

General Dental Practice Inspection Report (Announced)

22 Dental, Cwm Taf Morgannwg

University Health Board

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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 22 Dental Practice, Cwm Taf Morgannwg University Health Board on 10th October 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 22 Dental to be committed to providing a positive experience for their patients. Most patients who completed a HIW questionnaire rated the service provided by the setting as 'very good'.

This is what the service did well:

- We saw evidence of good processes in place for the maintenance of patient privacy and dignity
- Patient information was available bilingually in the form of patient information leaflets, the statement of purpose for the practice and patient registration forms .

Safe and Effective Care

Overall summary:

We saw that the building was in a state of good repair, both internally and externally, and the practice was kept clean and tidy.

We saw evidence of an up-to-date fire safety risk assessment in place and all staff had completed fire safety training. We also reviewed a sample of patient records. All were being kept to a good standard.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- The practice had policies and procedures in place, all of which were up to date and regularly reviewed.

Quality of Management and Leadership

Overall summary:

We found 22 Dental to have very good leadership and clear lines of accountability.

Staff had access to appropriate training opportunities and were all up to date with mandatory training.

This is what the service did well:

- We saw evidence of good governance and professional attitudes from staff.

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 19 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:

“Always received good service.”

“Everybody has always been helpful and polite.”

Staying Healthy

Health Protection and Improvement

We saw evidence of changes made to the environment as a result of the COVID-19 pandemic. A hand sanitizer station was positioned near the reception desk and there were signs up on the front door encouraging patients to still wear face coverings. We witnessed staff also wearing masks and there were protective screens installed around the reception desk.

Eighteen patients said the dental team talked to them about how to keep their mouth and teeth healthy and one said they did not.

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

Dignified care

Communicating effectively

The practice had arrangements in place to protect the privacy of patients. The doors to the surgeries were kept closed during appointments. There was also a door situated between the waiting area and the reception desk, meaning conversations between staff and patients could take place confidentially.

The practice manager informed us that there are currently no Welsh speaking staff working at the practice, however staff will make the effort to try and use limited Welsh in conversations with Welsh speaking patients. The patient information leaflet, statement of purpose and registration forms were all available bilingually. There was also a sign displayed at the reception desk stating that any patient information could be made available in Welsh.

We were told that the setting has access to a translation service.

The 9 Principles, as set out by the General Dental Council (GDC), was displayed in both waiting areas.

Patient information

General information about the practice was available on its website and displayed around the reception and the waiting areas.

The practice has a patient information leaflet which contained all the information required by the Private Dentistry (Wales) Regulations 2017.

We saw patient information available in the waiting area. This included information about the practice complaints procedure and contact details for HIW. The practice price list and a staff list were also displayed in the reception area.

Timely care

Timely access

The practice manager informed us that staff make every effort to ensure that dental care is provided in a timely way. We were told that the practice very rarely experiences delays, however in the event there is a delay, staff will keep patients informed and will also offer them the chance to reschedule their appointment.

We were told that there is no online booking system used at the practice. Appointments can be obtained via telephone, and we also witnessed patients booking appointments in person with reception staff. Staff also reported that patients will sometimes email their availability for appointments.

Fourteen patients told us it was 'very easy' to get an appointment when they need one and five told us it was 'fairly easy'.

Fifteen patients indicated they know how to access the 'out of hours' dental service if they had an urgent dental problem and four said they did not.

Individual care

Planning care to promote independence

All patients who completed questionnaires said they are involved as much as they want to be in decisions about their treatment. Seventeen patients indicated they feel they can access the right healthcare at the right time regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation, however two said they did not.

None of the 19 patients indicated they had faced discrimination when accessing or using this health service.

The practice had an equality and diversity policy in place and we saw evidence of all staff having read the recently reviewed version.

People's rights

We noted the practice had an equal opportunities policy in place, as well as several other supporting policies to promote equality and diversity at the practice. We saw evidence that all staff had read and signed all relevant policies.

Due to the setting being situated on the first floor of the building, the practice is not able to offer full access for people with disabilities. The practice manager informed us that the staircase is too narrow for a stair lift and financial implications have prevented them being able to hire out the ground floor of the building. We were told that any new patients are made aware of this over the phone. Any individuals looking for treatment who require disabled access are signposted to a nearby practice which can meet their needs.

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 staff member responsible for dealing with complaints and details of HIW.

We were shown the log where complaints would be recorded, however, at the time of the inspection no complaints had been made. Patient surveys were available at reception and the patient information leaflet also encourage patients to provide feedback online.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

It was evident that the practice was in a good state of repair, both internally and externally and we observed all areas of the practice to be clean and tidy.

The practice was situated on the first and second floors of the building, with treatment rooms and a waiting room on both floors. Both the surgeries and communal waiting areas were spacious and visibly well maintained. There were also toilet facilities available that were clearly signposted and visibly 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. We noted that all staff had received fire training.

The practice had a range of policies and procedures in place, as well as various risk assessments. This included fire safety, environmental and health & safety risk assessments. All were up to date and reviewed within appropriate timescales.

Infection prevention and control (IPC)

The practice had dedicated facilities for the decontamination of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. We also saw a number of policies in place regarding the infection prevention and control procedures for the practice.

We saw evidence that all staff had completed mandatory infection control training.

The practice also had 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.

Medicines management

The practice had procedures in place regarding how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training.

All emergency drugs were in date and stored securely in accordance with local guidance. We also saw evidence of weekly checks being carried out to ensure sufficient stock of emergency drugs and equipment.

Safeguarding children and safeguarding adults at risk

We were provided with up-to-date safeguarding training certificates for all staff. The appropriate safeguarding policies and procedures were in place, which included contact details for the local safeguarding team. All staff also had access to the Wales Safeguarding Procedures mobile phone app.

The practice manager described the pre-employment checks that would be 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 Disclosure and Barring Service check in place.

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

Medical devices, equipment and diagnostic systems

The clinical facilities contained all relevant equipment, and we also observed the surgeries to be well organised, clean, and tidy. We saw evidence in staff training files that all relevant individuals had undergone training to ensure safe use of equipment.

Effective care

Safe and clinically effective care

It was evident that the practice had arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. These details were documented in their statement of purpose and in policies and procedures.

Quality improvement, research and innovation

We saw audits had been completed which included WHTM01- 05 audit and a waiting times audit. We also saw evidence of previous smoking cessation audit being undertaken and the practice manager informed us that they have applied to do this audit again.

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 electronically and securely.

Record keeping

We reviewed a sample of 10 patient records. All were being kept to a good standard and the notes were clear and legible. All the records we reviewed contained the necessary information. This included appropriate patient identifiers, previous dental history, and reason for attendance. All records reviewed also contained evidence that informed consent had been given and the practice had an appropriate consent policy in place.

Quality of Management and Leadership

Governance, Leadership and Accountability

We saw evidence of leadership and clear lines of accountability in place at the setting. The day-to-day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role.

We reviewed the statement of purpose and the patient information leaflet. Both documents contained all the areas 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. We also saw evidence that staff were up to date on the policies and procedures.

Workforce

We saw that team meetings were taking place on a regular basis and meeting minutes were being recorded. We also saw evidence of staff appraisals being carried out.

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 identified			

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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 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:

Appendix C - Improvement plan

Service:

Date of inspection:

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 concerns 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:

