

General Dental Practice Inspection Report (Announced)

Threeways Dental Laboratory,
Cwm Taf Morgannwg University
Health Board

Inspection date: 18 July 2022

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Copies of all reports, when published, will be available on our [website](#) or by contacting us:

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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 Threeways Dental Laboratory, on 18th July 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 that Threeways Dental Laboratory are committed to providing a positive experience for patients. All the patients who completed a feedback questionnaire rated the service provided by the dental practice as excellent.

This is what we recommend the service can improve:

- No areas for improvement identified.

This is what the service did well:

- The HIW certificates and patient information leaflets were available bilingually for patients.
- Information regarding face coverings and hand sanitizer were clearly displayed in the waiting area.

Safe and Effective Care

Overall summary:

We saw that the building was in a state of good repair, both internally and externally. The clinic was kept clean and tidy, and the cleanliness levels witnessed were reflected in the patient questionnaires received.

Both a fire safety risk assessment and environmental risk assessment in place, which were complete and up to date. We also saw evidence of up-to-date infection control policies and training for staff, as well as procedures in place to deal with emergencies. Checks on emergency equipment were also being carried out in accordance with national guidance

This is what we recommend the service can improve:

- No areas for improvement were identified

This is what the service did well:

- The setting is clean and tidy and kept in a state of good repair.
- Health and safety posters and smoking cessation information displayed in the waiting area.

Quality of Management and Leadership

Overall summary:

The practice had various policies and procedures in place, all of which were reviewed regularly.

We saw evidence of staff being fully compliant with mandatory training requirements. All staff training certificates were in date.

This is what we recommend the service can improve:

- No areas for improvement identified

This is what the service did well:

- We saw evidence of very good governance overall, and professional attitudes from staff

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. Even though we didn't receive any of our questionnaires back, we did receive 18 the practice's own feedback questionnaires.

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

"Excellent care"

"Great service"

Staying Healthy

Health Protection and Improvement

We witnessed staff wearing face coverings whilst in the practice. Staff also informed us that masks are mandatory for patients, unless medically exempt. There was hand sanitiser available for both patients and staff and there was COVID- 19 information displayed in the waiting area.

Patients told us they felt staff at the practice listened to them and also spoke to them about the denture care they needed. All patients who completed questionnaires also stated the dental team talked to them about keeping the dentures clean and mouth healthy.

The name of the practice was clearly visible from the outside and the opening hours and an emergency telephone number were displayed on the front door.

Dignified care

Communicating effectively

We saw evidence of the patient information leaflet being made available bilingually. The HIW certificates displayed were also bilingual. Staff informed us that none of their patients have ever asked to converse in Welsh or any language other than English. This is supported by response to the patient feedback questionnaires. In the

event a patient required translation, staff would be happy for them to bring someone to assist.

Staff also told us that it is rare there is ever more than one patient in the waiting area, due to their patient numbers, therefore patient confidentiality can be easily maintained. However, staff will always hold private conversations with patients within the dental surgeries away from the reception/waiting area. This room, or the staff area could also be used for sensitive or confidential telephone conversations.

Patient information

We saw evidence of a range of patient information available in the waiting area. This included copies of the patient information leaflet, smoking cessation leaflets, the practice price list and contact details for HIW.

Timely care

Timely access

The practice manager informed us that, due to low patient numbers each day, they have never had issues with appointment delays.

At the time of the inspection, we saw evidence of some COVID-19 protective measures still in place. Staff still wear masks in the setting, and they informed us that patients are also expected to wear masks to attend appointments. COVID-19 information posters are still displayed in the waiting area and only patients with pre-arranged appointments are permitted to enter the practice.

Individual care

Planning care to promote independence

During the inspection, we undertook a review of patient records. All showed evidence of treatment planning and were thorough and up to date.

People's rights

We noted the practice had an equality and human rights policy in place, as well as a number of other supporting policies to promote equality and diversity at the practice.

Listening and learning from feedback

The complaints process was displayed in the waiting area. The complaints information included the process that needs to be followed, timescales for responding, the name of a member of staff responsible for dealing with complaints and details of HIW.

We were shown the log where complaints would be recorded, however staff informed us that there have not been complaints made as of yet. The practice also sends questionnaires out to all patients via post after their treatment. Patients are also invited to provide feedback via a phone app.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The building appeared generally well maintained, both internally and externally. Access to the building was unrestricted, enabling anyone with a mobility aid/pushchair entry to the building. Internally, the clinic was clean and tidy and in a good state of repair. The waiting area was an appropriate size for the volume of patients seen each day

The patient toilet and staff toilet were both clean and well maintained. There were also no issues identified regarding the heating, lighting or ventilation.

We saw fire safety equipment was available at the clinic and this had been recently serviced. The setting had an up-to-date fire safety risk assessment in place and both members of staff had completed their mandatory fire safety training. Staff informed us that the fire alarms are tested monthly and fire drills are carried out every 6 months. We also saw clear 'fire exit' and 'no smoking signs' displayed.

Health and Safety posters were displayed in the waiting area, as well as the public liability insurance certificate.

We saw evidence of a complete and up-to-date environmental risk assessment for the setting.

Infection prevention and control (IPC)

We saw the practice had a number of policies in place regarding their infection prevention and control procedures. This included a hand hygiene policy, and the infection control arrangements for the clinic.

We found there were appropriate arrangements in place for the handling and disposal of waste. We also saw evidence of secure and appropriate storage and separation of clinical waste.

We saw certificates to evidence that clinical staff had undertaken infection control training.

Medicines management

We found the practice had appropriate procedures in place to deal with emergencies and there were systems in place to evidence checks on emergency equipment were being carried out in accordance with national guidance. No medicines were kept on site. This includes emergency medication.

Both clinical dental technicians are first aiders and have up to date training in place. We saw there was a first aid kit available containing appropriate and up to date items.

We saw evidence of CPR training for staff, and the practice manager confirmed that in person Emergency CPR training was scheduled for both members of staff for two days after the inspection.

Safeguarding children and safeguarding adults at risk

We saw that all staff had up to date training in adult safeguarding. No children are seen or treated at the practice, therefore staff never come into contact with anyone under the age of 18. Appropriate safeguarding policies and procedures were in place, which included contact details for the local safeguarding team.

Both clinical dental technicians have in date DBS certificates on file.

Medical devices, equipment and diagnostic systems

We observed that the clinical equipment used at the clinic was safe and fit for purpose. We saw evidence in staff training files that all relevant individuals had undergone the training to ensure safe use of equipment.

Effective care

Safe and clinically effective care

We saw that the practice had a referral policy and arrangements in place for the acceptance of patients. These details were documented in their statement of purpose and in policies and procedures.

Quality improvement, research and innovation

The practice has a clinical audit policy in place, and we saw evidence of in date clinical audits and a patient record keeping audit.

Information governance and communications technology

The clinic had a data protection and staff confidentiality policy in place. We found that current patient records were being stored appropriately and securely.

Record keeping

We saw evidence of patient records that were clear, legible and kept to a good standard.

Quality of Management and Leadership

Governance, Leadership and Accountability

The staff team at the setting consists of two clinical dental technicians, both of which are joint practice managers.

We reviewed the statement of purpose and patient information leaflet. Both contained all the information required by the Private Dentistry (Wales) Regulations 2017.

We reviewed the settings policies and procedures, all of which were up to date and had recently been reviewed. The practice manager informed us that, as there are only two staff members, they are both vigilant in reviewing policies and making sure they are aware of any updates. We also saw evidence that staff were working in line with relevant policies and procedures.

The practice manager had overall responsibility for ensuring that any notifications, including any to HIW are submitted in the event of any serious injuries.

Workforce

We saw evidence of both staff member's General Dental Council (GDC) registration, contract of employment, Hepatitis B immunity and DBS check. We also saw evidence that both have professional indemnity insurance in place.

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: Threeways Dental Laboratory

Date of inspection: 18th July 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 concerns 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: Threeways Dental Laboratory

Date of inspection: 18th July 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
No areas for improvement identified				

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: