

General Dental Practice Inspection Report (Announced)

Charro Dental practice, Powys
Teaching Health Board

Inspection date: 12 December 2023

Publication date: 13 March 2024



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Digital ISBN 978-1-83577-665-0

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Charro Dental Practice, Powys Teaching Health Board on 12 December 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 32 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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 the dignity of patients was upheld and they were treated with respect through their patient journey. All patients told us the service provided by the practice was 'very good'. We saw systems in place to manage patient appointments appropriately, and delays to appointments were communicated in a timely manner. We found areas of improvement regarding the implementation of the 'Active Offer,' but noted the practice made efforts to enable patients to communicate in their preferred language wherever possible. We saw a zero-tolerance approach to the abuse of both patients and staff.

This is what we recommend the service can improve:

- The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.

This is what the service did well:

- Patient feedback to the HIW questionnaire was positive.

Delivery of Safe and Effective Care

Overall summary:

We found a clean and organised practice which promoted the safe and effective care of patients. We saw equipment was in good condition and used appropriately. Infection control was managed effectively and the records we viewed indicated staff were trained to the correct level in IPC and decontamination. All patients who completed the HIW questionnaire told us they thought the practice was 'very clean' and that staff followed infection control procedures.

We saw care was delivered safely and in line with regulatory and statutory guidance, but found some improvements were required in relation to patient records and staff first aid training compliance. All patients told us they thought their medical history was checked appropriately prior to treatment. We found fire risks were managed safely, with equipment maintained to the correct standard.

This is what we recommend the service can improve:

- The registered manager must ensure first aid refreshers take place annually
- The registered manager must ensure patient records accurately reflect risk assessments and treatment provided to the patient

- The registered manager must ensure the language and communication needs of patients are routinely recorded in patient records.

This is what the service did well:

- Medicines were managed correctly and safely
- The management of radiographic treatments was robust.

Quality of Management and Leadership

Overall summary:

We found the management structures in place supported the effective running of the practice. Staff were friendly and supportive with one another and patients. The records we reviewed evidenced all staff were appropriately trained to perform their roles and that their professional obligations were upheld. The staff we spoke to said they felt confident raising concerns and raising issues with managers. We found a satisfactory system in place for the recording of and response to patient feedback. We noted that improvements were required in respect of compliance with audits.

This is what we recommend the service can improve:

- The registered manager must undertake clinical audits, such as those available through Health Education and Improvement Wales (HEIW)
- The registered manager must undertake a review of their audit and quality improvement policy and procedure.

This is what the service did well:

- The collection, review and response to patient feedback was routine.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses from patients were positive. All of the patients stated the service provided by the practice was ‘very good’. Some of the comments provided by patients included:

“I was treated with the utmost respect and dignity and educated about my oral health. I was made fully aware of the treatment required. Excellent!”

“After 20 years with this practice, I would recommend to anyone. First class dentist and staff.”

“The service in this practice has and is excellent. Thanks everyone.”

“I am very impressed with my care and the professional way that I have been dealt with. They have gone above and beyond to make me (a nervous patient) feel welcome and as relaxed as possible.”

“Very welcoming, polite and professional. Great!”

“At 50 years of age it is the best dental practice I have ever known. Jimmy has humour, expertise and great patient care on his side.”

“I have been attending this practice since we retired here in 2011. Probably the best treatment I have ever had.”

Person Centred

Health Promotion

We saw information on display in the patient waiting area regarding paediatric dental health, smoking cessation advice and varied NHS patient advice leaflets. We observed clearly displayed information on the fees for NHS and private treatments. The names, photographs and General Dental Council (GDC) numbers for practitioners were also on display in the patient waiting area. We saw the GDC

codes of ethics on display and the opening hours and emergency contact details prominently placed on the front door.

All patients that responded to the HIW questionnaire said staff explained their oral health to them in a manner they could understand throughout their appointment. All patients stated they were also given suitable aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

We observed patients being treated with dignity and respect. We saw satisfactory arrangements in place to protect the privacy of patients, including frosted glass on windows and solid doors that were kept closed during appointments. The practice had a separate waiting room away from the reception desk, which prevented patient phone calls being overheard. Staff told us sensitive patient discussions could be held in a separate room away from the reception area if required, to protect patient confidentiality.

All of the patients that completed the HIW questionnaire said staff treated them with dignity and respect, that they listened to them during their appointment and answered their questions.

Individualised care

We found treatment planning and options were recorded within the sample of patient records we reviewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

All of the respondents to the HIW questionnaire said they felt involved as much as they wanted to be in decisions about their treatment, with the options available and the risks and benefits explained to them by staff.

The majority of patients said they were given information on how the practice would resolve any post-treatment concerns or complaints (31/32). All but one of the respondents (31/32) to the HIW questionnaire told us they knew what to do in the event of an emergency or infection.

Timely

Timely Care

We found an appropriate system in place for the management of appointments and timely access to care for patients. Appointments were made over the telephone and we saw patients arranging appointments with staff following their treatments. Staff told us emergency appointments were triaged over the telephone in

consultation with dental practitioners, and any emergency patient would be seen within 24 hours.

Staff explained any delays to appointments would be communicated to patients in a timely manner by reception staff, with patients waiting longer than 15 minutes offered an alternative appointment.

Staff outlined patients could be seen for routine appointments usually within a working day, where requested. We were told that appointments were arranged in accordance with patient needs and availability wherever possible.

Patients told us they found it very easy (28/31) or fairly easy (3/31) to get an appointment when they needed one. We saw information on out of hours dental services was suitably displayed on the exterior of the practice and on the practice website. The majority of respondents (25/31) to the HIW patient questionnaire confirmed they would know how to access out of hours dental services if they had an urgent dental problem.

Equitable

Communication and Language

Patient information was readily available to patients in English but we found limited information available in Welsh. We saw signs in the practice which were in English only, and there was limited information at the reception desk to encourage patients to communicate in a language of their choice. We saw staff did not wear 'Iaith Gwaith' badges, with staff explaining this was because there were no fluent Welsh speakers at the practice.

Staff told us they could access Language Line to communicate with patients whose first language was not English. Staff confirmed that patient information could be provided in the preferred language of patients upon request.

During our discussions with staff they demonstrated an understanding of the 'Active Offer' and the requirement to provide a bilingual service for patients. However, staff explained they had struggled to obtain assistance from the health board for Welsh language training and implementation of the 'Active Offer'.

The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.

Rights and Equality

We found the rights of patients were protected and their equality promoted through a robust diversity policy and a suitable patient acceptance policy. We saw

a 'zero-tolerance to abuse' poster at reception and this approach was reflected in practice policies and procedures.

We saw the use of comprehensive display screen equipment checklists from the Health and Safety Executive were completed for all members of staff. Staff told us that transgender patients were given the option to choose their preferred pronouns on their patient record, demonstrating the commitment to uphold the quality and rights of patients.

All respondents to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service. All patients stated they felt they could access the right healthcare at the right time and a majority (31/32) stated the building was accessible. One respondent indicated they were 'not sure'.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the practice to be in a good state of repair internally and externally. We saw four spacious surgeries spread across the ground floor, which included a modern, newly built surgery. We saw a suitably sized waiting room with satisfactory heating, lighting, ventilation and signage for the whole practice. We saw and heard working telephone lines and noted staff changing facilities and lockers were available. The ground floor was accessible for patients, including the surgeries and we saw two clean and appropriately equipped disabled toilets.

We observed reusable dental equipment that promoted safe and effective care which was in good condition and single use items being used where appropriate.

We reviewed both a comprehensive health and safety policy as well as a building maintenance policy and we saw a robust business continuity plan. We found suitable risk assessments were in place for health and safety and fire safety. Staff signed a checklist to confirm their knowledge and understanding of all policies.

We noted the practice employer liability insurance certificate and Health and Safety Executive poster on display.

Fire safety and no smoking signs were prominently displayed around the practice. On review of the fire safety equipment and information we found appropriate arrangements were in place in relation to fire safety, including regular maintenance of fire equipment and fire exit signs were clearly displayed.

Infection, Prevention, Control (IPC) and Decontamination

We found suitable infection control policies and procedures in place to ensure high standards of infection control. Effective cleaning schedules were in place to promote regular cleaning of the practice. We saw hand hygiene facilities and signage were appropriate. Staff had sufficient access to Personal Protective Equipment (PPE) and the environment was in a good state of repair to enable effective cleaning.

All of the patients that responded to the HIW questionnaire said they felt the practice was very clean and stated they felt IPC measures were being appropriately followed by staff. One patient said:

*“First impressions were the conditions of the building throughout.
Exceptionally clean!”*

Occupational health services were in place for staff to deal with sharps injuries and we saw the use of safer sharps devices to prevent injuries. We noted a suitable sharps injury protocol in place.

We saw comprehensive arrangements in place to ensure the correct decontamination and sterilisation of reusable equipment. We reviewed records of daily autoclave machine cycle checks and a routine schedule of maintenance. We noted impressions were safely disinfected as appropriate.

The training records we reviewed confirmed all staff had received appropriate training for IPC and the decontamination of equipment. The staff we spoke with were clear about their individual responsibilities in relation to infection control measures.

We saw that all waste was stored securely and disposed of correctly through a suitable waste disposal contract. We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory, with the details collated in a comprehensive COSHH folder.

Medicines Management

We saw appropriate procedures were in place to ensure the safe and effective storage, administration and disposal of medicines. Medicines were not routinely dispensed, being stored and used only in the event of an emergency. Within patient notes, we saw any administered medicines were clearly recorded. The practice prescription pad was stored securely.

We reviewed the policy for the management of medical emergencies which was comprehensive and up to date. We noted a robust system in place to monitor the expiry dates of equipment and emergency medicines. All of the emergency and first aid equipment was easily accessible and within their expiry date.

The staff training records we reviewed showed that all staff were trained in cardiopulmonary resuscitation and there were two trained first aiders. However, we saw evidence that the two first aiders had received their three-yearly qualifications, but their annual refresher dates had passed. The risk to immediate patient safety was mitigated by all staff having been trained in advanced life support and managing medical emergencies.

The registered manager must ensure first aid refreshers take place annually.

Safeguarding of Children and Adults

We found appropriate and up to date safeguarding policies and procedures in place to promote and protect the welfare and safety of children and adults. The policy and procedures incorporated the All Wales Safeguarding Procedures, identified an appointed safeguarding lead and included contact details for local support services.

We saw all staff were suitably trained in the safeguarding of children and adults. The staff we spoke to demonstrated a satisfactory understanding of safeguarding procedures and said they would feel supported if they were to raise a concern.

Management of Medical Devices and Equipment

We saw clinical equipment was safe, in good condition and fit for purpose. The reusable dental equipment was observed to be in good condition and promoted safe and effective care. Appropriate arrangements were in place for the safe handling and disinfection of dental equipment. The staff we spoke to were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles.

We saw the practice radiation protection folder was up to date and comprehensive. On review of patient records, we found the clinical notes for radiographic treatments to be fully complete. Records also indicated patients, and where relevant their comforters, were suitably informed of the risks and benefits of radiation and any exposures were correctly recorded. We noted the local rules were easily locatable. Staff training records indicated all staff were trained to an appropriate level in radiography.

Effective

Effective Care

We found staff made a safe assessment and diagnosis of patients. Patient records evidenced treatments being provided according to clinical need and following professional, regulatory and statutory guidance.

The clinical staff we spoke to demonstrated clear understanding of their responsibilities while being aware of where to seek relevant professional advice, if necessary.

We saw appropriate use of clinical checklists such as the Local Safety Standards for Invasive Procedures (LocSSIPs).

Patient Records

We reviewed a total of 10 patient records and found clinical records kept to a satisfactory standard. We found an appropriate records management policy and a robust digital records system in place. We saw all records were stored in line with the General Data Protection Regulations.

We saw comprehensive patient notes covering patient history checks, reasons for attendance and informed consent on the treatment options provided. This was supported by what patients told us in the HIW questionnaire. However, we noted oral cancer screening wasn't always noted in patient records and risk assessments relating to cavities, perio, tooth wear and oral cancer were also missing from 8 of the 10 records we reviewed.

We found that patient referrals were being made but we saw no evidence that referrals were being recorded within patient records.

The registered manager must ensure patient records accurately reflect risk assessments and treatment provided to the patient.

We also found the recording of patient language preference and any actions taken in response to this preference were not recorded in any of the records we reviewed.

The registered manager must ensure the language and communication needs of patients are routinely recorded.

Efficient

Efficient

We found clinicians were delivering a satisfactory service for the needs of their patients in a suitable premises. We saw the use of a robust triage procedure which utilised the slots created by cancellations to use clinicians time effectively.

Quality of Management and Leadership

Leadership

Governance and Leadership

We found clear management structures in place to support the effective running of the practice. Staff told us they were British Dental Association ‘Expert’ members and we saw evidence of the Good Practice Scheme team development tool being used. We found team meetings were held regularly and discussion topics included resource management, fire safety and NHS policies.

The staff we spoke to were supportive of one another, friendly and approachable. The lead dentist and practice owner confirmed they had received suitable support and training to undertake their leadership role effectively. The practice maintained a register of policies and procedures which were reviewed on an annual basis to provide clear guidance to staff.

Workforce

Skilled and Enabled Workforce

We found comprehensive arrangements in place to ensure staff were trained and retained their skills in a timely manner. In five out of the nine staff records we viewed we saw full compliance with all mandatory training courses and evidence of current and routine staff appraisals on file. The staff we spoke to confirmed they felt supported to undertake learning and development and we saw that training days for all staff were held routinely.

An effective rota system was used to manage appropriate numbers of suitably qualified staff working at any one time. We noted a suitable induction procedure and satisfactory systems in place to manage the use of agency workers.

We saw robust systems in place to ensure staff records were kept up to date and appropriate pre-employment checks undertaken. The professional registrations of all staff were up to date and suitably managed by the practice manager.

We found a comprehensive whistleblowing policy in place which described the procedure for staff to raise concerns. Staff confirmed they would feel confident raising a concern, would feel supported by managers in doing so and explained the process they would follow.

Culture

People Engagement, Feedback and Learning

We saw a satisfactory system in place for the submission and management of patient feedback. There was a suggestion box at reception and we noted in meeting minutes that feedback was routinely discussed in practice meetings. A notice board in the waiting area detailed the service response to patient feedback and outlined any changes made as a result.

The complaints policy was clearly displayed in the waiting area for patient awareness. We noted patient complaints were managed in line with the Putting Things Right procedure, and we saw the practice manager was a named contact in the event of a patient seeking to make a complaint. While there were no complaints for us to review, we found a satisfactory complaints folder and draft complaint forms in place. Staff told us that any verbal complaints were recorded and submitted for review to the practice manager.

We noted up to date and suitable Duty of Candour policies and procedures in place. The staff we spoke to demonstrated understanding of their role as part of the duty and told us they felt encouraged to share concerns with the patient when something had gone wrong. Staff training records evidenced recent completion of Duty of Candour training by all staff.

Learning, Improvement and Research

Quality Improvement Activities

We noted a policy was in place for clinical audits and on-going quality improvement and we saw peer review between clinical staff was routine. However, we did not find evidence of regular audit activities being conducted in relation to radiographic quality, smoking cessation, antibiotic prescribing nor record keeping. Due to the number of audit omissions, the practice was advised to undertake a review of their audit and quality improvement policy and procedures.

The registered manager must undertake clinical audits, such as those available through Health Education and Improvement Wales (HEIW).

The registered manager must undertake a review of their audit and quality improvement policy and procedure.

Whole Systems Approach

Partnership Working and Development

Staff outlined suitable means of communication with other health service providers, including the health board.

We saw an appropriate process in place to follow up on any referrals made to other service providers. Staff explained they maintained good working relationships with other primary care services in Powys, including GP services.

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: Charro Dental Practice

Date of inspection: 12 December 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Charro Dental Practice

Date of inspection: 12 December 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Patient information was readily available to patients in English but we found limited information available in Welsh. We saw signs in the practice which in English only, and there was limited information at the reception desk to encourage patients to communicate in a language of their choice. We saw staff did not wear 'Iaith Gwaith' badges.	The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.	Private Dentistry (Wales) Regulations 2017, Section 13 (1) (a)	New Signage in Welsh has been displayed throughout the practice. Staff have been encouraged to participate in Welsh language lessons provided by the health board, and encouraged to greet patients bilingually.	Charlotte Allison	To be in place by 12/2/24

<p>We saw evidence that the two first aiders had received their three-yearly qualifications, but their annual refresher dates had passed.</p>	<p>The registered manager must ensure first aid refreshers take place annually.</p>	<p>Section 17</p>	<p>First aid refresher courses to be completed by all first aiders immediately, and annually thereafter.</p>	<p>Charlotte Allison</p>	<p>12/2/24</p>
<p>We noted oral cancer screening wasn't always noted in patient records and risk assessments relating to cavities, perio, tooth wear and oral cancer were also missing from 8 of the 10 records we reviewed.</p> <p>We found that patient referrals were being made but we saw no evidence that referrals were being recorded within patient records.</p>	<p>The registered manager must ensure patient records accurately reflect risk assessments and treatment provided to the patient.</p>	<p>Section 20 (1)</p>	<p>This information has been relayed to all clinicians, who are responsible for their own clinical notes, and regular audits of the clinical notes will be carried out by the practice manager to ensure the notes are reflecting accurate risk assessments for treatment.</p>	<p>Charlotte Allison</p>	<p>31/3/24</p>
<p>Patient language preference and any actions taken in response</p>	<p>The registered manager must ensure the language and communication needs of</p>	<p>Section 13 (1) (a)</p>	<p>Patients will be asked at the beginning of their appointment</p>	<p>Charlotte Allison</p>	<p>31/3/24</p>

<p>to this preference were not recorded in any of the records we reviewed.</p>	<p>patients are routinely recorded.</p>		<p>(what their language preference is) and their corresponding answer will be recorded on the patient's physical file and clinical notes.</p>		
<p>We noted a policy was in place for clinical audits and on-going quality improvement and we saw peer review between clinical staff was routine.</p> <p>However, we did not find evidence of regular audit activities being conducted in relation to radiographic quality, smoking cessation, antibiotic prescribing nor record keeping. Due to the number of audit omissions, the practice was advised to undertake a review of their audit</p>	<p>The registered manager must undertake clinical audits, such as those available through Health Education and Improvement Wales (HEIW).</p> <p>The registered manager must undertake a review of their audit and quality improvement policy and procedure.</p>	<p>Section 16 (1)</p>	<p>The practice manager will take over responsibility for the clinical audits, and will undertake the HEIW audits without delay.</p> <p>This will be reflected in the practice audit policy.</p>	<p>Charlotte Allsion</p>	<p>30/4/24</p>

and quality improvement
policy and procedures.

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): Charlotte Allison

Job role: Practice Manager

Date: 7/2/24