

General Dental Practice Inspection Report (Announced)

Eirlys dental practice, Caernarfon,
Betsi Cadwaladr 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.



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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 Eirlys dental practice, Caernarfon, Betsi Cadwaladr University Health Board on 3 December 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of nine questionnaires were completed by patients or their carers and ten were completed by staff. 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 that the staff at Eirlys dental practice were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly and professional manner. A good range of information was provided to patients about the service and treatments provided.

All respondents to the HIW questionnaire rated the service as 'very good' or 'good'.

This is what we recommend the service can improve:

- Show that patient feedback is acted upon, with a 'you said, we did' poster
- Ensure complaints are logged in such a way that recurring themes could be identified.

This is what the service did well:

- Pleasant, well-maintained environment
- Arrangements in place to maintain patient privacy and dignity
- Adjustments made to assist wheelchair users and patients with mobility difficulties
- Good provision of Welsh language services.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

All areas were seen to be clean, tidy and free from any visible hazards.

This is what we recommend the service can improve:

- Improve tracking of prescriptions issued

- Ensure the justification for using X-ray imaging is recorded
- Undertake quality assurance of X-ray image processing.

This is what the service did well:

- Clinical areas were clean, well equipped and fit for purpose
- Appropriate arrangements were in place to deal with medical emergencies
- Good arrangements were in place for the decontamination and sterilisation of equipment.

Quality of Management and Leadership

Overall summary:

Eirlys dental practice had good leadership and clear lines of accountability. We found that the practice manager demonstrated a clear commitment to providing a high standard of care.

Staff had evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and performance management.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

This is what the service did well:

- Good compliance with staff training requirements
- Comprehensive range of policies and procedures in place
- Clear processes in place for the recruitment and induction of staff.

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

A total of nine patients completed the HIW questionnaire, with comments being generally positive. All patients rated the service as 'very good' or 'good'. One respondent felt they could have been provided with more information but was otherwise satisfied with their care. One comment was made that additional parking space would be helpful. All respondents agreed that they could access care using their preferred language.

Patient comments included:

"Everyone is extremely professional, friendly and make you feel relaxed. They went through the treatment thoroughly and also told me the price before i have to have further treatment. they were so nice and explaining the procedures, well done"

Person-centred

Health promotion and patient information

We saw that the patient waiting area had leaflets, posters and a TV screen giving information about the service and treatments provided. There was a good range of information provided about general and oral health, including eating healthily and smoking cessation.

A patient information leaflet was available at the practice but not on their website.

The registered manager must ensure that the patient information leaflet is available on the practice website.

'No smoking' signs were clearly displayed, showing that the practice complied with the smoke-free premises legislation.

All respondents to the HIW questionnaire who provided an opinion said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

Dignified and respectful care

Surgery doors were kept closed during treatment and music was played in the waiting area, to preserve patient privacy and dignity.

Prices for both NHS and private treatments were easily available to patients in the reception area.

The nine principles of the General Dental Council (GDC) code of standards were displayed in the waiting area, making patients aware of the standard of care they should receive. An up-to-date certificate of Employer's Liability Insurance was also on display.

The names and GDC registration numbers of the clinical staff and nurses were displayed both outside the practice and in the reception area. In addition, the information in the waiting area included photographs of staff.

Staff told us that patients wanting a confidential discussion could be taken to the practice manager's office or an available empty surgery.

All respondents to the HIW questionnaire who provided an opinion agreed that staff treated them with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical histories were included.

All but one of the respondents to the HIW questionnaire said that staff gave them enough information to understand which treatment options were available and the risks and benefits of these.

Timely

Timely care

Staff told us that internal phone lines and an instant messaging system were in place at the practice. Typically, reception staff would monitor appointment times and identify any delays. Patients would then be updated verbally and given the option to re-book their appointment if desired.

The practice opening hours were clearly displayed at the front door, in the patient information leaflet and on the practice website. Telephone numbers to use in an emergency, outside of opening hours, were available both inside and outside the practice.

The practice did not use an online booking system. Staff told us that patients could book appointments in person or over the telephone.

Staff told us that the practice kept daily slots for emergency appointments and that these were allocated based on patient symptoms and clinical need. If the existing slots were already filled, patients could be offered to attend the practice on a 'sit and wait' basis and would be seen where possible. The practice also kept a session every week where patients could book for treatment that was urgent but not an emergency.

All but one of those that responded to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and language

Staff told us that they had access to translation services, when required for non-English speaking patients.

An 'active offer' of Welsh language was seen to be provided at the practice. Several members of staff spoke Welsh and a range of information was provided in both English and Welsh. Information in the waiting area advised patients that Welsh language services were available.

Rights and equality

The practice had a Human Rights and Equality policy for patients and an Equal Opportunities policy, which was comprehensive, referenced appropriate legislation and described different types of protected characteristics and discrimination.

Staff told us that preferred names and/or pronouns could be recorded on patient records, to ensure transgender patients were treated with respect.

A disability access audit had been carried out at the practice and good provision had been made to accommodate wheelchair users and patients with mobility difficulties.

All areas of the practice were on the ground floor, with level access. There was a designated parking space for disabled patients next to the front door. Staff told us that patients with a need for assistance had this noted in their records.

In addition to male and female toilets, a mixed gender accessible toilet was available. This toilet was accessible to wheelchair users, fitted with grab handles, raised height toilet, lower height sink and an alarm system.

The waiting area included a designated chair with high back, armrests and adjustable height to aid patients with mobility difficulties. A hearing loop was provided in the reception area to aid patients with hearing difficulties.

Delivery of Safe and Effective Care

Safe

Risk management

The premises were visibly clean, well-maintained and free from obvious hazards.

The patient toilets were visibly clean, had suitable hand washing and drying facilities. Sanitary disposal units were provided in the female and mixed gender toilets.

The practice had an effective range of risk assessments, procedures and checklists to ensure good standards of health and safety were maintained. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

There were up-to-date Disaster Planning and Emergency procedures in place, which included how to deal with different issues and emergency contact details. These were supported by a Business Impact Analysis identifying the likelihood and impact of possible emergencies and any actions required to mitigate these.

Two members of staff were appointed first aiders, with appropriate and up-to-date training.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment along with records of regular checks and servicing of fire safety equipment.

Three members of staff were designated as fire wardens and all staff had up-to-date training on fire safety awareness. A fire risk assessment had previously identified that fire drills were not being carried out. However, we saw evidence that this had been addressed and that a program of six-monthly drills was in place.

Fire evacuation plans were on display, showing escape routes and there were three designated fire exits. However, only one fire exit was clearly signposted. This was raised with the practice manager and additional signs were put in place during the inspection. This assured us that any immediate risk to patient safety had been addressed. However, we advised that the fire risk assessment be reviewed to identify if further actions were required.

The registered manager must review the fire risk assessment to identify any actions relating to evacuation.

Fire extinguishers were stored correctly and records showed they had been serviced regularly. However, the most recent servicing dates had not been recorded on the extinguishers themselves and we noted that the tamper-proof seals on three extinguishers were not in place. This was addressed immediately after the inspection by the practice manager contacting the servicing company to arrange for new tamper seals to be fitted as soon as possible and request that service engineers recorded dates appropriately in future.

We saw evidence of up-to-date testing of portable appliances (PAT) and an electrical installation report.

Staff had access to a large changing area, with lockers to store personal belongings. The changing area doors were not lockable and the proximity to patient toilets increased the risk of access by unauthorised persons.

The registered manager must review the risk of unauthorised persons accessing the staff changing area and implement security measures as required.

Infection, prevention and control (IPC) and decontamination

There were arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures and having a designated infection control lead.

We found the practice to have an effective cleaning regime, with cleaning equipment and materials stored appropriately. All chairs in the patient waiting area were of wipe-clean materials.

There was a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum (WHTM) 01-05. We found the procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood and that regular checks on equipment were recorded.

All respondents to the HIW questionnaire who expressed an opinion felt the setting was 'very clean' and that infection prevention and control measures were evident.

Medicines management

There was an appropriate medicines management policy in place. The practice did not dispense medications directly and prescription pads were stored securely. We noted that prescription serial numbers were noted on issue, but there was no log of those in stock. We advised that serial numbers be logged to ensure appropriate tracking and identify any discrepancies.

The registered manager must ensure that prescription serial numbers are logged to enable tracking and cross-referencing of stock received and issued.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with equipment being in-date and regular checks being carried out. Emergency drugs were in date and stored appropriately.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR). Staff had received training in the safe handling of oxygen cylinders as part of their training in dealing with medical emergencies.

Safeguarding of children and adults

We found that comprehensive up-to-date safeguarding policies and procedures were in place and available to all staff. Quick-reference flowcharts were also on display in staff areas. However, the procedures did not reference the Wales Safeguarding Procedures.

The registered manager must ensure that safeguarding procedures are updated to include reference to the Wales Safeguarding Procedures and ensure staff are aware of them.

We found that staff had up-to-date training in the safeguarding of children and vulnerable adults. The practice manager was the designated safeguarding lead and trained to level three which was good practice.

Management of medical devices and equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. We saw appropriate servicing records for equipment, including the compressor.

The practice had a well completed radiation protection file, with an inventory of X-ray equipment and records of maintenance. We reviewed staff training records and saw that staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. Information about the benefits and risks of X-ray exposures was readily available to patients.

We identified that the practice used a digital processing unit for X-ray images but did not carry out any quality assurance on the image processing.

The registered manager must ensure that quality assurance is carried out on the processing and quality of X-ray images.

Effective

Effective care

The practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients. We saw evidence that staff would obtain and follow professional guidance and advice when necessary.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction.

Patient records

Patient records were held electronically and in line with an appropriate Records Management policy.

We reviewed a sample of 10 patient records and found them to be of a generally good standard. However, we noted that patient language preference was not recorded and the justification for X-ray exposures was not consistently included.

The registered manager must ensure that where X-ray exposures have been carried out, the justification is included in the patient record.

The registered manager must ensure that patient language preference is noted in their record.

Efficient

Efficient

The premises and facilities were appropriate for the services being carried out. Staff told us that patients requiring urgent care were prioritised and accommodated where possible.

Quality of Management and Leadership

Staff feedback

Staff responses to the HIW questionnaire were positive overall. All agreed that care of patients was the practice's top priority and would recommend the practice as a good place to work. All respondents felt that the facilities and environment were appropriate, with an appropriate skill mix at the practice. One respondent felt that more staff would help to meet the service needs. Generally, staff felt satisfied with the training they received and all agreed that they had regular appraisals.

Leadership

Governance and leadership

The practice had clear management structures in place. We found there was a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of staff meetings taking place and minutes recorded. We were told that regular staff appraisals were carried out and saw evidence of this.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw policies and procedures detailing the recruitment process and checks made on prospective employees. Checks included proof of identity, the right to work in the UK, vaccination status, qualifications and references. In addition, the practice carried out checks using the Disclosure and Barring Service (DBS).

Induction checklists were used to ensure staff understood matters relating to the practice, premises and any specific to their role.

The practice manager used electronic systems to monitor staff training requirements and progress. A programme of work was in progress to collate administrative and training records, to ensure a complete and easily accessed record of information was available for each member of staff.

Culture

People engagement, feedback and learning

The practice had a suggestion box in the reception area, with paper forms, for patients to provide feedback or comments. Feedback was also encouraged via online reviews.

We saw examples of changes having been made as a result of patient feedback, such as the provision of a water dispenser in the waiting area. The practice did not have a mechanism to demonstrate that patient feedback was acted upon. We advised that this could be communicated to patients using a 'you said, we did' poster.

The practice should communicate to patients where actions have been taken because of feedback, using a 'you said, we did' poster.

There was a comprehensive complaints procedure in place, readily available to patients in both English and Welsh. The procedure included who to contact, appropriate timescales for response and how to escalate the issue if required, with contact details for appropriate external bodies.

Staff told us that complaints were logged in patient records. We advised that an over-arching log would help to identify any recurring themes.

The registered manager must ensure that a system is put in place to identify any recurring issues or themes arising from patient complaints.

Staff told us that any actions or lessons learnt from complaints and feedback were typically shared at staff meetings.

Information

Information governance and digital technology

The practice used electronic systems to appropriately manage patient records. Policies and procedures were stored and maintained electronically, with paper copies also available. Staff records were held as a combination of electronic and paper records.

Learning, improvement and research

Quality improvement activities

The practice had appropriate systems in place to monitor and improve service quality. This included a program of clinical audits, annual Quality Assurance Self-assessment (QAS), review of patient feedback and regular team meetings.

We saw evidence of a good range of audits being carried out, including infection control, radiographic quality, radiation equipment quality assurance, antibiotic prescribing, smoking cessation and clinical record keeping.

Whole-systems approach

Partnership working and development

Interaction with system partners was typically done by phone or email, and referrals were submitted using an online 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 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
Only one of the three fire exits was clearly signposted.	This could increase the risk to patient safety in the event of a fire.	This was raised with the practice manager.	Additional signage was put in place during the inspection. This addressed the immediate concern, and a review of the fire risk assessment should be carried out to identify if further actions are required.

Appendix B - Immediate improvement plan

Service: Eirlys dental practice, Caernarfon

Date of inspection: 3 December 2024

The table below includes any immediate 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
1.	No non-compliance issues were identified during the 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): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: Eirlys dental practice, Caernarfon

Date of inspection: 3 December 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
1.	A patient information leaflet was available at the practice but not on their website.	The registered manager must ensure that the patient information leaflet is available on the practice website.	The Private Dentistry (Wales) Regulations 2017, Regulation 6	Practice Leaflet sent to web designers to add to Eirlys Website	Dawn Gorle	31/01/2025
2.	Fire exits were not clearly signposted. Immediate concerns were resolved during the inspection, but further review should be undertaken.	The registered manager must review the fire risk assessment to identify any further actions relating to evacuation.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Reported to Fire Contractor for review of all signs in practice	Dawn Gorle	31/01/2025
3.	The room used by staff to change and store personal items was not lockable and	The registered manager must review the risk of unauthorised persons accessing the staff changing	The Private Dentistry (Wales) Regulations 2017, Regulation 22	Reported to Maintenance contractor to fit new lock on door	Dawn Gorle	31/01/2025

	the proximity to patient toilets increased the risk of access by unauthorised persons.	area and implement any security measures if required.				
4.	Prescription pad serial numbers were noted on issue, but there was no log of those in stock.	The registered manager must ensure that prescription serial numbers are logged to enable tracking and cross-referencing of stock received and issued.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	Spreadsheet created and now saved with each prescription pad, moving forward will be used for every new delivery of pads	Dawn Gorle	31/01/2025
5.	The practice safeguarding procedures did not reference the Wales Safeguarding Procedures.	The registered manager must ensure that safeguarding procedures are updated to include reference to the Wales Safeguarding Procedures and ensure staff are aware of them.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)	Safeguarding Policy updated and Safeguarding App signposted at practice meeting	Dawn Gorle	31/01/2025
6.	A digital processing unit was used for X-ray images, but no quality assurance was carried out on the image processing.	The registered manager must ensure that quality assurance is carried out on the processing and quality of X-ray images.	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 15	Discussion held with RPS and procedure confirmed and implemented	Dawn Gorle	31/01/2025

7.	The justification for X-ray exposures was not consistently included in patient records.	The registered manager must ensure that where X-ray exposures have been carried out, the justification is included in the patient record.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	Actions noted with all clinicians and confirmed agenda on clinician monthly meeting to ensure happens moving forward	Dawn Gorle	31/01/2025
8.	Patient language preference was not routinely recorded.	The registered manager must ensure that patient language preference is noted in their record.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	Noted with Reception to ensure this is collected from patients.	Dawn Gorle	31/01/2025
9.	The practice did not have a mechanism to demonstrate that patient feedback was acted upon.	The practice should communicate to patients where actions have been taken because of feedback, using a 'you said, we did' poster.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)	Poster Created and will be updated as necessary	Dawn Gorle	31/01/2025
10.	Complaints were logged in patient records. We advised that an over-arching log would help to identify any recurring themes.	The registered manager must ensure that a system is put in place to identify any recurring issues or themes arising from patient complaints.	The Private Dentistry (Wales) Regulations 2017, Regulation 21	Agreed actions regarding types of "complaints and concerns" to be logged and updated in complaints folder / log. Discussed with reception and during practice meeting	Dawn Gorle	31/01/2025

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): Dawn Gorle
Job role: Practice Manager
Date: 9 January 2025