

# General Dental Practice Inspection Report (Announced)

{my}dentist, Prestatyn, Betsi  
Cadwaladr University Health Board

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In writing:

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

Or via

Phone: 0300 062 8163  
Email: [hiw@gov.wales](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.



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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 {my}dentist, Prestatyn, Betsi Cadwaladr University Health Board on 12 February 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 11 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found {my}dentist, Prestatyn was committed to providing a positive experience for patients.

The vast majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as very good (8/11) or good (2/11) and one patient felt it was poor.

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

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- Arrangements were in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity.

### Delivery of Safe and Effective Care

Overall summary:

We found that {my}dentist, Prestatyn was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The practice was well maintained and equipped to provide the services and treatments they are registered to deliver.

All areas were clean and free from any visible hazards.

There were satisfactory 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:

- Ensure further audits of clinical records are carried out.

This is what the service did well:

- Surgeries were clean, well equipped and fit for purpose
- Designated decontamination room.

## Quality of Management and Leadership

Overall summary:

We found {my}dentist, Prestatyn to have very good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the registered manager, who we found to be very committed and dedicated to the role and the practice.

We saw that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities in order to fulfil their roles.

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
- Well maintained staff files
- All clinical staff had attended training relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements.

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

The vast majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as very good (8/11) or good (2/11) and one patient felt it was poor.

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

*“Staff are always helpful, friendly and professional. Dentist is gentle, kind and patient!”*

*“Superb dental treatment by dentist and dental nurse, very attentive and caring. My dental work exceeded any expectations I had. Thank you so much.”*

*“The service from the staff (all) has always been 10/10. I would highly recommend this dental surgery to others.”*

We asked what could be done to improve the service. Comments included the following:

*“Time management of dentist.”*

*“NHS services badly needed.”*

#### Person Centred

##### Health Promotion

Health promotion material was on display and some of this information was available in English and Welsh. This means patients had access to information which could support them in caring for their own oral hygiene.

We saw ‘No Smoking’ signs within the practice confirming that the practice adhered to the smoke free premises legislation.



Price lists were also clearly on display in both waiting areas and reception. All patients who completed a questionnaire told us that the dental team had given them aftercare instructions on how to maintain good oral health.

We saw clear signage that indicated how to contact the practice out of hours.

### **Dignified and Respectful Care**

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients who completed a questionnaire stated that they felt that staff at the practice treated them with dignity and respect.

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. All patients also told us that things are always explained to them during their appointment in a way they can understand.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Doors to the surgeries were kept closed during treatments.

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

### **Individualised care**

The practice has a patient information leaflet which contained all the information required by the regulations.

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available. The vast majority of patients (10/11) told us that their medical histories were checked before treatment and one patient told us it was not.

We found that medical history was checked and recorded within the sample of patient records viewed.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment.

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

## Timely

### Timely Care

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients (8/11) who completed the questionnaire said it was very easy or fairly easy to get an appointment when they needed one with the remaining three patients stating it was not very easy.

Under half of patients (4/10) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and six told us they did not know. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance, given on the answer phone message, website and patient information leaflet.

## Equitable

### Communication and Language

All patients (11/11) who completed a questionnaire told us their preferred language was English.

We were told there was one Welsh speaking member of staff working at the practice who identify themselves by wearing the laith Gwaith brand. The laith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers. We were also told that, if required, staff could access a translation service to help them communicate with patients whose first language is not English. In addition, some staff working at the practice can also communicate with patients in Bulgarian, Romanian, Swedish, Italian and French.

The practice had a range of patient information available, including a patient information leaflet and complaints policy. All information was available in English and Welsh. Staff also informed us that they could make the information available in alternative formats if requested.

### Rights and Equality

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

All patients (11/11) who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service and one patient preferred not to say.

Some patients (3/11) who completed the questionnaire told us the premises were accessible with three patients telling us the premises was only partially accessible. Three patients told us the premises was not accessible at all and two told us they were unsure.

There was good access to the building. However, access for people with reduced mobility is restricted due to stairs leading up to the practice. However, patients who have difficulty in accessing the service would be offered appointments at the Abergele or Rhyl practice. In addition, the practice has also installed a bell by the main entrance should any patients with mobility issues require assistance.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards.

There were no concerns expressed by patients over the cleanliness of the practice. All patients who completed the questionnaire felt that the practice was very clean or fairly clean.

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

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

The practice had a range of policies and procedures, as well as risk assessments in place, such as, fire and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

There was a business continuity plan in place to ensure continuity of service provision and safe care for patients.

### Infection, Prevention, Control (IPC) and Decontamination

The practice had designated space for the cleaning and sterilisation (decontamination) of dental instruments. The facility was clean, well organised, well equipped and uncluttered.

The decontamination arrangements were good. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated

- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

There were procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

Infection control audit had been completed using the Health Education and Improvement Wales (HEIW) audit tool, which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

There were appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for the majority of staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

### **Medicines Management**

There were procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training and plans were in place for new staff to attend training as part of their induction programme. The practice had three trained first aiders.

The emergency drugs were stored securely, and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We saw that prescription pads were being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

### **Safeguarding of Children and Adults**

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults.

Staff told us that they felt able to raise any work related concerns directly with the registered manager and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place.

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

### **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.

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 and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

## **Effective**

### **Effective Care**

There were satisfactory 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. Overall, there was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

The majority of 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. However, the following gaps were identified in some records:

- No diagnosis recorded (2/10)
- No risk assessment completed (6/10)
- No 6 point pocket charting completed (1/10)
- No radiograph taken (1/10)
- No Basic Periodontal Examination (BPE) recorded (2/10)

We discussed our findings with the registered manager, and we were told that the above issues had already been identified during the last record keeping audit. We advised the registered manager to have a greater oversight of record keeping and to undertake a further record keeping audit within two months.

**The registered manager is required to undertake a further record keeping audit within 2 months of the inspection and provide HIW with a copy of the audit and resulting action plan.**

## **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.

All staff we spoke with told us 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.

We were told that referrals to other healthcare professionals were made electronically, which enabled efficient information sharing. We were also told that practice staff would follow up any referrals considered urgent, such as suspected oral cancer, to ensure patients are given a timely appointment.

Wherever possible, patients requiring urgent care and treatment were seen at the practice within normal opening hours to avoid patients having to attend urgent care or out of hours services.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

We found good leadership and clear lines of accountability in place.

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

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. All policies and procedures contained an issue and/or review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics was covered during these meetings and minutes maintained.

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

## Workforce

### Skilled and Enabled Workforce

All staff working at the practice had a contract of employment and there was an induction programme in place, which covered training and relevant policies and procedures. Plans were in place for staff appraisals to be undertaken.

Staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The registered manager confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.



## Culture

### People Engagement, Feedback and Learning

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet and statement of purpose.

We discussed the mechanism for actively seeking patient feedback, which is done by text messaging patients at the end of their treatment. Patients are also able to give feedback via social media and the practice website. In addition, a comments box is located by the reception desk. Details of the feedback analysis are discussed with the dental team and published on the practice website.

A Duty of Candour policy was in place. All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour. Staff told us they had received and discussed the national guidance at a team meeting.

## Information

### Information Governance and Digital Technology

Suitable communication systems were in place to support the operation of the practice.

The storage of patient information was appropriate, ensuring the safety and security of personal data. All paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

## Learning, Improvement and Research

### Quality Improvement Activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05), antibiotic prescribing, referral log audits and patient feedback.

We found the dental team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

## Whole Systems Approach

### Partnership Working and Development

The registered manager described the arrangements in place for engagement with other services.

We were told that an electronic system was used to refer patients, including those who require an urgent referral, to secondary healthcare 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 summarises 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 identified or escalated during the inspection.			

## Appendix B - Immediate improvement plan

**Service:** {my}dentist, Prestatyn

**Date of inspection:** 12 February 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 improvement plan was required for this inspection.					

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: {my}dentist, Prestatyn

Date of inspection: 12 February 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
Several gaps were identified in patients' clinical records which could have an impact on patient care.	The registered manager is required to undertake a further record keeping audit and provide HIW with a copy of the audit and resulting action plan.	Quality Standard - Effective The Private Dentistry (Wales) Regulations 2017  Regulation 16 and 20 (1).	The results of the audits have all been shared with the dentists and action plans are in place. A reaudit will be completed by the end of April for all the dentists to see if there has been an improvement. This will then be sent over to be reviewed.	Vicky Reader	1 month

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): Vicky Reader**

**Job role: Practice Manger**

**Date: 08/04/2024**