

# General Dental Practice Inspection Report (Announced)

## ARCH Dental

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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 ARCH Dental, Abergele on 13 September 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 ARCH Dental was committed to providing a positive experience for patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

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

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- The practice had arrangements in place to protect the privacy of patients, including dedicated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity
- Staff continue to record patient responses to their COVID-19 screening questions and we saw staff guiding patients to the appropriate surgeries.

This is what we recommend the service can improve:

- We recommend that all signed treatment plans and costings are scanned and saved in patients notes.

### Safe and Effective Care

Overall summary:

ARCH Dental was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

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

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

The clinical team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what the service did well:

- The practice had been refurbished to a high standard
- Dental surgeries were clean, well equipped and fit for purpose, with well-maintained equipment
- Good quality audits had been completed.

This is what we recommend the service can improve:

- Review the recording of patients' preferred language choice within clinical records.

## Quality of Management and Leadership

Overall summary:

We found ARCH Dental to have very good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the practice owner / registered manager, who we found to be very committed and dedicated to the role and the practice.

We observed that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities in order to fulfil their roles.

This is what the service did well:

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

## 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. In total, we received 30 responses. Four completed questionnaires were from patients who had been at the practice for more than two years, 12 between one and two years and 14 for less than a year. All patients who completed a questionnaire rated the service provided as very good. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

*“Lovely practice, friendly staff, wonderful!”*

*“Excellent care. So happy with the service I received.”*

*“Great practice, very friendly*

*“Excellent service and care”*

*“Great place”*

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

*“Cannot improve, lovely practice and staff.”*

*“It’s excellent”*

*“It can’t”*

*“It’s first class.”*

*“I cannot see how it can improve its service. I’m very happy with the way it is”*



## Staying Healthy

### Health Protection and Improvement

We viewed 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 hand gel dispensers placed at strategic locations throughout the practice. Air purifying systems were being used in the surgeries to further reduce transmission.

All patients told us that, when attending the practice, it was very evident that there were COVID compliant procedures in place.

Staff told us that they continued to record patient responses to the COVID-19 screening questions and we saw staff guiding patients to the surgery.

All patients who completed a questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw 'No Smoking' signs within the practice confirming that the practice adhered to the smoke free premises legislation.

## Dignified care

### Communicating effectively

The practice had arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients who completed a questionnaire stated that they felt that staff at the practice treated them with dignity and respect. One patient told us:

*“Very patient with me as I am very anxious patient. Caring”*

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. Twenty eight patients told us that things are always explained to them during their appointment in a way they can understand and two said they were not.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Doors to surgeries were kept closed during treatments.

We were told that the principal dentist and the receptionist are fluent Welsh speakers, which helps to meet the needs of Welsh speaking patients. We were told that the practice would endeavour to provide information to patients in their preferred language and/or format and that they had access to an interpreter.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed by the main entrance. The 9 Principles apply to all members of the dental team and set out what patients should expect from a dental professional.

### **Patient information**

General information about the practice was available on its website, was displayed by the main entrance, waiting areas and reception.

The practice has a patient information leaflet which contained all the information required by the regulations<sup>1</sup>.

We found that there were various posters and information sheets displayed which provided patients with a range of information about the dental practice.

We noted that information on the cost of dental treatments was available by reception and included within the patient information leaflet.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment. However, we noted that signed treatment plans and costings were only scanned to patient notes for complex cases. We recommend all signed treatment plans and costings are scanned to patient notes.

## **Timely care**

### **Timely access**

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

Twenty four patients who completed the questionnaire confirmed that it was very easy to get an appointment when they needed one and six told us it was fairly easy.

Twenty six patients of the 29 who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and three said they did not. An emergency number was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, provided on the practice website, answer phone message and patient information leaflet.

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<sup>1</sup> Regulation 6 and Schedule 2 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a patient information leaflet.

## Individual care

### Planning care to promote independence

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

Twenty eight patients who completed the questionnaire confirmed that the clinical team enquire about their medical history before undertaking any treatment, one said they did not and one felt it was not applicable.

All patients told us they felt they can access the right healthcare at the right time, regardless of age, disability, gender, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The treatments and services offered by the practice were in accordance with the statement of purpose<sup>2</sup>.

### People's rights

We noted that the practice had an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

There was good disabled access to the building with ample car parking spaces, including dedicated disabled bays. Wheelchair users could access all surgeries, the reception, two waiting areas and toilet facilities. The clinical facilities are located on the ground and first floor level. Patients with mobility issues could access the first floor level by means of a lift.

### Listening and learning from feedback

We saw that there was a written complaints procedure in place. This was displayed in the waiting area. Details were also included within the patient information leaflet and statement of purpose.

We reviewed the practice's complaints handling policy and, at the point of inspection, no formal complaints had been received by the practice.

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<sup>2</sup> Regulation 5 and Schedule 1 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a statement of purpose.

We were told that any informal concerns are recorded within patients' clinical records. We recommend that any verbal or informal concerns are captured and monitored in a central log. The registered manager immediately implemented a logbook, during the inspection, which is held by reception staff.

We discussed the mechanism for actively seeking patient feedback, which is done by providing patients with questionnaires. Patients are also able to give feedback via social media. A comments / suggestion box was also available in the waiting area. Feedback analysis is prepared by the registered manager and discussed with the dental team.

# Delivery of Safe and Effective Care

## Safe care

### Managing risk and promoting health and safety

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. We saw that all areas were clean, tidy and free from obvious hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed the questionnaire felt that the dental practice was very clean.

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

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

The practice had a range of policies and procedures, as well as various risk assessments in place, such as, fire, environmental and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

### Infection prevention and control (IPC)

The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>3</sup>. The facility was very clean, well organised, well equipped and uncluttered.

We found the decontamination arrangements to be good. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition

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<sup>3</sup> WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the Dental Section, HEIW.

- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

Infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognise this as good practice due to the comprehensive scope of the audit.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

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

### **Medicines management**

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

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

We saw prescription pads being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

### **Safeguarding children and safeguarding adults at risk**

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. The principal dentist / owner was nominated as safeguarding lead and was able to discuss with us, in detail, the policies and procedures.

Staff told us that they felt able to raise any work related concerns directly with the registered manager and were very confident that concerns would be acted upon.

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

### **Medical devices, equipment and diagnostic systems**

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy and had been refurbished to a high standard.

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

## **Effective care**

### **Safe and clinically effective care**

The practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

### **Quality improvement, research and innovation**

It was very evident that staff at the practice were seeking to continuously improve the service provided. We saw that various audits had been completed such as cross infection, clinical notes, X-ray quality, antibiotic prescribing, oral cancer, smoking, clinical waste and hand hygiene.

Staff told us that peer review between clinical staff has been undertaken externally and within the practice which contributes to the quality and safety of the care provided to patients.

We found the clinical team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

### **Information governance and communications technology**

The storage of patient information was appropriate, ensuring the safety and security of personal data. For example, all paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

### **Record keeping**

A sample of six patient records were reviewed. There was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

All the records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality. However, we noted that patients' language choice was not recorded within the clinical notes. We recommend patients' preferred language choice is recorded within their clinical records.



# Quality of Management and Leadership

## Governance, Leadership and Accountability

We found that there were very good leadership and clear lines of accountability in place.

The day to day management of the practice was the responsibility of the registered manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the registered manager and felt well supported in their roles. Many of the staff had worked together since the practice opened and there was a good rapport amongst them.

Staff were very clear and knowledgeable about their roles and responsibilities. All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. We saw that staff had signed the policies to confirm they had read and understood them. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that practices were up to date.

We were provided with a copy of the statement of purpose which conformed to the Private Dentistry (Wales) Regulations 2017.

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

## Workforce

Staff had a contract of employment. We also saw that there was an induction programme in place, which covered training and relevant policies and procedures. We saw evidence that staff appraisals were also undertaken.

The registered manager informed us that no individual files are held at the premises for the visiting sedationist<sup>4</sup> nor the implantologist<sup>5</sup>. However, we were verbally assured that all checks such as training, DBS, Hepatitis B and indemnity

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<sup>4</sup> Sedationist is the name given to healthcare professional who administers sedation. Sedation dentistry uses medication to help patients relax during dental procedures.

<sup>5</sup> A dental expert or specialist who can perform a dental implant surgery.

cover had been undertaken. We received copies of the individual files as evidence, immediately after the inspection.

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

Staff told us that regular team meetings took place and we saw that detailed records of these meetings were being kept on file.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

## 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:** ARCH Dental

**Date of inspection:** 13/09/2022

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 improvement plan was required for 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:** ARCH Dental

**Date of inspection:** 13/09/2022

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
We recommend that all signed treatment plans and costings are scanned to patient notes.	The Private Dentistry (Wales) Regulations 2017, Section 20	All treatment plans are printed, signed, scanned and attached to the patient notes electronically.	The reception team completes these duties, all staff have been made aware of the process and Dr Aimee Holloway will check that this is being completed and perform audits at suitable intervals to check compliance.	Training has been given to all staff regarding this process and we commenced with this practice immediately.
We recommend that patients' preferred language choice is recorded within patient notes.		The patients preferred language choice is noted electronically on their patient record card and in the patient notes.	All staff have been made aware of the process, Dr Aimee Holloway will perform checks to ensure	All staff have been made aware of where and how to record the patients' preferred

			that this information is being recorded and perform audits at suitable intervals to check compliance.	language and we commenced with this practice immediately.
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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):** Dr Aimee Holloway

**Job role:** Practice Owner and registered manager

**Date:** 3<sup>rd</sup> November 2022