

# General Dental Practice Inspection Report (Announced)

Denture Design Centre, Cwm Taf  
Morgannwg 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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://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.



# Contents

1. What we did
2. Summary of inspection
3. What we found
  - Quality of Patient Experience
  - Delivery of Safe and Effective Care
  - Quality of Management and Leadership
4. Next steps

Appendix A - Summary of concerns resolved during inspection

Appendix B - Immediate improvement plan

Appendix C - Improvement plan

# 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 Denture Design Clinic, Cwm Taf Morgannwg Health Board on 28 June 2022.

Our team for the inspection comprised of a HIW Inspector and a dental peer reviewer.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found that Denture Design Centre are committed to providing a positive experience for patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

We saw changes had been made to the environment and their service provision based on government guidance.

This is what we recommend the service can improve:

- Bilingual signage and patient information leaflets
- Dental nurses wear badges to indicate they are a Welsh speaker.

This is what the service did well:

- We observed patient care being provided in a caring and professional manner.

### Safe and Effective Care

Overall summary:

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

We saw evidence of a fire safety risk assessment in place, however, this was out of date. We advised staff that this needed to be reviewed immediately to bring it up to date.

The patient records we reviewed were being kept to a good standard. The notes were clear, legible, and generally good quality with sufficient information about the patient and their treatment being recorded.

This is what we recommend the service can improve:

- An environmental risk assessment should be completed
- Fire safety risk assessment should be reviewed.

This is what the service did well:

- The setting is clean and tidy and kept in a state of good repair.

## 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.

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

We observed clear and up to date training records for staff on the clinic's online system. However, some further improvements are required.

Regular staff meetings were taking place. Minutes are recorded and kept on file.

This is what we recommend the service can improve:

- A regulation 16 report should be devised by the practice manager and responsible individual.

This is what the service did well:

- We saw evidence of overall very good governance and professional attitudes from staff
- We witnessed a staff team that works very well together.

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 12 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for less than 1 year.

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

*"I don't believe they can improve at all as the service is very good"*  
*"Very satisfied with the service"*

#### Staying Healthy

##### Health Protection and Improvement

We witnessed both staff and patients wearing face coverings whilst in the practice. There was hand sanitiser available at the front desk and we also witnessed staff checking if patients were displaying COVID-19 symptoms before entering the practice.

It was evident that the practice was in a state of good repair, both internally and externally. We also witnessed general cleaning in the communal areas and cleaning in between each patient in the surgery.

Patients told us that the staff team at the denture centre had spoken to them about how to keep their mouth and teeth healthy.

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 was displayed in leaflets on the front desk.

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**

All but one of the patients that completed a questionnaire told us that English was their preferred language and that healthcare information was available to them in that language.

We asked patients if they were offered the opportunity to speak Welsh and 7 out of 12 patients told us that they were not. The practice manager recognised the need to improve this and we recommended providing the dental nurse with a badge to indicate that they are a Welsh speaker. We also recommended the practice offer bilingual signage and patient information.

We saw evidence that patients were treated in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

We were told that staff would hold private conversations with patients within the dental surgeries away from the reception/waiting area. Also, staff will move to a private room when speaking to patients on the phone in order to maintain confidentiality.

### **Patient information**

All of the patients that completed a questionnaire told us they felt involved as much as they wanted to be in decisions made about their treatment. All patients said the dental team helped them understand all available options when they needed treatment.

We saw a range of posters and information leaflets in the waiting area. This included information around the complaints procedure and the safeguarding policy, including information for the local safeguarding team. We also saw patient leaflets outlining the price list for the practice.

## **Timely care**

### **Timely access**

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

We asked patients if they felt it was easy to get an appointment when they needed it, and all patients agreed.

At the time of the inspection, we saw some restrictions due to COVID-19 still in place, with only patients with pre-arranged appointments entering the practice. Staff informed us that all appointments are made via telephone and we witnessed patients and staff wearing face coverings.

## **Individual care**

### **Planning care to promote independence**

We undertook a review of patient records, looking specifically at consent, treatment planning, medical records and the treatment carried out. All were thorough and up to date. Out of the 12 patients that completed a questionnaire, 11 confirmed that the dentist enquires about their medical history before undertaking any treatment.

We were told by the practice manager that they are yet to carry out a patient record keeping audit. We require this audit to be completed as soon as possible.

### **People's rights**

We noted the practice had an equality and human rights policy in place, as well as a number of other supporting policies to promote equality and diversity at the practice. Staff we spoke to said they felt they were treated fairly and had access to training.

Staff informed us that they work hard to be inclusive for all patients. We were told that the relevant adjustments have been made in the past for patients with hearing difficulties and a removable ramp can be used to allow for wheelchair access. The patient toilet does not have wheelchair access, however we were informed that patients are informed of this before they attend their appointment.

### **Listening and learning from feedback**

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

We were shown the log where complaints would be recorded, however staff informed us that there have not been complaints made as of yet. The practice has a suggestion box for patients on the front reception desk, however this is rarely used at present. The practice manager informed us of plans to develop information leaflets to encourage use of the suggestion box.

## Delivery of Safe and Effective Care

### Safe care

#### **Managing risk and promoting health and safety**

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

Patients did not give any concerns over the cleanliness of the denture clinic and all patients that completed a questionnaire expressed the opinion the dental practice was very clean.

We saw the staff and patient toilets, and the staff kitchen. Both were clean and tidy, and we witnessed thorough cleaning of both during our visit.

There were no issues identified regarding the heating, lighting or ventilation.

We saw fire safety equipment was available at the clinic and this had been recently serviced. At the time of the inspection, the setting has a fire safety risk assessment in place, however it was out of date. We notified the practice manager that they would need to update the risk assessment as soon as possible. We saw evidence of fire safety training for staff and fire exit signs were clearly displayed in the clinic. The practice manager also informed us that fire drills are carried out with staff at the practice.

A 'Catch it, Bin it, Kill it' poster was displayed, as well as an employer's liability insurance certificate.

We were informed by the practice manager that an environmental risk assessment has not yet been carried out at the clinic. This needs to be completed and regularly updated to ensure the practice remains fit for purpose.

### **Infection prevention and control (IPC)**

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

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

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

### **Medicines management**

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

The practice manager is the first aider and had up to date training in place. We saw there was a first aid kit available containing appropriate and up to date items.

Although we saw evidence of CPR training for staff, it was out of date. We require staff to complete refresher CPR training as soon as possible to ensure they are fully compliant.

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

We saw that all staff had up to date training in adult and child safeguarding. We were informed that the practice manager is the safeguarding lead and has completed level 3 safeguarding training.

We saw evidence that the appropriate safeguarding policies and procedures were in place, which included contact details for the local safeguarding team. The safeguarding procedure was displayed in the waiting area.

We saw that staff had a DBS check on file which was undertaken prior to their employment. However, the DBS on record for the dental nurse was obtained at their prior place of employment. We require this staff member to have a new DBS check undertaken and a certificate on file reflecting their current place of employment.

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

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

## **Effective care**

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

We saw that the practice had 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 infection control and disability audits. However, the practice wasn't currently carrying out record keeping audits. We advised the practice manager that this needs to be implemented and reviewed annually.

The Practice manager informed us that they are planning to implement staff appraisals as soon as possible.

### **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**

A thorough review of patient records concluded that these were being kept to a good standard. The notes were clear, legible, and good quality.

Of the records we reviewed, we saw they had sufficient information of the patients' medical history, treatment information and consent.

## **Quality of Management and Leadership**

## **Governance, Leadership and Accountability**

The clinical dental technician (the practice owner) has overall responsibility for the management of the clinic. He is supported by a dental nurse and two additional staff members who only work in the denture laboratory.

We saw the staff 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 statement of purpose which contained all the areas required by the Private Dentistry (Wales) Regulations 2017. However there was out of date information included in document regarding names of staff currently working at the clinic. We require the practice manager to review the document and update the relevant information as soon as possible.

We also reviewed the patient information leaflet. Although it contained the relevant and up to date information, we asked the practice manager to ensure review dates were added to the document.

We reviewed the settings policies and procedures, all of which were up to date and had recently been reviewed. We saw evidence, through myComply, that staff were up to date on the policies and procedures and we were told that staff are notified of any policy or procedural updates.

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

We saw that team meetings were taking place on a regular basis. Minutes are recorded and saved electronically.

We discovered that the practice does not currently have a regulation 16 report in place. We advised the practice manager that we require this to be produced as soon as possible, in line with regulation 16 of the Private Dentistry (Wales) Regulations 2017.

## **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. We were told that agency staff had never been used at the clinic.

Staff files are kept, and we saw they contained evidence of their General Dental Council (GDC) registration, contract of employment, Hepatitis B immunity and DBS check. We also saw evidence that all staff have professional indemnity insurance in place.

Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with another staff member or an alternative appropriate body if required.

Staff were up to date with all training except CPR. We informed staff that this needs to be arranged as soon as possible.

## 3. 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 C - Improvement plan

Service: Denture Design Centre

Date of inspection: 28/06/2022

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 practice manager must review the fire safety risk assessment to ensure it is brought up to date	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (4) (e)  Health & Care Standards - 2.1 Managing risk & promoting health & safety	<b>The fire Risk assessment has been carried out and updated.</b>	<b>Matthew Thomas</b>	<b><u>Done 04/07/2022</u></b>

<p>The practice manager must produce a regulation 16 report for the setting as soon as possible</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 16</p>	<p><b>Look into what is required for a regulation 16 report Assess and monitor the quality of service provided most likely via an audit</b></p>	<p><b>Matthew Thomas</b></p>	<p><b>31/8/2022</b></p>
<p>An environment risk assessment needs to be in place and regularly updated to ensure the practice is fit for purpose</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 16(1)(b)</p> <p>Health &amp; Care Standards - 2.1 Managing risk &amp; promoting health &amp; safety</p>	<p><b>Look into what is required for a regulation 16 (1)(b) report Assess and monitor the quality of service provided most likely via An environment risk assessment</b></p>	<p><b>Matthew Thomas</b></p>	<p><b>31/8/2022</b></p>
<p>All staff must attend in- person CPR training as soon as possible to ensure full compliance in mandatory training.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 17(1) (a) and 22 (4)(c)</p>	<p><b>All staff are booked to attend a CPR training.</b></p>	<p><b>Matthew Thomas</b></p>	<p><b>31/8/2022</b></p>

	Health & Care Standards - 7.1 Workforce			
We require the practice manager to carry out a patient information audit for the setting	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a)  Health & Care Standards - 3.3 Quality improvement, research & innovation and 3.5 Record keeping	<b>Myself Matthew Thomas will carry out a patient information audit for the setting</b>	<b>Matthew Thomas</b>	<b>9/9/2022</b>
Despite the dental nurse has an in-date DBS certificate, this is currently not specific to the setting, but from their previous employment. We require a new DBS to be done for this staff member as soon as possible	The Private Dentistry (Wales) Regulations 2017 - Regulation 18 (1)	<b>A DBS check and certificate will be carried out and obtained</b>	<b>Matthew Thomas</b>	<b>31/8/2022</b>

	Health & Care Standards - 7.1 Workforce			
We require the setting to offer a bilingual service to their patients, as far as they are able. This includes producing bilingual patient information and getting the relevant badge for the dental nurse to indicate they are a welsh speaker.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(a)  Health & Care Standards - 3.2 Communicating effectively	<b>A badge for the dental nurse (who speaks Welsh) to wear will be obtained. An outgoing answering machine message will be recorded in Welsh.</b>	<b>Matthew Thomas</b>	<b>9/9/2022</b>

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):** Matthew Thomas

**Job role:** Clinical dental Technician

Date: 14.8.2022