

General Dental Practice Inspection Report (Announced)

Preswylfa Dental Practice, Betsi
Cadwaladr University Health Board

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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

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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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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 Preswylfa Dental Practice, Llangefni on 3 August 2022. During the site visit, HIW identified several regulatory breaches, and we issued the practice with a non compliance notice on 5 August 2022. HIW undertook a further follow-up inspection on 18 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](#).

Summary of inspection

Quality of Patient Experience

Overall summary:

The majority of 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.

However, HIW was not assured that the practice had taken adequate precautions against the risk of fire and to ensure the general environment was clean, safe and secure.

Immediate assurances:

- No fire maintenance contact was available
- No fire or environmental risk assessments were in place.

This is what we recommend the service can improve:

- Arrange for the window on one of the surgery doors to be covered up
- Ensure that the patient information leaflet and the statement of purpose are updated with names of all the dentists and dental care professionals, and ensure a copy of both documents are available to patients
- Ensure a price list is displayed for privately paying patients
- Ensure a formal system is implemented for patients' views and feedback to be sought
- Review the complaint procedure and ensure that a copy is displayed in the practice
- Ensure the practice opening hours and emergency number for out of hours is displayed by the main entrance.

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
- Staff continue to record patient responses to their COVID-19 screening questions.

Safe and Effective Care

Overall summary:

HIW was not assured that there were adequate arrangements in place for cleaning of the practice and for storage of medicines. Furthermore, HIW was not assured that the practice had adequate arrangements in place to maintain contemporaneous and accurate patient records, nor did the practice have arrangements in place for the monitoring of patient referrals. Radiographic aiming devices were stored loosely within surgeries drawers, and expired materials were not removed from surgeries. In addition, HIW was not assured that all paper records were kept securely.

Immediate assurances:

- We found that the whole practice required de-cluttering and a deep clean throughout
- Implement a referral log
- We found that radiographic aiming devices were stored loosely in surgery drawers and stored in a clear box in the decontamination room. We also found extensive amounts of materials which were out of date in all surgeries
- Incomplete and incorrect infection control and decontamination audit
- We found that the clinical refrigerator was used to store food and drink
- We reviewed 10 random sample of patient records held by the principal dentist and several gaps were identified
- We also found a box of patient records left unsecure in a redundant orthopantomogram (OPG) room which was unlocked and in an area which could be accessible to patients.

This is what we recommend the service can improve:

- Provide a pharmaceutical waste bin for unused / expired medicines and emergency drugs
- Implement a programme of annual clinical audits
- Carry out quality assurance audits on the x-ray equipment
- Carry out x-ray grading audits
- Ensure that the Public Health England Radiation Protection Adviser contact details are updated
- Review and update radiation local rules in each surgery
- Ensure patients' preferred language choice is recorded within their clinical records.

This is what the service did well:

- Dental surgeries were well equipped and fit for purpose
- Two dedicated decontamination rooms.

Quality of Management and Leadership

Overall summary:

HIW was not assured that the registered manager had the necessary skills and time to carry on and manage a private dental practice. This is because we found multiple examples of non-compliance with regulations suggesting that there was not an effective system in place that enabled the registered manager to maintain regulatory compliance, complete audits and manage risks.

HIW was not assured that the practice had adequate arrangements in place for policies and procedures to be reviewed every three years, nor did the practice have in place all the policies and procedures required under The Private Dentistry (Wales) Regulations 2017.

HIW was also not assured that the registered manager had adequate arrangements in place for the maintenance of staff records.

Immediate assurances:

- We looked at a sample of policies and procedures and found that these were not dated or signed by staff, and some of the policies were incomplete and out of date
- We looked at a sample of staff files. We found that individual staff files did not contain a job description, written contract of employment or any record of staff appraisals.
- Copies of the statement of purpose and patient information leaflet on file were dated 2 October 2019. The registered manager informed us that both documents had been reviewed and updated since October 2019, as a result of staff changes. We were told that arrangements would be made for copies to be emailed to us immediately following the inspection. However, these were not received. Both documents must be reviewed at least once every twelve months and HIW notified of any changes within 28 days of review.

This is what we recommend the service can improve:

- ensure staff appraisals are undertaken annually
- ensure the practice keeps well maintained staff files.

We consider the number of regulatory breaches to be very concerning. These demonstrate a fundamental lack of governance to ensure regulatory compliance and that risks relating to the health, safety and welfare of people are identified, assessed and managed.

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. Patients could also provide feedback online. In total, we received 13 responses. Twelve 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:

“The dentist goes above and beyond to help”

“Very happy every time I visit, I have needed to visit several times this year and am always made to feel welcome. The dentist has done a great job ... and fitting me in at short notice when I've needed quick treatment. The nursing staff and reception staff very polite and chatty. Lovely practice thank you to all the team”

“Everything is good”

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

“Need more staff”

“Very pleased with this practice. Nothing needs to change”

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.

All patients who completed a questionnaire 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.

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 found that there were no 'No Smoking' signs displayed within the practice. The registered manager should arrange for 'No Smoking' signs to be displayed confirming that the practice adheres 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.

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

“Very welcoming, staff are lovely, always happy to help”

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. Twelve 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. However, we noted that there was a clear window on one of the doors to a surgery on the first floor. We recommend that the window be frosted or a blind installed to ensure patients' privacy.

We were told that all staff working at the practice were fluent Welsh speakers, which helps to meet the needs of Welsh speaking patients. However, we found that this service was not advertised. We recommend that the practice promotes this service so that patients can identify Welsh speaking staff.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed in the waiting area. 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 displayed in the waiting areas and reception. We saw that HIW's certificate and conditions of registration, under The Private Dentistry (Wales) Regulations 2017, were on display. However, we also

noted that the old HIW certificate issued under The Private Dentistry (Wales) Regulations 2008, was still on display. The registered manager must ensure the old HIW certificates are removed.

The practice has a patient information leaflet and a statement of purpose which contained all the information required by the regulations. However, due to recent staff changes, details of the clinical team require updating. The registered manager must ensure that both the patient information leaflet and the statement of purpose is updated with the names of all the dentists and dental care professionals employed and that a copy of both documents are made available on request.

We found that information about the dentists and the dental team by the main entrance were out of date. We also noted that the practice opening hours and emergency number for out of hours were not displayed at the main entrance. The registered manager must ensure that the names and information about all the dentists and the dental team, including GDC numbers, are displayed in an area that can be easily seen by patients. The registered manager must also ensure the practice opening hours and emergency number for out of hours is clearly displayed by the main entrance.

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 NHS dental treatments was available by reception. However, no price list was displayed in the reception or waiting area for private treatment. The registered manager must ensure a private price list is clearly displayed for patients.

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.

Ten patients who completed the questionnaire confirmed that it was very easy to get an appointment when they needed one, one told us it was fairly easy, one said it was not very easy and one told us it was not at all easy.

Twelve patients who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem. An emergency number was available should patients require urgent out of hours dental treatment. The telephone number is provided on the practice answer phone message and patient information leaflet.

Individual care

Planning care to promote independence

Twelve patients who completed the questionnaire confirmed that the clinical team enquire about their medical history before undertaking any treatment.

Eleven patients who completed the questionnaire 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.

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.

Eleven 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 a ramp leading up to the main entrance. Wheelchair users could access two surgeries on the ground floor, the reception and waiting areas. We noted that the patient toilet was on the ground floor and was advertised as wheelchair friendly and had been fitted with handrail and a grab bar. However, the toilet facility was very small for a person in a wheelchair to access and they would not be able to safely manoeuvre once the door had been closed. We recommend that the disabled access sign be removed as the toilet facility is not suitable for wheelchair users.

Listening and learning from feedback

We saw that there was a written complaints procedure in place. However, the procedure was not on display in the waiting room. We were informed by the registered manager that the procedures are available bilingually. We found that the procedure did not contain:

- contact details of HIW as the regulatory authority
- HIW signposted as a route for patients to make a complaint
- Sources of support and advocacy.

The registered manager must arrange for the complaint procedure to be updated and ensure it is in line with the regulations and the NHS Putting Things Right (PTR).

The registered manager must ensure a copy is clearly displayed in the waiting area.

We were told that informal concerns were recorded within patients' clinical records. We recommend that any verbal or informal concerns are captured and monitored in a central log in order for any themes to be identified. The registered manager should implement a central log to capture any verbal or informal concerns.

We discussed the mechanism for actively seeking patient feedback. Patients are able to comments via social media. A comments / suggestion box was also available in the waiting area. However, there was no formal system in place to obtain and collate patients' views and feedback. We were informed that plans were in place to reinstate paper patient questionnaires which were removed from the waiting room during the pandemic. The registered manager must ensure that a formal system is implemented for patients' views and feedback to be collected. We also advised the registered manager to discuss the feedback analysis with the dental team and display / publish the feedback analysis in order to demonstrate to patients that comments have been captured and acted upon to enhance learning and service improvement.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

There were no concerns expressed by patients over the cleanliness of the dental practice. Twelve patients who completed the questionnaire felt that the dental practice was very clean. However, during the inspection, we found that the whole practice required de-cluttering and a deep clean throughout.

There was evidence of damp on the walls in one surgery and the windowsills and the top of cupboards in all surgeries were dusty, including the decontamination rooms, where we also found some debris and dead flies on the windowsill. The storeroom, attic and staff room were generally very cluttered, disorganised and untidy. We saw boxes being stored in several locations, including the waiting room, corridor, under the staircase and in clinical areas.

This may have a negative impact on the cleaning process which is essential for the delivery of safe and effective care to patients. All surfaces, including walls and floors should be such as to aid effective cleaning.

We requested copies of the fire maintenance report and a copy of the practice fire and environmental risk assessments. The registered manager told us that a fire maintenance visit had been undertaken in June 2022, by an external company and the report had not yet been received by the practice. We were informed that, prior to the most recent visit, no other visits had been carried out since the premises were purchased in 1996.

We were also told that no fire or environmental risk assessments were available as these were currently being developed.

Our concerns regarding the fitness of the premises were dealt with as a non compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliances we identified are provided in Appendix B.

During our follow up visit to the practice on 18 October 2022, we found that the top of the cupboard in the downstairs decontamination room had a thick layer of dust, we also found more radiographic aiming devices unbagged, along with several out of date materials in all five surgeries.

This was concerning as we had previously received assurance from the registered manager that staff had carried out a deep clean of the entire practice. We were

verbally assured by the registered manager that arrangements would be made for the top of the cupboard to be cleaned on the day of our visit.

The registered manager must ensure that the premises are clean, safe and secure at all times. The registered manager confirmed that staff at the practice have responsibility for cleaning the environment and that no cleaning checklists are maintained. The registered manager must ensure that cleaning checklists are completed by staff to evidence that the environment has been effectively cleaned. We also recommend that the registered manager undertakes regular cleaning audits and that these are documented.

The registered manager informed us that a member of staff had been tasked to ensure that all radiographic aiming devices are bagged and remove all out of date materials. The registered manager confirmed that no audit / spot checks had been completed. The registered manager informed us that the out of date materials will be removed immediately and all radiographic aiming devices will be bagged. The registered manager must implement a system to ensure all radiographic aiming devices are bagged and any out of date materials are removed from the surgeries.

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

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

Infection prevention and control (IPC)

The practice had two dedicated areas for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05¹. As mentioned previously, both decontamination rooms were found to be dirty and required a deep clean.

We also saw that a combined infection control and decontamination audit had been conducted using the Health Technical Memorandum (HTM) 01-05 audit tool, which is designed for use in England. This had not been fully completed. This was the same audit that we saw when we undertook our quality check on 28 July 2021, when we recommended that the audit be conducted using the Welsh Health Technical Memorandum (WHTM) 01-05. HIW received assurance from the practice on 20 September 2021, that this audit would be completed within 4 weeks. However, we saw no evidence of a further audit having been completed.

Our concerns regarding the quality of treatment and other service provision were dealt with in a non compliance notice. This is because HIW was not assured that

¹ 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.

the practice had appropriate procedures in place in relation to cleaning, disinfecting and sterilisation. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliance we identified are provided in Appendix B.

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.

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. However, the registered manager must arrange for a pharmaceutical waste bin for unused / expired medicines and emergency drugs to be added to their waste contract.

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 seven 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). However, we found that the kit did not contain a size 0 airway.

We found that the refrigerator was being used to store products for cosmetic treatments such as anti wrinkle and dermal fillers, food and drink and also Glucagon. Glucagon is a medication which can be administered intramuscularly to a patient who is suffering from a hypoglycaemic (low blood sugar) attack and must be stored between 2-8 degrees centigrade. We found that the temperature of the refrigerator was being monitored on a daily basis. However, we found from the temperature logs that the temperature had fallen below 2 and over 8 degrees centigrade on several occasions. We found no evidence of any action taken by the practice following these recordings.

Our concerns regarding the resuscitation kit, clinical fridge and the Glucagon were dealt with in a non compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliance we identified are provided in Appendix B.

However, during our follow up visit to the practice on 18 October 2022, we found that size 0 and 2 clear masks for the paediatric airway bags were out of date. We noted that both airway bags had only expired the day before our follow up visit. We were assured by the registered manager that arrangements would be made for these items to be replaced immediately. The registered manager must ensure that size 0 and 2 airways are included in the emergency equipment and medicines kits.

We saw prescription pads being stored securely.

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 registered manager was nominated as safeguarding lead. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check in place.

Medical devices, equipment and diagnostic systems

We viewed the clinical facilities and found that they contained relevant equipment.

We found that radiographic aiming devices were stored loosely in surgery drawers and also stored in a clear box in the decontamination room. Radiographic aiming devices should be individually bagged, dated and reprocessed after 24 hour if not used.

We were not assured that the practice had adequate arrangements in place for the packaging of radiographic aiming devices and the removal of expired materials. We also found extensive amounts of materials which were out of date in the surgeries.

Our concerns regarding the radiographic aiming devices and the expired materials were dealt with in a non compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliance we identified are provided in Appendix B.

However, during our follow up visit to the practice on 18 October 2022, we found more radiographic aiming devices stored loosely in surgery drawers and out of date materials in all five surgeries. This was concerning as we had received assurance from the registered manager that these items had been removed. The registered

manager informed us that a member of staff had been tasked to ensure all radiographic aiming devices were bagged and remove all out of date materials. The registered manager confirmed that no audit / spot checks had been completed. The registered manager informed us that the out of date materials will be removed immediately and all radiographic aiming devices will be bagged. The registered manager must implement a system to ensure all radiographic aiming devices are bagged and any out of date materials removed from the surgeries.

No quality assurance audits for the x-ray equipment have been carried out. Furthermore, we found that no x-ray grading audits have been completed. The registered manager must ensure that quality assurance audits for the x-ray equipment are carried out. The registered manager must ensure that x-ray grading audits are completed.

We saw that the practice had a radiation protection file in place which contained all the required information. However, no evidence was available to demonstrate that all clinical staff had read and understood the content. The registered manager must ensure that a system is put in place to evidence that all clinical staff have read and understood the content of the radiation protection file.

We saw that the practice had a Radiation Protection Adviser (RPA) contract in place with Public Health England (PHE). We noted that the contract was due to expire the week of our inspection. We were assured by the registered manager that arrangements were in place to renew the contract. However, during our follow up visit to the practice, we found that the contract had expired. The registered manager must ensure that the PHE RPA contract is renewed.

We found that each surgery had a copy of the radiation local rules on display. However, all surgeries, apart from surgery one, contained incorrect details for the RPA and medical physics expert². The registered manager must arrange for the radiation local rules to be reviewed and updated in each surgery.

The registered manager confirmed that the practice had not used the Health Education and Improvement Wales's (HEIW) Quality Improvement Tool for Ionising Radiation, or other quality assurance tools. The registered manager should arrange to use the HEIW Improvement tool.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

² "medical physics expert" means an individual or a group of individuals, having the knowledge, training and experience to act or give advice on matters relating to radiation physics applied to exposure, whose competence in this respect is recognised by the Secretary of State

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. However, the statement of purpose was not readily available to patients and no evidence was seen that staff understood their responsibilities. The registered manager must ensure that the statement of purpose is readily available to patients and a system put in place to demonstrate that staff understand their responsibilities.

No evidence was presented to show that professional, regulatory and statutory guidance is followed (where appropriate) when treatment is provided. The registered manager must ensure that a system is put in place to demonstrate that professional, regulatory and statutory guidance is followed.

Quality improvement, research and innovation

Little evidence was seen to demonstrate that staff at the practice were seeking to continuously improve the service provided. No recent clinical audits had been completed. The registered manager should ensure that an annual programme of clinical audits is put in place. We also recommend that the practice consider utilising the HEIW website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits to improve their audit processes.

The registered manager told us that peer review between clinical staff had been undertaken. However, peer review meetings were not documented. Peer review allows groups of dental professionals to work together to improve the quality of service by reviewing aspects of the practice, sharing experiences and identifying areas for improvement. Peer review meetings must be documented, with an action plan to implement any necessary improvements. The registered manager must ensure all peer review meetings are documented.

Information governance and communications technology

The storage of patient information was appropriate, ensuring the safety and security of personal data. For example, paper records were kept secure and electronic files were being backed up regularly. However, during a tour of the practice, we found a box of paper records left unsecure in a redundant OPG room which was unlocked and in an area which could be accessible to patients.

Our concerns regarding the box of paper records were dealt with in a non compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliance we identified are provided in Appendix B.

Access to computer screens was secure and discreet.

Record keeping

A sample of 14 patient records were reviewed. There was evidence that good clinical records were being maintained by the Clinicians, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing. All records we reviewed for the Clinicians 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.

We reviewed 10 random sample of patients records held by the principal dentist. Several gaps were identified. We found that patients updated medical histories were not always recorded, some patients baseline Basic Periodontal Examination (BPE) were not recorded, and radiographs were not always justified nor graded. Furthermore, we found that a patient had been referred for further investigations in 2020 and no further updates were available. The patient record was incomplete and the outcome unknown. This was brought to the attention of the registered manager, and a referral letter was found on a laptop which should have been located within the patient clinical notes. The registered manager was unaware of the outcome of the referral, and we asked for this case to be followed up with the patient.

We found that the practice had no referral logs in place and therefore we were not assured that any referrals made by the practice were being actively monitored to ensure patients are seen in a timely way and followed up.

Our concerns regarding the patient records were dealt with in a non compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliance we identified are provided in Appendix B.

Quality of Management and Leadership

Governance, Leadership and Accountability

The day to day management of the practice was the responsibility of the registered manager, who is also the principal dentist and owner of the practice.

We found that the service was non compliant with the general requirements and training of the registered manager. There was no assurance provided that the registered manager had the necessary skills to carry on and manage the private dental practice.

This is because during our inspection and, as detailed throughout this report, we found multiple examples of non-compliance with regulations, suggesting that there was no effective system in place to enable the registered manager to maintain regulatory compliance, complete audits and manage risks.

We consider the number of regulatory breaches to be very concerning. These demonstrates a fundamental lack of governance to ensure that regulatory compliance is maintained and that risks relating to the health, safety and welfare of people are identified, assessed and managed.

The registered manager must protect people against the risks of inappropriate or unsafe care and treatment, by means of effective systems designed to enable the registered manager to regularly assess and monitor the quality of the services provided.

Our concerns regarding the governance arrangements of the practice were dealt with in a non compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliance we identified are provided in Appendix B.

Workforce

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

We looked at a sample of staff files. We found that staff individual files did not contain all the information required, such as job description, written contract or any record of staff appraisals. The registered manager informed us that all staff have been given a job description and a written contract issued but these have not been returned by staff. The registered manager also confirmed that staff have not received an appraisal for over 6 years. The registered manager must ensure that staff appraisals are undertaken annually and staff files include the following:

- Signed contract of employment and job description, along with employment history and references acquired during recruitment
- GDC registration, professional indemnity cover, evidence of DBS checks and hepatitis B documentation
- Staff appraisals and personal development plan
- Continuing Professional Development records along with mandatory training certificates.

We looked at a sample of policies and procedures and found that these were not dated or signed by staff, and some of the policies were incomplete and out of date. There were several policy folders available, one that contained old policies and procedures and a new folder which contained some policies and procedures which were currently under review. Furthermore, staff had been assisting with reviewing key policies and procedures and further copies were located on other individual folders.

Our concerns regarding the staff files and the policies and procedures were dealt with in a non compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliance we identified are provided in Appendix B.

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 | | | |
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Appendix B - Immediate improvement plan

Service: Preswylfa Dental Practice

Date of inspection: 3 August 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 |
|---|--|--|------------------------|-----------|
| Forward to HIW latest copies of statement of purpose and patient information leaflet. | The Private Dentistry (Wales) Regulation 2017, Section 7 | Update Statement of Purpose and Patient Information Leaflet and send to [REDACTED] | Stephen J. Keen | Completed |
| The registered manager must ensure that all policies and procedures listed in the regulations are in place and a system developed to ensure these are reviewed every three years, version controlled and signed by staff. | The Private Dentistry (Wales) Regulation 2017, Section 8 | Update existing policies and create new policies as required. Get staff to sign all policies | Stephen J Keen | 4 weeks |

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| <p>The registered manager must implement a referral log and ensure this is actively monitored.</p> <p>The registered manager should provide HIW with an update in regard to the patient whom referral had not been monitored.</p> | <p>The Private Dentistry (Wales) Regulation 2017, Section 13 (1) (b)</p> | <p>Some of the dentists already had a referral log but this will now be adopted by all clinicians</p> | <p>Stephen J Keen</p> | <p>3 days</p> |
| <p>The registered manager must arrange for the radiographic aiming devices to be individually bagged, dated and reprocessed after 24 hours if not used.</p> | <p>The Private Dentistry (Wales) Regulation 2017, Section 13 (3) (b)</p> | <p>Radiographic aiming devices are now bagged</p> | <p>All dental nurses</p> | <p>Already implemented</p> |
| <p>The registered manager must arrange for any expired materials stored in the surgeries to be removed and disposed of accordingly.</p> | <p>The Private Dentistry (Wales) Regulation 2017 Section 13 (3) (b)</p> | <p>Monthly stock check to be carried out in all surgeries</p> | <p>All Dental Nurses</p> | <p>Already implemented</p> |
| <p>The registered manager must provide HIW with a copy of a fully completed infection control audit and the resulting action plan. It is</p> | <p>The Private Dentistry (Wales) Regulation 2017,</p> | <p>Infection Control audit to be carried out</p> | <p>Alaw Williams</p> | <p>2 weeks</p> |

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| recommended that the Welsh Health Technical Memorandum (WHTM) 01-05 tool is used. | Section 13 (3) (b) | | | |
| <p>The registered manager must ensure that food and drink items are not stored in the clinical refrigerator.</p> <p>The registered manager must ensure that if the temperature of the refrigerator falls below or over the recommended refrigeration temperature, the action taken must be clearly documented.</p> <p>Due to the temperature of the refrigerator falling below 2 and over 8 degrees centigrade on a few occasions, we recommend that the glucagon is removed from the refrigerator and the expiry date reduced as per manufacture guidelines.</p> | The Private Dentistry (Wales) Regulation 2017, Section 13 (4) (a) | New fridge to be purchased. Staff to receive training on action to be taken when temperature fluctuations occur. | Stephen J Keen | 2 weeks |

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| <p>The registered manager must ensure that staff files contain a job description and a signed contact.</p> <p>The registered manager must ensure that appraisals are undertaken annually and a record kept on individual staff files.</p> | <p>The Private Dentistry (Wales) Regulation 2017, Section 17 (3) (c) (e) (4)</p> | <p>All staff to have new job descriptions and to be encouraged to sign their contracts.</p> | <p>Stephen J Keen</p> | <p>3 weeks</p> |
| <p>The registered manager must ensure that a system is put in place to ensure that the practice hold contemporaneous and accurate patient records.</p> | <p>The Private Dentistry (Wales) Regulation 2017, Section 20 (1) (a) (i) (ii)</p> | <p>All clinicians to carry out a record card audit and implement any required improvement.</p> | <p>Stephen J Keen</p> <p>Michael J Strother</p> <p>Aimee Saracco-Jones</p> | <p>4 weeks</p> |
| <p>The registered manager must ensure that the box of patient paper records left in the redundant OPG room are kept securely.</p> | <p>The Private Dentistry (Wales) Regulation 2017, Section 20 (2) (a)</p> | <p>Records have now been moved and are in a locked room</p> | <p>Stephen J Keen</p> | <p>Already done</p> |
| <p>The registered manager must arrange for:</p> | <p>The Private Dentistry (Wales)</p> | <p>Empty boxes and stock have now been cleared. Staff have carried out a deep clean of the entire surgery</p> | <p>Dental Nurses</p> | <p>Already carried out.</p> |

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| <p>1. areas of the practice to be de-cluttered and reorganised and</p> <p>2. undertake a deep clean of the whole practice</p> | Regulation 2017, Section 22 and 13 (5) (b) | | | |
| The registered manager must forward to HIW a copy of the fire maintenance report | The Private Dentistry (Wales) Regulation 2017, Section 22 | Fire maintenance report to be created | Stephen J Keen | 1 week |
| The registered manager must undertake a general risk assessment and a fire risk assessment without further delay and provide HIW with a copy of the report. | The Private Dentistry (Wales) Regulation 2017, Section 22 | Fire risk assessment report to be chased up | Stephen J Keen | 2 weeks |
| <p>The registered manager must ensure that a 'size 0' airway is included in the contents of the emergency equipment and medicines kits.</p> <p>The registered manager must ensure a system is put in place to</p> | The Private Dentistry (Wales) Regulation 2017, Section 22 | <p>Practice did have a size 0 airway all along. It was located after the inspection.</p> <p>Oral glucogel to be ordered.</p> | Stephen J Keen | 1 week |

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| ensure the kit is kept in line with Resuscitation Council UK guidelines at all times. | | | | |
| The registered manager should arrange to formally assess and monitor the quality of service provision as required within the regulations and provide HIW with a copy of the annual return. | The Private Dentistry (Wales) Regulation 2017, Section 16 | Further clarification required from HIW | Stephen J Keen | 4 weeks |
| The registered manager must attend a relevant training course that is appropriate to run and manage a dental practice as required within the regulations | The Private Dentistry (Wales) Regulation 2017, Section 12 (2) (3) | Research to be carried out in order to find a suitable course and enrol on one | Stephen J Keen | 4 weeks |

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): STEPHEN J.KEEN

Job role: Practice Owner

Date: 30/8/2022

Appendix C - Improvement plan

Service: Preswylfa Dental Practice

Date of inspection: 3 August 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 |
|--|---|---|---------------------|-----------|
| The registered manager should arrange for 'No Smoking' signs to be displayed at the practice. | The Private Dentistry (Wales) Regulation 2017 | Practice to buy 'No Smoking' signs and display them throughout the practice. | Melicia Gerrard | 1 month |
| The registered manager should arrange for Welsh language services and access to an interpreter to be promoted at the practice. | The Private Dentistry (Wales) Regulation 2017 | Practice to enquire with the Welsh Language Commissioner as to where we can get promotional material such as badges, posters and signs. | Melicia Gerrard | 1 month |

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| The registered manager should arrange for the window on one of the surgery doors to be frosted. | The Private Dentistry (Wales) Regulation 2017 | Practice to get a blind fitted onto the door of the surgery. | Stephen J Keen | 3 months |
| The registered manager must ensure old HIW certificates are removed from the waiting area. | The Private Dentistry (Wales) Regulation 2017 | Old certificate to be removed | Melicia Gerrard | Completed 12/12/22 |
| <p>The registered manager must ensure that the patient information leaflet and the statement of purpose is updated with the names of all the dentists and dental care professionals.</p> <p>The registered manager must ensure a copy of both documents are available to patients.</p> | The Private Dentistry (Wales) Regulation 2017 | <p>Patient information leaflet and statement of purpose updated.</p> <p>Both documents are available to patients.</p> | Stephen J Keen | Completed 19/10/22 |
| The registered manager must ensure a private price list is displayed for patients. | The Private Dentistry (Wales) Regulation 2017 | Practice to display private price list in reception and waiting area. | Stephen J Keen | 1 month |

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| The registered manager must ensure that the names and information about all the dentists and the dental team, including GDC numbers are displayed in an area that can be easily seen by patients. | GDC Standards | Practice to display information about the dental team in the reception area | Stephen J Keen | 2 weeks |
| The registered manager must ensure the practice opening hours and emergency number for out of hours is clearly displayed for patients by the main entrance. | The Private Dentistry (Wales) Regulation 2017 | Practice opening hours are currently displayed on the window. This will be updated with the out of hours emergency number | Melicia Gerrard | 1 week |
| We recommend that the disabled access sign be removed from the patient toilet facility as it is not suitable to manoeuvre a wheelchair. | GDC Principles | The disabled sign will be removed | Melicia Gerrard | 1 month |
| The registered manager must review the complaint procedure and ensure it is in line with the regulations and the NHS Putting Things Right (PTR). | The Private Dentistry (Wales) Regulation 2017 | Complaints procedure to be updated and displayed in the waiting area. | Stephen J Keen | 1 month |

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| The registered manager must ensure a copy is clearly displayed in the waiting area. | | | | |
| The registered manager should implement a central log to capture any verbal or informal concerns. | The Private Dentistry (Wales) Regulation 2017 | Practice to implement a central log of verbal or informal concerns | Melicia Gerrard | 1 month |
| The registered manager must ensure that a formal system is implemented for patients' views and feedback. | The Private Dentistry (Wales) Regulation 2017 | Practice to create a new questionnaire to be handed out to patients | Melicia Gerrard | 3 months |
| The registered manager must arrange for a pharmaceutical waste bin to be added to the clinical waste contact. | The Private Dentistry (Wales) Regulation 2017 | Practice to contact clinical waste disposal company to enquire about a pharmaceutical waste bin | Stephen J Keen | 3 months |
| The registered manager must ensure that the top of the cupboard in the downstairs decontamination room is cleaned. | The Private Dentistry (Wales) Regulation 2017 | The top of cupboard in the downstairs decontamination room was cleaned immediately after the practice inspection. | Melicia Gerrard | Completed 18/10/22 |
| The registered manager must ensure that cleaning checklists are completed by staff to evidence | The Private Dentistry | Cleaning checklists have been updated and will be completed by staff and audits carried out | Melicia Gerrard | 1 month and 3 months |

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| that the environment has been effectively cleaned. The registered manager should undertake regular cleaning audits and records maintained. | (Wales) Regulation 2017 | | | |
| The registered manager must ensure that size 0 and 2 airways are included in the emergency equipment and medicines kits. | The Private Dentistry (Wales) Regulation 2017 | Emergency airways to be checked and new stock ordered as necessary. | Stephen J Keen | 1 month |
| The registered manager must implement a system to ensure all radiographic aiming devices are bagged and any out of date materials removed from the surgeries. | <u>IR(ME)R 2017</u> | All radiographic aiming devices are now bagged and dated and the expired materials have been removed from all the surgeries | Donna Griffiths | Completed 19/10/22 and 28/10/22 |
| The registered manager must ensure that quality assurance audits for the x-ray equipment is carried out. | <u>IR(ME)R 2017</u> | Practice to arrange for quality assurance audits to be carried out on the x-ray equipment when they are due. | Stephen J Keen | 6 months |
| The registered manager must ensure that x-ray grading audits are completed. | <u>IR(ME)R 2017</u> | Practice to carry out an audit of the radiographs that have been taken | Stephen J Keen | 6 months |

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| The registered manager must ensure a system is put in place to evidence that all clinical staff have read and understood the content of the radiation protection file. The registered manager must ensure that the PHE RPA contact is renewed. | <u>IR(ME)R 2017</u> | Practice to renew contract with PHE | Stephen J Keen | 2 months |
| The registered manager must arrange for the radiation local rules to be reviewed and updated in each surgery. | <u>IR(ME)R 2017</u> | New local rules to be written and displayed in each surgery | Stephen J Keen | 3 months |
| The registered manager should arrange to use the HEIW Improvement tool. | <u>HEIW</u> | Practice to download HEIW improvement tool | Stephen J Keen | 6 months |
| The registered manager must ensure evidence is captured to demonstrate that professional, regulatory and statutory guidance is always followed when treatment is provided. | The Private Dentistry (Wales) Regulation 2017 | Practice to carry out a record audit | Stephen J Keen | 6 months |

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| The registered manager should ensure an annual programme of clinical audits are put in place. We also recommend that the practice consider utilising the HEIW website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits to improve their audit processes. | The Private Dentistry (Wales) Regulation 2017 | Practice to implement a programme of clinical audits using the HEIW website | Stephen J Keen | 12 months |
| The registered manager must ensure all peer review meetings are documented. | The Private Dentistry (Wales) Regulation 2017 | Minutes to be kept of all practice meetings. | Stephen J Keen | 1 month |
| We recommend patients' preferred language choice is recorded within their clinical records. | The Private Dentistry (Wales) Regulation 2017 | Practice will start recording patients' preferred language choice on their clinical records | Stephen J Keen and Melicia Gerrard | 1 month - 12 months |
| The registered manager must ensure staff appraisals are undertaken annually. | The Private Dentistry (Wales) Regulation 2017 | Practice will carry out staff appraisals annually | Stephen J Keen | Completed 24/10/22 |

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| The registered manager must ensure the practice keeps well maintained staff files. | The Private Dentistry (Wales) Regulation 2017 | Practice to create new staff files | Stephen J Keen | 1 month |
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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): STEPHEN JAMES KEEN

Job role: Practice Owner

Date: 15th December 2022