid kit was also available. We saw that items within it were appropriate and in date.

Safeguarding children and safeguarding adults at risk

We saw that most of the clinical staff at the practice had completed training in the safeguarding of children and vulnerable adults to an appropriate level. However, one clinician did not recently have training in this area. We were told that the registered manager was the designated safeguarding lead for the practice. Although we were provided with evidence that they had completed training to level two, it is a requirement that training to level three is required in order to undertake this role.

We saw evidence that the practice had a safeguarding policy in place. However, this did not refer to the All Wales Safeguarding procedure. We were assured to see that the contact details of local authority departments with responsibility for safeguarding as well as the local police were included within the safeguarding policy.

A hard copy of the All Wales Safeguarding procedures was not available to staff at the time of our visit.

When questioned, however, staff appeared knowledgeable of the procedure to follow should they have a concern and knew who to contact for further advice, support and guidance should they need it.

We saw that all staff had completed satisfactory pre-employment checks, including disclosure and barring service (DBS) checks that were enhanced for child and adult workforce.

Medical devices, equipment and diagnostic systems

We saw that surgeries contained appropriate equipment for the safety of patients and the dental team. Surgeries had been newly installed with new dental chairs.

Our observations of the clinical equipment demonstrated that it was safe and in good condition. We saw evidence of induction checklists for new starters and agency staff to ensure all staff were appropriately trained in the use of this equipment. We witnessed equipment being cleaned and disinfected in line with IPC guidelines between each patient use.

Failure of clinical equipment was logged in a prompt and timely manner. Equipment requiring maintenance would be discussed during the morning ‘huddles’ to ensure staff were aware.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment and found this to be compliant with the requirements as set out in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (2017). We saw that X-rays were taken digitally at the practice.

Documentation provided to us during our visit demonstrated that the practice had safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment. These included a radiation protection advisor (RPA) as well as a radiation risk assessment.

We saw evidence of critical examination reports for each X-ray unit at the dental practice and quality assurance was taking place for image processing. Images data was backed up in case of computer failure.

We were informed that some nurses had been trained and were qualified in the taking of X-rays and all staff were assessed for competency in their roles by the dentists and clinicians working at the practice. We saw that all staff had completed training in IR(ME)R (2017).

Effective care

Safe and clinically effective care

We were satisfied that the practice had arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. This was outlined within the practice statement of purpose and patient information leaflet that had been recently reviewed and was compliant with the Private Dentistry (Wales) Regulations (2017).

We saw evidence that staff would obtain and follow professional guidance and advice when necessary. The practice manager informed us that the practice benefitted from membership of the British Dental Association which was available to provide professional advice when required. This was further demonstrated by the adherence to the most recent guidance provided by the Chief Dental Officer (CDO) for Wales in relation to respiratory illness.

We noted that the practice used the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to prevent wrong site tooth extractions.

Quality improvement, research and innovation

We were assured to be provided with evidence of commitment to continual improvement by the practice. This included details of recently completed audits such as the Quality and Safety Assurance for General Dental Services in Wales (QAS) as well as the Maturity Matrix Dentistry (MMD) and Skills Optimiser Self Evaluation Tool provided by Health Education and Improvement Wales (HEIW).

Further evidence was provided in the form of audits undertaken in complaints, patient feedback, smoking cessation, radiation and an audit of patient dental records to assess competence of record keeping. At the time of our visit, the practice had not undertaken an audit in anti-microbial prescribing.

Information governance and communications technology

We saw that the practice had a staff confidentiality policy in place that complied with the General Data Protection Regulations.

Patient dental records were stored electronically and securely. Access to dental records was via a password protected system and this followed an appropriate records management policy that had been recently reviewed. We were told that records were retained for eight years in line with the regulations.

We saw that staff personal folders were held securely within a lockable filing cabinet.

Record keeping

During the inspection we reviewed ten sets of patient dental records. This concluded that the standard of record keeping for all clinicians at the practice was high. We found that patient dental records were clear and contained sufficient information.

We saw that each patient had a full baseline dental charting which was updated at each course of treatment. A basic periodontal exam (BPE) had also been recorded and, where indicated, a full periodontal six-point pocket chart had been undertaken. Full details of treatment provided was also recorded along with recall periods in line with National Institute for Health and Care Excellence (NICE) guidelines.

We saw that medical histories were updated at each appointment for all of the dental records we reviewed as well as social history including tobacco and alcohol use.

We noted that oral cancer screening was not noted at every visit for any of the ten dental records that we reviewed, although a soft tissue exam was carried out and recorded.

Consent was also not consistently recorded in the sample of dental records we reviewed. However, we were assured that a consent policy was available as well as a policy to ensure that the rights of those without capacity were upheld.

Quality of Management and Leadership

Governance, Leadership and Accountability

The dental practice benefitted from two registered managers, one of which was also the responsible individual for the practice. Both were also dentists at the practice and had overall responsibility of the practice. The practice also had a competent and enthusiastic practice manager in post who managed the day to day running of the practice.

At the time of our visit, the practice had five dentists providing services at the practice, one of whom was a foundation dentist. Additionally, the practice employed two dental therapists and ten dental nurses, of which three were trainees.

All qualified members of staff were GDC registered and providing care that was within their scope of practice and according to the conditions of registration as set out by HIW.

We witnessed the team working well together. We saw that there were effective communication systems in place and staff treated each other with respect. The practice manager provided strong leadership to the team. This was supported by the registered managers. The practice appeared efficient and well-run with a focus on providing a positive patient experience.

We saw that the practice had in place a wide range of policies and procedures that were relevant to the practice. These were readily available to staff via an online portal system and in hard copy where appropriate.

The registered managers had overall responsibility for the submission of notifications to HIW of incidents as set out by the regulations. When questioned, they demonstrated knowledge of these requirements and we were assured that prompt and timely reporting of incidents would occur.

We saw evidence of regular team meetings and were provided with examples of minutes from these meetings. Staff meetings would take place every two months and actions that arose from them would be assigned to appropriate staff members. Minutes were made available for all staff to read and staff were expected to sign to confirm they had read them.

Workforce

We were told the process undertaken by the registered manager for the recruiting of new staff. We were told that all new staff would undergo a thorough induction programme. This was documented and provided to us as evidence. New staff would be reviewed three months after commencing employment. Unsatisfactory performance would be dealt with informally in the first instance and a further three-month review date set. Further training would be arranged if appropriate should performance of new staff provide concerns.

We were told that the registered manager would fund GDC registration, indemnity and training costs for staff. We were assured that the registered manager was invested in their staff and eager to support the ongoing professional development of their careers where possible.

The registered manager informed us that agency staff were rarely used. Should the practice have staffing issues, part time staff would be asked if they would consider working extra shifts. Holidays would be staggered across the year to provide enough permanent staff for continuity of care for patients. Should an agency dental nurse be required, we were told that only reputable agencies would be used. Compliance to ensure fitness to work for a dental practice would be carried out by the agency and this information passed to the practice. An induction would then be provided to ensure agency staff were aware of how to safely use equipment and processes in place at the practice.

We saw that the practice had a whistleblowing policy and anti-bullying policy in place. Both policies had been recently reviewed. We were told that staff could approach either of the registered managers or the practice manager should they have a concern they would like to raise.

The registered manager informed us that to aid in collaborative working, staff would use a mobile messaging application. Links to important documents would also be sent via this method.

We saw that appraisals were carried out annually by the practice manager and were provided with evidence of staff files that held details of pre-employment checks and qualification certificates.

We saw evidence of mandatory training certificates for all staff and found compliance with this to be very high. All members of staff had undertaken recent training in basic life support (BLS), IR(ME)R, fire safety and IPC.

We asked the registered manager for the details of the training they had undertaken to ensure they were able to effectively manage the dental practice. We were told that training had been undertaken in areas such as finance and business, practice management and human resources. This was achieved through a variety of methods such as webinars, training days and online training courses.

During the inspection we found that a doctor had been using a room at the dental practice on an ad-hoc basis to provide treatments and services relating to ear, nose and throat conditions. We were informed by the registered manager that this was being offered by the doctor on behalf of the NHS. However, we found that no documentation or contract was in place to set out the terms in which the doctor could use the surgery at the practice. In addition, the registered manager did not hold any documentation relating to the doctor's fitness to work or compliance with the regulations that govern their practice. We were told that the doctor was away for an extended period of leave and did not have any patients booked in at the time of our visit.

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

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
We noted that dental materials and equipment kept in a central location were not bagged appropriately.	This could mean that sterilised items may become contaminated	This was raised immediately with the registered manager, practice manager and decontamination nurse	Items were immediately removed from this area, resterilised, and bagged and were effectively stored.
We found that the practice was using a washing machine to launder items of uniform	As this is a primary care setting, this requires adherence to WHTM 01-04 guidance which could not be assured on the day of our visit	This was raised immediately with the registered manager and practice manager	The washing machine and in-house laundry service was immediately ceased. All staff were notified immediately and a sign placed on the washing machine warning staff not to use.
Medications relating to treatments for ear, nose and throat conditions were found within an unlocked drawer in a dental surgery	This could lead to unauthorised access by patients and visitors	We informed the registered manager and practice manager immediately of our findings.	Medicines were moved immediately to a locked cupboard to prevent unauthorised access

Appendix B - Immediate improvement plan

Service: Willows Dental Practice, Swansea

Date of inspection: 9 June 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 issues requiring immediate assurance were identified during this inspection.				

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: Willows Dental Practice, Swansea

Date of inspection: 9 June 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
<p>The registered managers must ensure that:</p> <ul style="list-style-type: none"> An ‘active offer’ of Welsh is made to patients Patient information is available bilingually in Welsh and English Patient information is available in alternative formats for those with accessibility difficulties (for example easy-read format or braille). 	<p>4.1 Dignified Care; Regulation 13.1 The Private Dentistry (Wales) Regulations 2017</p>	<p>Welsh speaking members of staff will be clearly identified with appropriate badges. We will offer the use of language line to aid patients.</p>	<p>Richard Amos (Principal Dentist)</p>	<p>2 months</p>
		<p>We are in the process of providing leaflets in English and Welsh.</p>	<p>Richard Amos (Principal Dentist)</p>	<p>4 Months</p>
		<p>Patient information leaflets will be printed in easy-read formats and are available on our website in the FAQ section.</p>	<p>Richard Amos (Principal Dentist)</p>	<p>4 Months</p>

The registered managers must ensure that information leaflets are available to patients to take away with them.	4.2 Patient Information, Regulation 13(9)(a) The Private Dentistry (Wales) Regulations 2017	Leaflets are available at reception and information is available on our website.		Complete
The registered managers must implement a 'you said, we did' display within an area accessible to patients to encourage suggestions from patients to further improve the practice.	6.3 Listening and Learning from feedback, Regulation 16 The Private Dentistry (Wales) Regulations 2017	We will introduce a section to our waiting room to encourage feedback from patients.	Richard Amos (Principal Dentist)	3 months
The registered manager must ensure that a contract is in place to ensure the correct operation and maintenance of emergency lighting at the practice in case of fire.	2.1 Managing risk and promoting health and safety; Regulation 22(4e) The Private Dentistry (Wales) Regulations 2017	The original contractors have been contacted and are due to visit to review.		30 September 2022
Should the registered managers wish to recommence the laundry service for staff uniforms at the practice they must ensure they are fully compliant with the regulations	2.4 Infection Prevention and Control (IPC) and Decontamination, Regulation 13(2)	We are reviewing the feasibility of providing healthcare laundry on site.	Tesni Metcalfe (Principal Dentist)	2 Month

<p>for the laundry of linen within healthcare (WHTM 01-04).</p> <p>The registered managers must ensure a contract is in place with the local council for the collection of domestic waste from the practice.</p>	<p>The Private Dentistry (Wales) Regulations 2017; Regulation 8(1m) The Private Dentistry (Wales) Regulations 2017</p>	<p>A contract with the council has commenced.</p>		
<p>The registered managers must ensure that a receipt is obtained from the pharmacy of the medicines received for disposal from the dental practice.</p>	<p>2.6 Medicines Management; Regulation 13(4a) The Private Dentistry (Wales) Regulations 2017</p>	<p>Medicine disposal will have a receipt and the policy is to be updated accordingly.</p>	<p>Donna Brown (Practice Manager)</p>	<p>1 month</p>
<p>The registered managers must ensure that the designated safeguarding lead completes training to level three.</p> <p>The registered managers must ensure that all staff renew their training in the safeguarding of children and vulnerable adults on a regular basis to an appropriate level.</p>	<p>2.7 Safeguarding children and adults at risk; Regulation 14 The Private Dentistry (Wales) Regulations 2017;</p>	<p>We are seeking clarification on whether this level of training is required as have had conflicting guidance. Appropriate training will be provided when this matter has been clarified.</p> <p>We have introduced an annual audit of safeguarding qualifications.</p>	<p>Tesni Metcalfe (Principal Dentist)</p> <p>Richard Amos (Principal Dentist)</p>	<p>30 October 2022</p> <p>6 months</p>

<p>The registered managers must ensure an audit for the prescription of anti-microbials is undertaken.</p>	<p>3.3 Quality Improvement, Research and Innovation; Regulation 16(1) The Private Dentistry (Wales) Regulations 2017</p>	<p>A prescribing audit has been completed.</p>	<p>Conor Twomey Foundation Dentist</p>	<p>Complete</p>
<p>The registered managers must ensure that consent and oral cancer screening is undertaken and recorded consistently within the patient dental records.</p>	<p>3.5 Record keeping; Regulation 20(1) The Private Dentistry (Wales) Regulations 2017</p>	<p>As per practice policy, consent and oral cancer screening are essential for all patients and should be recorded in the patient notes. Template notes have been adjusted to encourage recording of both.</p>		<p>Complete</p>
<p>The registered managers must provide the visiting doctor with a contract that sets out terms of engagement, roles and responsibilities when working within the dental practice.</p> <p>The registered managers must ensure a file is kept demonstrating compliance with the regulations to ensure fitness to work for the visiting doctor.</p>	<p>7.1 Workforce; Regulation 20(3,4) The Independent Healthcare Regulations 2011</p>	<p>We are in the process of providing a contract.</p> <p>A personnel file will be kept and updated periodically.</p>	<p>Donna Brown (Practice Manager)</p> <p>Donna Brown (Practice Manager)</p>	<p>2 months</p> <p>2 months</p>

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): Richard Amos

Job role: Principal Dentist/Practice Owner

Date: 17/08/2022