

General Dental Practice Inspection Report (Announced)

Thrive Dental Care (Cwmbran),
Aneurin Bevan University Health
Board

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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	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	14
4. Next steps.....	17
Appendix A - Summary of concerns resolved during the inspection	18
Appendix B - Immediate improvement plan.....	19
Appendix C - Improvement plan	20

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 Thrive Dental Care, Aneurin Bevan University Health Board on 22 January 2024.

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 21 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 report describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

It was clear that staff at Thrive Dental Care were committed to providing a positive experience for patients.

All 21 patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good. We also observed staff greeting patients in a polite and friendly manner, both in person and on the telephone.

This is what the service did well:

- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity
- The practice premises was fully accessible, offering level access to all surgeries, and a car park close to the main entrance.

Delivery of Safe and Effective Care

Overall summary:

The practice premises was well maintained, both internally and externally. The surgery and reception areas were also kept clean and tidy, and all patients who completed the questionnaire agreed that the dental practice was very clean.

HIW reviewed effective arrangements in place to ensure that X-ray equipment was used appropriately and safely.

The dental team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what we recommend the service can improve:

- The practice manager is to ensure that patient's preferred language is recorded in patient records going forward.

This is what the service did well:

- Surgeries were clean, well equipped and fit for purpose
- Emergency exits were clearly sign posted and no smoking signs were displayed in the reception area of the practice

- Effective cleaning schedules were in place, as well as effective hand hygiene facilities.

Quality of Management and Leadership

Overall summary:

We saw evidence of good leadership and clear lines of accountability in place at Thrive Dental Care.

The practice had a range of written policies in place, which were readily available to staff to support them in the work roles. All policies that we reviewed, were up to date and annually reviewed.

This is what we recommend the service can improve:

- The registered manager is required to carry out a smoking cessation and CAPRO antibiotic prescribing audit as soon as possible.

This is what the service did well:

- A range of policies were readily available to staff to support them in their work roles
- Staff, both clinical and non-clinical, worked very well together as part of a team.

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

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

“Staff went above and beyond to make me feel comfortable and welcome. From the moment I entered the practice until I left.”

“Lovely practice. Short waiting times for appointments.”

Person Centred

Health Promotion

All 21 patients who completed HIW questionnaires agreed that staff explained their oral health to them in a way they could understand. All respondents also informed us that they were given aftercare instructions on how to maintain good oral health.

20 respondents confirmed that the dental team enquired about their medical history before undertaking any treatment. The remaining respondent answered this question with ‘not applicable’. Of the 21 respondents, 20 agreed that they were given clear guidance on what to do and who to contact in the event of an infection or emergency. The remaining patient answered with ‘not applicable.’

The practice name was clearly visible on the outside of the practice, as well as the practice opening times and emergency contact details.

Smoking cessation information was available in the waiting area and ‘no smoking’ signs were also clearly displayed in the practice.

Dignified and Respectful Care

We saw evidence of arrangements in place at the practice to protect patient’s privacy. All surgery doors were kept closed during appointments and provided sufficient privacy for confidential conversations.

All respondents who completed a HIW patient questionnaire told us staff had treated them with dignity and respect. Questionnaire respondents also agreed that staff listened to them and answered all their questions during their appointment.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed in the waiting area.

Individualised care

All 21 questionnaire respondents said that there was enough information given to understand the treatment options available. The respondents also said they were given enough information to understand the risks/benefits associated with those treatment options.

All patients who completed questionnaires told us they had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

The practice had a policy in place advising staff how to deal with appointment delays. Patients were informed of delays either via telephone or in person, depending how far in advance the delay has occurred. Staff confirmed that patients would be offered the chance to rebook the appointment if needed.

The practice manager informed us that there is an online booking system in place at the practice. Only private appointments and NHS recall appointments can be booked via this method. Appointments can also be obtained in person at the reception desk and via telephone call.

Emergency appointments could be obtained over the phone and online. We were told that there were allocated slots available daily used for emergency appointments only.

19 patients who completed HIW questionnaires told us that they found it 'very easy' to get an appointment when they need one. The remaining two respondents told us that they found it 'fairly easy' to get appointments. In addition, 19 patients told us they would know how to access the out of hours dental service if they had an urgent dental problem. The remaining two respondents told us they didn't know how to access this service.

Equitable

Communication and Language

All patients who completed a questionnaire told us their preferred language was English.

The practice manager confirmed that there were no fluent Welsh speaking staff working at Thrive Dental Care. However, it was clear staff were aware of the importance of speaking with patients in their preferred language and delivering the active offer.

The practice had access to a translation service through the local health board, should a patient wish to communicate in Welsh or another language. We also saw a language identification poster clearly displayed in the waiting room. This allowed patients, where necessary, to point to the language they wish to communicate in. We noted this as an area of good practice.

The practice had a range of patient information available bilingually, including the practice complaints policy and data protection policy. There was also a hearing loop in place and the practice manager told us that large print documents could be made available on request.

An up-to-date staff list was clearly displayed in the waiting area and copies of the patient information leaflet were available at the reception desk. We confirmed that the leaflet contained all relevant information, as outlined in the Private Dentistry (Wales) Regulations 2017.

Rights and Equality

HIW reviewed a comprehensive and dated equal opportunities policy and an equality, diversity and human rights policy. We saw evidence that staff had also completed equality and diversity training.

We confirmed that the setting offered full disabled access. The practice was situated on the upper floor of a shopping centre, however there was a lift available by the entrance to the practice and a car park next to the lift on the ground floor. All surgeries in the setting offered level access and there was a disabled toilet available for patient use.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

Delivery of Safe and Effective Care

Safe

Risk Management

On attendance at the practice, HIW saw that the premises was maintained to a high standard, both internally and externally. The practice had a spacious waiting area, suitable for the number of surgeries.

During our visit, we noted that there was a storage cupboard in the toilet, used by both staff and patients, where the compressor was situated. At the time of the inspection, there was no lock on this door, however we have since seen evidence that a pad lock has been fitted to the cupboard door, preventing patient access.

Our tour of the setting highlighted improvements required regarding the clinical waste bins. Even though the bins were locked, they were not secured to the railings. However, since our visit, we have been provided with photographic evidence of sufficient locks being fitted, thus making the waste storage secure.

The practice manager informed us that staff use the toilet to change, and all staff belongings are kept in the staff room. This room is kept locked when not in use.

HIW reviewed a business continuity plan in place for the practice. This was up to date and contained all relevant information. We also saw evidence of a comprehensive health and safety risk assessment in place.

Staff provided us with an up-to-date fire safety risk assessment for the practice. We saw fire safety equipment available for staff to use in the event of a fire. A current fire equipment maintenance contract was in place. Our review of staff training also confirmed that all staff were up to date with fire safety training.

Emergency exits were clearly sign posted and no smoking signs were displayed in the reception area of the practice.

Infection, Prevention, Control (IPC) and Decontamination

We saw evidence of up-to-date policies and procedures in place in relation to infection prevention and control (IPC) and decontamination.

All patients who completed questionnaires told us that they felt that infection prevention and control measures were followed at the practice.

We reviewed appropriate arrangements in place for decontamination of equipment. The equipment used for the cleaning and sterilisation of instruments was in good condition and we found instruments to be dated and stored appropriately.

We saw evidence of effective hand hygiene facilities in place and personal protective equipment (PPE) was also readily available for staff to use.

Our review of staff training confirmed that all staff members had completed infection prevention and control training.

Medicines Management

The practice manager confirmed that no medicines are stored in the practice, apart from emergency medication. We saw that practice had an up-to-date medicines management policy in place.

We reviewed the emergency drugs and equipment. There was an effective system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

During our inspection, we noted that the emergency drugs and equipment and the prescription pads were stored in a filing cabinet by the reception desk. Although staff confirmed that the cabinet was locked at night, it was left open during practice open hours. The practice manager confirmed that there was always one receptionist on the desk, thus ensuring that the cabinet was never left unattended. Since our inspection, we have seen evidence of a risk assessment being implemented, confirming these arrangements.

Our review of staff records confirmed that all were up to date with CPR training. There was a first aid kit available and six designated first aiders at the practice. All first aiders were up to date with the relevant first aid training.

Safeguarding of Children and Adults

We reviewed the safeguarding policies and procedures at the practice. All were up-to-date and included all relevant information, including the local contact details to report any concerns.

We reviewed training records which showed that all staff were up to date with safeguarding training and all trained to the appropriate level.

Management of Medical Devices and Equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy and had been finished to a good standard.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment. We saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective

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 and in policies and procedures.

Patient Records

A sample of ten patient records were reviewed. We saw a suitable system was in place to help ensure records were safely managed and stored securely. The records were clear, legible and of good quality. However, we noted that patient's preferred language was not being recorded in the notes.

We require the practice manager to ensure this information is recorded going forward.

Efficient

Efficient

We found that the facilities were appropriate for dental services to be provided and there were processes in place for the efficient operation of the practice.

Staff told us that they felt the facilities at the practice were suitable for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

Quality of Management and Leadership

Leadership

Governance and Leadership

We reviewed evidence of clear management structures in place at Thrive Dental Care.

The day-to-day management of the practice was the responsibility of the registered manager who we found to be committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the registered manager or the lead dentists. Staff that we spoke to confirmed that they felt well supported in their roles.

Staff that we met during inspection, were knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients. We saw evidence of a comprehensive register of policies and procedures in place to support staff. All policies were up to date and subject to annual review.

We were provided with evidence of GDC registration for all clinical staff and confirmed that they also had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

The practice had an up-to-date statement of purpose which contained all relevant information, as outlined in The Private Dentistry (Wales) Regulations 2017.

Workforce

Skilled and Enabled Workforce

During our visit, we reviewed current policies and procedures in place covering recruitment, induction and retention of employees. All were in date and contained the relevant information.

We saw evidence of annual appraisals and supervisions taking place for staff. Our review of staff files also confirmed that relevant staff had received Hepatitis B vaccinations and had up to date Disclosure and Barring Service (DBS) checks in place. We also reviewed staff training records and confirmed that all staff were compliant with mandatory training.

The practice had an up to date whistleblowing policy in place.

Culture

People Engagement, Feedback and Learning

We reviewed the arrangements in place for seeking patient feedback. The practice manager told us that questionnaires were available on the reception desk for patients to complete. We were told that the practice has had a good response to questionnaires from patients. Feedback could also be provided through Google reviews.

The practice manager told us that they regularly assess feedback from questionnaires. They told us that a patient noted in a questionnaire that they did not know how to access the practice complaints policy. As a result, the complaints policy is now clearly displayed on the reception desk, as well as the notice board.

The practice complaints procedure was clearly displayed at the reception desk and in the waiting area. The document included all relevant information, such as the name of the person responsible for handling complaints at the practice, timescales for dealing with complaints and contact details for HIW.

Of the 21 questionnaire respondents, 18 told us that they were given information on how the practice would resolve any concerns or complaints post-treatment. The remaining three patients answered with 'not applicable'.

Information

Information Governance and Digital Technology

We confirmed that the practice had adequate systems in place to record patient safety incidents. The practice manager informed us that any patient safety related information was shared with team members during staff meeting and would be escalated to the health board when necessary.

We saw evidence of patient information being stored appropriately, ensuring the safety and security of personal data. Patient records were stored electronically, using secure, password protected systems.

Learning, Improvement and Research

Quality Improvement Activities

We noted that the practice had not yet completed a smoking cessation audit and a CAPRO antibiotic prescribing audit.

The registered manager is required to carry out a smoking cessation and CAPRO antibiotic prescribing audit as soon as possible.

The registered manager informed us that the practice had not yet implemented any team development tools. We suggested that the practice consider using the Welsh Dental Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a team.

Whole Systems Approach

Partnership Working and Development

The practice manager described the arrangements in place for engagement with other services. We were told that the practice uses Compass, an online quality management system.

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 concerns identified			

Appendix B - Immediate improvement plan

Service: Thrive Dental Care

Date of inspection: 22/01/2024

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 improvements identified					

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Thrive Dental Care

Date of inspection: 22/01/2024

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
We noted that patient’s preferred language was not being recorded in the notes.	We require the practice manager to ensure this information is recorded going forward.	PDR 20	Practice meeting with all dentists, this has been discussed and now implemented.	Laura	Completed.
We noted that the practice had not yet completed a smoking cessation audit and a CAPRO antibiotic prescribing audit.	The registered manager is required to carry out a smoking cessation and CAPRO antibiotic prescribing audit as soon as possible.	PDR 16	Smoking cessation audit completed in our clinical notes audit. CAPRO antibiotic audit is in the process and to be handed in the end of this month.	Laura	Completed. Due end of March

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): Laura Channing

Job role: Practice manager

Date: 04/03/2024