

General Dental Practice Inspection Report (Announced)

Rhiwbina Dental @ The Pines

Inspection date: 13 June 2022

Publication date: 21 September 2022



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: 978-1-80364-765-4

© 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
2. Summary of inspection
3. What we found
 - Quality of Patient Experience
 - Delivery of Safe and Effective Care
 - Quality of Management and Leadership
4. Next steps

Appendix A - Summary of concerns resolved during inspection

Appendix B - Immediate improvement plan

Appendix C - Improvement plan

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 Rhiwbina Dental at The Pines on 13 June 2022.

Our team for the inspection comprised of a HIW Inspector 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 Rhiwbina Dental at The Pines 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 saw changes had been made to their service provision based on government guidance. These changes enabled patients to be treated as safely as possible, with procedures in place to minimise the spread of COVID-19.

Patient information was available in the waiting areas and services were being delivered in a timely manner for patients. We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- We saw patients being treated in a caring and professional manner
- The practice was easily accessible for anyone with a mobility issue
- We observed a complaints policy that met the requirements of the Private Dentistry (Wales) Regulations and that complaints were logged and dealt with appropriately in a prompt and timely manner.

Safe and Effective Care

Overall summary:

We found the practice was meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

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

We found that fire safety arrangements were appropriate to protect staff and visitors and that patient records were being kept to a very good standard.

This is what we recommend the service can improve:

- Records must document whether smoking cessation advice was offered to patients
- Patients' language choice/preference needs to be recorded on the notes

- A regulation 23 report needs to be completed, which includes all the areas required by this regulation and submitted to HIW.]

This is what the service did well:

- We observed good quality audits being completed, which evidenced any changes that had been made as a result of the audit outcome
- The paperwork we reviewed throughout the inspection was in good order and easy to follow
- The number of first aiders with up to-date training ensured that at all times these staff could react immediately to an incident, injury or illness during the practice opening hours
- The practice had appropriate fire safety arrangements in place which were reviewed regularly to maintain a safe building for staff and visitors.

Quality of Management and Leadership

Overall summary:

[We saw staff working well together under the guidance and management of a professional and efficient management team. All staff appeared to be committed to providing high standards of care to their patients.

We found that the practice was well organised with policies and procedures in place that met the standards and regulations for private dental practices in Wales. Documentation relating to staff information was held securely and contained information necessary to ensure staff were fit to work at the practice.

We saw evidence that staff completed a programme of mandatory training, with certificates being kept to evidence staff competency. Staff also had opportunities to undertake additional training specific to their role.

We found that staff meetings took place regularly, were minuted and made available to staff to view.]

This is what we recommend the service can improve:

- [Employee references need to be documented and kept on file.]

This is what the service did well:

- [Effective management and leadership from the management team and principal dentist ensured that staff are aware of their professional responsibilities to ensure high quality care for patients
- Staff worked well as a team enabling the practice to run efficiently
- Practice policies and documentation was up to date and satisfactory.]]

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 40 completed questionnaires. The majority 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:

"Very helpful."

"Always very caring."

"Happy with the service provided."

"I have been a patient for many years and am very grateful for the care and treatment I have received."

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

"It is very expensive. I consider that the fees for routine check up and hygienist could be reduced."

"Unfortunately, the experts I see are very in demand, so sometimes it is difficult to see them promptly."

"Outside covered waiting area!"

"Future appointments difficult to book."

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 and we observed members of the reception team encouraging patients and visitors to use it upon entry to the practice.

To minimise the risk of COVID-19 transmission within the communal areas, social distancing measures were in place. We saw windows were open and air purifying systems were being used in the surgeries and patient waiting areas to further reduce transmission.

Staff told us that they were still recording patients' responses to their COVID-19 screening questions and we saw staff guiding patients to the appropriate waiting and treatment rooms whilst at the practice.

All patients who had completed a questionnaire felt it was very evident that the practice had COVID compliant procedures in place during their time at the practice.

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

All 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

[All patients who had completed a HIW questionnaire stated that they felt that the staff at the practice treated them with dignity and respect. All of the respondents said that they felt the dental team helped them to understand all of the available options for treatment when they needed it.

We witnessed staff providing care to patients in a dignified and respectful manner and patients were spoken to in a friendly and helpful way. Doors to surgeries were kept closed during treatments. The practice had dedicated meeting rooms available to hold private conversations with patients as well as being able to conduct these in the surgeries.

We were told the practice has some Welsh speaking staff, however, there was no information seen to advertise this to patients. Staff told us that they would endeavour to provide information to patients in their preferred language and/or format and had access to a translation service.]

Patient information

[We saw patient information available in the waiting areas. Information was kept in folders and included the patient information leaflet, statement of purpose, policies and procedures as well as specific treatment information. Price lists were

displayed and a TV displayed practice information.

We saw the General Dental Council's (GDC) 9 principles was displayed in the waiting area, in line with the requirements of the Private Dentistry (Wales) Regulations 2017.

The name of the practice was visible from the outside. Opening hours and a telephone number were also displayed on the windows.]

Timely care

Timely access

[We found that the practice worked hard to ensure that patients were treated in a timely manner. We were told that appointments were mainly made by the practice sending out appointment reminders. However, patients could book appointments via telephone or use the practices website to email.

Of the 40 respondents to the questionnaire, 27 felt that it was 'very easy' to get an appointment when they needed it and 12 said 'fairly easy'.

We were told that staff use a messaging system to inform the reception team of any delays, who then inform patients of any delays.

We were told that there are two dentists on call everyday to deal with emergencies outside of the opening hours of the practice. In addition, the practice is able to offer an emergency appointment to patients during their working hours.

Of the patients that completed a questionnaire, 23 indicated that they knew how to access the out of hours emergency dental service should they require it for an urgent dental problem.]]

Individual care

Planning care to promote independence

[We reviewed ten patient records and found eight records had evidence of treatment planning and options for those patients.

36 patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.]

People's rights

[We noted that the practice had policies in place relating to equal opportunities, equality and diversity to ensure that patients and staff human rights were upheld.

The majority of patients that completed a questionnaire indicated that they felt they could access the right healthcare at the right time.

We saw that the practice had four surgeries situated on the ground floor of the practice as well as a disabled toilet. The toilet was signposted and had grab rails to assist patients with accessibility difficulties.

Entry to the practice was unrestricted, allowing anyone with mobility difficulties to access the practice and treatment areas on the ground floor.]]

Listening and learning from feedback

[We noted that the practice displayed a copy of their complaints procedure in the waiting room, which had the appropriate contents relating to timescales and escalation of complaints.

We were provided with a complaints log that was kept up to date and within a dedicated folder. We saw evidence of detailed actions and responses taken to resolve patient concerns.

We were informed that feedback to the practice was welcomed via methods such as social media engagement and in person feedback provided to practice staff. Staff told us that any patient feedback was reviewed, and any themes identified would be discussed at team meetings.]

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

We found there were suitable arrangements in place to protect the safety and wellbeing of staff and visitors to the practice.

The buildings appeared very well maintained both internally and externally. Access to the main building was unrestricted, enabling anyone with a mobility aid/pushchair entry to the building.

All the areas were visibly clean, tidy and free from obvious hazards. We noted in the visitor's toilet that a section of floor sealant was missing. This was addressed on the day and therefore ensures that infection control standards are maintained. The surgeries and decontamination room were in a good state of repair. All the rooms had the necessary equipment required to undertake the treatments and services offered by the practice.

There were no concerns given by patients over the cleanliness of the dental practice, with all of the patients who completed a questionnaire expressing that in their opinion the dental practice was very clean.

There were no issues identified regarding the heating, lighting or ventilation.

We saw fire safety equipment was available at various locations around the practice and this had been serviced. A fire risk assessment had been completed in July 2021 and we saw that actions identified had been completed. A fire logbook was in place which recorded when testing of fire equipment, including alarms had taken place. We saw certificates to evidence that fire marshal training had been completed for nominated staff and that general fire safety training was scheduled for all other staff in July 2022.

We saw fire exits were signposted. No smoking signs and a health and safety poster was displayed, including an employer's liability insurance certificate.

We saw there were policies and procedures in place as well as an environmental risk assessment to ensure the premises were safe and fit for purpose. We saw that the practice had a COVID-19 risk assessment in place and that all staff had undertaken individual COVID-19 risk assessments.

As required by the regulations, we saw the practice had in place a business continuity policy.]

Infection prevention and control (IPC)

[We saw there was an appropriate infection control policy in place. A contract with a professional waste management company for the safe transfer and disposal of hazardous (clinical) waste was also in place.

We found there were appropriate arrangements in place for the handling and disposal of waste. We saw clinical waste being stored securely and separate from non-hazardous waste.

We noted there were appropriate arrangements in place for the handling of substances subject to COSHH.

We observed that the designated decontamination room was fit for purpose with regards to its design and cleanliness. We saw there were separate dirty and clean rooms. We advised on the day of the inspection that in line with WHTM 01-05 guidance, clean items should be transported to surgeries in clean, sealed boxes. This was addressed and implemented immediately.

We saw that the log books for checking the sterilisation equipment were being completed and staff had access to appropriate PPE for working in this area.

The WHTM 01-05 audit was being completed annually, with any areas for improvement being completed.

The practice had dedicated decontamination lead nurses and we saw certificates to evidence that all clinical staff had undertaken infection control training.

We were told that the practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.]

Medicines management

[We found the practice had appropriate procedures in place to deal with emergencies. A medical emergencies policy was in place that included the administration, handling and disposing of medicines to patients. Resuscitation equipment was available for use.

We saw the emergency drugs were being stored in a location that could be accessed easily by staff. We advised staff that the practice should have a sign to indicate the location of the emergency drugs and defibrillator. This was actioned on the day of the inspection.

There were systems in place to evidence checks on emergency drugs were being carried out in accordance with national guidance. We noted that the emergency drugs and equipment were all in date.

The practice had 15 first aiders who all had up to date training. A first aid kit was available and all contents in date and checked regularly.

We saw prescription pads being kept securely.

Staff told us of the correct procedures they would take if there was an emergency or had to report an untoward drug related incident.]

Safeguarding children and safeguarding adults at risk

[We saw that all staff had up to date training in adult and child safeguarding, level 2. The practice manager was the safeguard lead and staff told us any concerns would be reported to her.

The practice had a safeguarding policy in place. The document included details of the local safeguarding team and had a flow chart for quick reference of the course of action that staff may be required to take.

We were told the practice uses the Wales Safeguarding Procedures website to ensure all their safeguarding information is up to date.

We saw that all staff had a DBS check on file which was undertaken prior to their employment and renewed every three years.]

Medical devices, equipment and diagnostic systems

[We observed that the surgeries contained appropriate equipment for the safety of patients and the dental team. We found that staff were adequately trained to use the equipment. This was evidenced by induction checklists for new starters, training certificates and staff mentoring others.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment. We found this was compliant, with relevant documentation in place and information up to date.

We saw that all clinical staff had undertaken training in Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 that had been completed within the last five years. We also saw evidence of a completed radiography audit demonstrating further compliance with IR(ME)R 2017 regulations and quality assurance monitoring requirements.]]

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.

Staff told us they were obtaining professional guidance and where applicable using this to update their own policies. This was evidenced in the practice's standard operating procedure, which had been updated in line with updates and advice from external bodies, including the guidance issued by the Chief Dental Officer (CDO) for Wales.]

Quality improvement, research and innovation

[The practice had a clinical audit and peer review policy and clinical research policy in place. We were told that the practice continuously strives to improve the service provided to patients. We saw audits had been completed in relation to X-rays, record keeping, oral cancer, smoking cessation, antibiotic prescribing, periodontal and WHTM01-05.

We were told that the practice obtained the BDA good practice certification in 2015 and Denplan Excel certification.

Regulation 23 of the Private Dentistry (Wales) Regulations 2017 requires the registered provider prepares a written report on the conduct of the practice. Therefore, we recommend that the responsible individual reviews the requirements of Regulation 23 and undertakes a visit at the earliest opportunity. The report produced should be submitted to HIW.]

Information governance and communications technology

[We found that the practice had a staff confidentiality policy in place and complied with the General Data Protection Regulation.

Patient dental records were stored electronically and securely and according to an appropriate records management policy.

Staff personal folders that held sensitive and confidential information, were also stored securely within the practice managers' office to prevent unauthorised access.]]

Record keeping

As part of the inspection, we reviewed 10 sets of patient records. This concluded that the standard of record keeping was high and to a very good standard. Notes were clear and contained sufficient information.

We saw eight out of 10 records had the patient's social history, to include alcohol intake and tobacco use. This was taken to identify increased risks of oral cancer. All of the records reviewed had medical histories which were updated at each course of treatment.

Informed consent had been recorded in nine out of 10 records that we reviewed and treatment options were noted. We saw dental history, reason for attendance and recall information also noted.

We saw that language preference was not recorded on the records reviewed. Smoking cessation was not recorded on one record which was for an identified smoker.]

Quality of Management and Leadership

Governance, Leadership and Accountability

The principal dentist (the practice owner) has overall responsibility for the management of the practice and is the responsible individual. He is supported by a management team of four staff. At the time of our visit the practice had 13 dentists/specialists, eight hygienists, 19 dental nurses and nine reception staff. We saw that private dental care was being provided in accordance with their conditions of registration.

We saw the staff team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection.

We reviewed the statement of purpose and patient information leaflet which contained all the areas required by the Private Dentistry (Wales) Regulations 2017. Both documents are available on the practice website.

We saw that the practice had a range of policies and procedures in place. These were reviewed regularly and were available to all staff.

The practice managers ensure that any notifications, including any to HIW are submitted in the event of any serious injuries.

We saw that team meetings were taking place on a regular basis. Minutes are recorded and kept in a folder. We were told that any member of staff unable to attend a team meeting will be updated on their return so they will be aware of the discussions that took place.]

Workforce

We were told of the process undertaken by the practice to recruit new staff. We saw a range of policies that supported the employment and induction of new staff. We were told that agency staff are never used.

We were told of the rota system used enables the practice to ensure there are always sufficient staff on duty. Rotas can be planned up to 10 days in advance. This allows any gaps in staffing to be reviewed and amended accordingly.

We reviewed staff files and found they contained contracts of employment, job description, a CV and Hepatitis B immunity. We were told that verbal references were being obtained for new starters and we recommended that these are documented and kept on file.

We were told that staff have yearly appraisals and saw evidence of these on some staff files.

We saw all staff had a DBS check and these were being renewed every three years. All qualified dental staff were registered with the GDC and compliant with continuing professional development (CPD) requirements. We saw GDC registration certificates were being kept on file to ensure continued registration. In addition, we saw that indemnity insurance certificates were also being kept on file for all applicable staff.

The practice had a whistleblowing policy in place. We were told that staff were able to approach the management staff and/or the principal dentist in confidence should they have any concerns.

We saw evidence of training certificates held for staff which included CPR, safeguarding and IRMER training. Compliance with training was good. The practice arrange face to face courses for all staff to attend and therefore are able to manage and monitor staff compliance.

In addition to the mandatory training staff must complete, we were told of the opportunities staff had to undertake additional training. This allows employees to develop in their role and plan their career path in terms of their personal growth.

We were told the practice had a contract with an external provider which provided HR support. This ensures that any performance issues that may be identified will be managed in line with current employment legislation and advice.]

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
No immediate concerns were identified on this inspection			

Appendix B - Immediate improvement plan

Service: Rhiwbina Dental @ The Pines

Date of inspection: 13 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 immediate assurance issues were identified on 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: Rhiwbina Dental @ The Pines

Date of inspection: 13 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
Patient records must document whether smoking cessation advice was offered.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20(1)(a)(i)(ii)	Clinical notes (patient records) template updated to include section relating to smoking cessation advice. Team meetings held with clinical staff to ensure correct documentation.	Nia Evans	Completed 14 th June 2022
Patient records should document their language choice/preference.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13(1)(a)	Clinical notes (patient records) template and patient medical history questionnaire updated to include asking patients which language is preferable.	Nia Evans	Completed 14 th June 2022

<p>A Regulation 23 report needs to be completed, including all the areas required by the regulations and a copy submitted to HIW.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 23 (2)(a)(b)(c) (3) (4)(a)(b)(c) (5)(a)(b)(i)(ii) (6)</p>	<p>A Regulation 23 report was completed by the Registered Provider, documenting their visit to the premises and their findings and this has been submitted to HIW.</p>	<p>Nicholas Claydon Nia Evans</p>	<p>Report completed 1st July 2022 Report submitted to HIW 5th August 2022</p>
<p>Employee references need to be documented and kept on staff files.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Schedule 3, Part 1 Regulation 3</p>	<p>All employees are now required to provide at least one referee at interview stage. Senior staff then send a reference request in writing to named referees. This process is documented and securely stored on staff files.</p>	<p>Nia Evans</p>	<p>Implemented 14th June 2022</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): NIA EVANS

Job role: PRACTICE MANAGER (REGISTERED MANAGER)

Date: 05/08/2022

