

General Dental Practice Inspection Report (Announced)

Russell Street Dental Clinic, Swansea
Bay University Health Board

Inspection date: 9 January 2023

Publication date: 11 April 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-80535-775-9

© Crown copyright 2023

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	16
4. Next steps.....	18
Appendix A - Summary of concerns resolved during the inspection	19
Appendix B - Immediate improvement plan.....	20
Appendix C - Improvement plan	21

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 Russell Street Dental Clinic, Swansea Bay University Health Board on 9 January 2023.

Our team for the inspection comprised of a HIW Healthcare 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 Russell Street Dental Care, Swansea was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

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

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Ensure an active offer of Welsh is made to patients who may wish to communicate in Welsh
- Use the feedback information from patients to summarise themes from feedback and implement a way of sharing those with patients.

This is what the service did well:

- Patient experience was positive at this setting, based on feedback responses and comments
- Comprehensive treatment planning for all patients.

Delivery of Safe and Effective Care

Overall summary:

Overall, the practice was well maintained and well equipped to provide the safe and effective services and treatments they were registered to deliver. All patient facing areas were clean and free from any visible hazards.

There were appropriate measures in place to ensure that risks to staff and patients at the surgery were minimised.

The building was well maintained and in the process of being upgraded and improved. The surgeries, decontamination room and reception area were of a good standard.

This is what we recommend the service can improve:

- Declutter the basement of the building

- Address flooring seal degradation in the practice.

This is what the service did well:

- The equipment at the practice was in a good condition and was being maintained in line with manufacturers' guidelines
- The practice had safe and appropriate procedures and equipment in place to deal with medical emergencies.

Quality of Management and Leadership

Overall summary:

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

Staff had access to appropriate training opportunities to fulfil their professional obligations. We saw training was up-to-date and certificates were being kept to evidence this.

We saw evidence of regular, minuted team meetings that were used to update practice, share information and report on outcomes of audits. Appraisals were undertaken once per year and staff were encouraged to undertake further relevant training to develop their careers.

This is what we recommend the service can improve:

- Develop a staff training matrix to enable ease of compliance with staff training requirements.

This is what the service did well:

- Governance documentation was recently updated
- The team worked well together and supported each other to ensure that high standards of care were given to their patients.

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 39 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than 2 years.

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

“The practice is excellent”

“Staff are friendly and helpful. Good range of services.”

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

“No improvements needed”

“Introduction of a monthly payment plan for more expensive treatments.”

Staying Healthy

Health Protection and Improvement

We saw posters for patients on how to improve their dental health. This information was in English, providing information in English and Welsh would improve the experience of Welsh speaking patients.

We saw a ‘No Smoking’ sign within the practice which confirmed the practice adhered to the smoke free premises legislation.

Oral hygiene and diet advice was noted as given in 9 of the 10 dental records that were reviewed. This was confirmed by the patient questionnaire, 36 patients who had completed it said that the dental team had talked to them about how to keep their mouth and teeth healthy.

Dignified care

Communicating effectively

We witnessed staff members treating their patients in a dignified and respectful manner both face to face and over the telephone. Staff were friendly and doors were closed when the surgery was in use and we were assured that patient dignity was preserved.

We saw that the waiting room was spacious and that waiting times were short. Confidential phone calls and patient conversations were conducted in a separate office in the practice to protect patient confidentiality.

All the patients that answered the questionnaire indicated that the staff at the practice treated them with dignity and respect. Almost all the patients indicated the dental team helped them to understand all available options when they needed treatment. All the patients said that things were always explained to them during their appointment in a way they could understand.

We found that the nine principles, as set out by the General Dental Council (GDC), were displayed in the waiting room. The principles applied to all members of the dental team and set out what patients should expect from a dental professional.

We were told that dentists at the practice spoke many different languages and used google translate to ensure that patients whose first language was not English, could communicate their treatment needs effectively.

We were told that staff members at the practice did not speak Welsh and patients were not routinely offered the opportunity to communicate in Welsh. We did not see any Welsh posters or leaflets to enable patients to access information in Welsh, should they wish. Feedback from the patient questionnaire confirmed that five of the respondents stated that their preferred language was Welsh. Only one patient said they were offered the opportunity to speak Welsh throughout the patient journey, four said they were not. The registered manager must ensure an active offer of Welsh is made to ensure that those patients who may wish to communicate through the medium of Welsh are able to do so.

Patient information

We reviewed the patient information leaflet which included all of the information required by the Private Dentistry (Wales) Regulations (PDR) 2017, this information was available in English only.

The information on the costs of dental treatment was displayed in the waiting room along with the Welsh and English versions of the HIW registration certificates.

A comprehensive list of staff and their relevant GDC registration information was displayed on the notice board and the practice website had been updated to include all dental staff. The name plates on the front of the practice did not identify current staff members, we were told that new name plates had been ordered due to staff changes.

Timely care

Timely access

We observed minimal waiting for appointments for patients attending the practice and we were advised that appointments usually ran to time. We were told that the receptionist would inform the patients about waiting times and any reasons for delays. Appointments could be booked over the telephone or in person and emergency appointments were available.

A total of 30 of the 39 who answered this question in the patient questionnaire told us it was 'very easy' to get an appointment when they needed one. Whilst eight told us it was 'fairly easy,' one told us it was 'not very easy.'

All but four patients who answered the survey indicated they knew how to access the 'out of hours' dental service if they had an urgent dental problem. We saw that out of hours information was available for patients in a range of places, this included in the patient information leaflet and on the practice website.

Individual care

Planning care to promote independence

We reviewed 10 patient records and found there was comprehensive evidence of treatment planning and options noted for those patients.

All but one patient that completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment. All of the patient records that we reviewed had updated medical histories documented in the notes.

People's rights

We reviewed the practice equality and diversity policy dated March 2022, which referenced the Equality Act 2010. The policy acknowledged the need to deliver services and treatment to all patients regardless of protected characteristics. Staff provided examples of how they treated all of their patients with dignity and respect.

The dental staff used a pop-up information box on the patient notes system to ensure that patients with any additional needs were supported.

All patients who answered the questionnaire indicated they had not faced discrimination when accessing or using this health service.

The dental practice operated their services from a converted terraced house. There were three surgeries, one on the ground floor and two on the first floor. A patient toilet was on the first floor and was not accessible for anyone with mobility issues. Access to the building and the surgeries was not suitable for anyone using a wheelchair and this accessibility information was noted on the patient information leaflet.

Listening and learning from feedback

We saw ways in which patients could feedback their experiences and we reviewed a complaints and compliments log. A putting things right poster was displayed on the notice board which included contact details for relevant organisations and support. The practice also recommended Google reviews for patient feedback. Google reviews were monitored but not responded to by the practice manager although we were told that any feedback would be discussed at team meetings. We recommended that in addition to discussions, formal analysis is undertaken and any actions, as a result of feedback, is then shared with staff and patients. This will help the practice evidence areas that are working well and areas where improvements might need to be made.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

There were appropriate measures in place to ensure that risks to staff and patients at the surgery were minimised.

The building was well maintained and in the process of being upgraded and improved. The surgeries, decontamination room and reception area were of a good standard. All the rooms had the necessary equipment required to undertake the treatments and services offered by the practice.

The basement of the building was cluttered by decommissioned information technology equipment, personal protective equipment (PPE) and boxes. This presented a potential fire risk and to ensure the continued safety of staff and patients we recommend that this area is decluttered.

Whilst the building was generally well maintained, we noted that the flooring seals in the practice had degraded over time and recommend that the practice address this to ensure that efficient and effective cleaning is possible.

We saw evidence that all staff had completed fire training in December 2022. We noted that the fire risk assessment for the building had been completed by an external provider in April 2019. Fire risk assessments had been completed annually by the practice manager since 2019. All fire extinguishers throughout the practice had been serviced in 2022 and a contract was in place for fire equipment servicing. Fire exit signs were clearly displayed and fire wardens checked alarms weekly and fire drills were undertaken monthly.

A health and safety poster was displayed and there were two staff members trained in first aid. The staff room was used as a changing area and there was a toilet available for both staff and the public.

As required by the regulations, we saw the practice had a business continuity policy and plan in place. However emergency contact details were not easily accessible and this was corrected on the day. Urgent contact details were displayed on the staff notice board for immediate access.

Infection prevention and control (IPC)

There were appropriate arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures. Additionally, there was a cleaning schedule in place that supported effective cleaning routines. There was a daily maintenance programme in place for checking the sterilisation equipment. We noted that the data logger for the autoclave was not routinely checked at the start of each session to ensure pressure was at the manufacturer recommended level. We recommend that daily checking of the data logger is implemented to minimise the risk of poor sterilisation.

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. The facility was small, clean, well-organised, well equipped and uncluttered.

There was a system in place to manage waste appropriately and safely. We saw evidence that a contract 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. We noted there were appropriate arrangements in place for the handling of substances subject to Control of Substances Hazardous to Health (COSHH).

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.

Medicines management

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

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). Staff told us of the correct procedures they would take if there was an emergency.

We saw prescription pads being kept 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 were recently reviewed and included the contact details for the two local safeguarding

teams in the area. We saw flowcharts on the staff noticeboard that informed staff of the actions required should a safeguarding issue arise. The lead dentist was the safeguarding lead and was able to discuss with us the policies and procedures. Staff were aware of the safeguarding policy and relevant procedures and they told us any concerns would be reported to the safeguarding lead. Training records confirmed all staff had received level two safeguarding training.

We saw evidence of pre-employment checks and references for recently appointed staff and all staff disclosure and barring service (DBS) checks were in place. We confirmed that all clinical staff were registered with the GDC and this information was displayed on the patient notice board.

Medical devices, equipment and diagnostic systems

The surgery contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment. The clinical equipment was considered to be safe and appropriately maintained. There were sufficient dental instruments and they were in a good condition.

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

Effective care

Safe and clinically effective care

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and patient information leaflet that was compliant with the Private Dentistry (Wales) Regulations (2017).

We saw evidence that staff would obtain and follow professional guidance and advice when necessary and would use this to update practice policies.

Quality improvement, research and innovation

The practice had effective processes in place to improve the quality of services. They had completed the WHTM 01-05 audit and there was evidence that they were working through the issues. We also saw evidence of other audits such as the audit of radiographs, annual audit of patient records, antibiotic prescribing and dental caries audit. We saw evidence of audit summaries being fed back through team meetings.

Information governance and communications technology

The practice had a data protection and privacy policy in place. We found patient records were being stored electronically and securely in line with General Data Protection Requirements (GDPR).

Record keeping

A sample of 10 patient records were reviewed. Overall, there was evidence that staff were keeping good clinical records, 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.

The practice had a consent policy that was adhered to and we was that consent was recorded in the patient records.

Quality of Management and Leadership

Governance, Leadership and Accountability

The registered manager had overall responsibility for the management and leadership of the practice. They were supported by a practice manager and a team who were clear and knowledgeable about their roles and responsibilities. We saw that private dental care was being provided in accordance with the conditions of registration.

We saw the team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection. We reviewed the updated statement of purpose, patient information leaflet and annual report which contained all areas required by the Private Dentistry (Wales) Regulations 2017.

All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that practices were up to date.

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

Evidence was kept of regular team meetings and we were provided with examples of minutes from these meetings. The minutes demonstrated that issues and actions raised were appropriate and proactive. Meeting minutes were kept in a folder that was accessible to all staff.

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

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff. Agency staff were not routinely used at the practice.

Staff files were kept that contained evidence of their GDC registration, contract of employment, Hepatitis B immunity, DBS check and professional indemnity insurance.

We saw evidence that training certificates were being kept for each member of staff and that staff had attended training on a range of topics relevant to their roles to

meet their CPD requirements. We advised that the use of a training matrix to ensure staff training renewal dates were readily available.

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: Russell Street Dental Care, Swansea

Date of inspection: 9 January 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues				

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: Russell Street Dental Care, Swansea

Date of inspection: 9 January 2023

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 must ensure an active offer of Welsh is made so that those patients who may wish to communicate through the medium of Welsh are able to do so. This must include the translation of the patient information leaflet.	The Private Dentistry (Wales) Regulations (PDR) 2017, regulation 13 (1) and 13 (9) (a). Standard 4.2 Patient Information, Regulation.	The manager will contact NHS services to obtain Welsh leaflets. A new phone system will be installed with a Welsh voice mail system. Also the patient leaflet will be available in Welsh.	Imtiaz Khan	May 2023
The registered manager must implement a 'you said, we did' display	PDR 2017 regulation 16 (1)(a) & (2) (b) (ii) (d)(ii) Standard 6.3 Listening & learning from feedback	The manager will collect data from google reviews etc and display in waiting room on a tv screen.	Imtiaz Khan	May 2023

within an area accessible to patients to encourage suggestions from patients to further improve the practice.				
The registered manager must ensure that floors in clinical areas are adequately sealed to allow for effective cleaning.	PDR 2017 regulation 13 (6) (a-b) and regulation 13(5) (a-b)	The manager, will get the floors replaced.	Imtiaz Khan	June 2023
The registered manager must ensure that checks on the data logger are made daily.	PDR 2017, regulation 22 Standard 2.1 Managing Risk and Promoting Health and Safety	The manager will ensure the data logger checks are made daily.	Imtiaz Khan	In place, action complete.
The registered manager must make remove excess clutter and equipment in the practice basement.	PDR 2017, regulation 22 Standard 2.1 Managing Risk and Promoting Health and Safety	The manager will remove excess clutter from the basement.	Imtiaz Khan	April 2023
The practice must ensure that a process is put in place to ensure that the	Standard 2.4 Infection prevention and control Standard 7.1 Workforce	The registered manager will put a system in place to ensure training is kept up to date.	Imtiaz Khan	System in place.

training of all staff, once the requirement is identified, is kept up to date.				
--	--	--	--	--

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): Imtiaz Khan

Job role: Practice Owner

Date: 22/02/2023