

General Dental Practice Inspection Report (Announced)

Capel Dental Care, Hywel Dda
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 Capel Dental Care, Hywel Dda University Health Board on 17 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 six questionnaires were completed by patients or their carers and five were completed by staff. Due to the low number of responses, only a limited amount of staff and patient feedback 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 patients were provided with dignified and respectful care throughout their patient journey. Appointments were managed in a suitable manner to meet the needs of patients and utilise the time of practitioners appropriately. Effective communication systems allowed patients to communicate with clinicians in a way which suited them, including the implementation of the Welsh Active Offer.

We noted the rights and equal treatment of individuals were actively supported by the practice. Staff undertook specific training to protect the rights of patient, as well as the prevention of harassment.

This is what the service did well:

- We found strong evidence the practice promoted the use of the Welsh language
- All patient feedback was positive
- The arrangements in place to protect the privacy of patients were robust.

Delivery of Safe and Effective Care

Overall summary:

We found the practice was in a good state of repair both internally and was kept to a good standard to deliver safe and effective care to patients. Dental equipment was in good condition and decontamination procedures were suitable. However, we did find the infection prevention and control policy to be passed its review date. We also identified the decontamination room doors were not kept closed during decontamination cycles. Otherwise, infection prevention and control procedures were safe and protected patients.

Medicines at the practice were managed in an appropriate manner, and practice emergency equipment was all present and correctly dated. The procedures in place to safeguard children and adults were satisfactory with all staff trained to an appropriate level. Clinicians were delivering services to meet the needs of their patients and they progressed through treatment pathways effectively.

This is what we recommend the service can improve:

- The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines at all times

- The registered manager must ensure all staff receive oxygen cylinder training
- The registered manager must ensure all doors to the decontamination room are kept closed.

This is what the service did well:

- Comprehensive and up to date safeguarding procedures were in place to protect children and adults
- Health and safety procedures, including fire safety procedures were robust
- The practice was finished and maintained to a high standard.

Quality of Management and Leadership

Overall summary:

The staff we spoke with were engaging, knowledgeable and supportive of one another. Clear management structures helped support the effective running of the practice, enabling safe care to be delivered to patients.

The practice process for the collection and review of patient feedback was satisfactory. Complaints were managed in a timely manner, in line with the NHS Putting Things Right procedures. Quality improvement activities were routinely carried out, however, we found areas where the practice could improve by utilising the support available to them.

We observed good working relationships at the practice and staff told us they had confidence in managers. Staff also noted they would know who to speak to, if they needed help or support. Training was overseen by the practice manager and staff received frequent one to one meetings in support of their development.

This is what we recommend the service can improve:

- The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre-employment check records
- The registered manager must commence integrated smoking cessation audits and should utilise the support available to them with regards to quality improvements.

This is what the service did well:

- A suitable system was in place for the collection and review of patient feedback
- All staff were trained to the appropriate level and conducted additional relevant training suitable to their role.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided by Capel Dental. In total, we received six responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had seven responses. Patients told us:

"First class service provided by all staff"

"Always find staff extremely helpful, attentive and considerate. Would highly recommend in fact and have done on numerous occasions"

Person-centred

Health promotion and patient information

Satisfactory information was available to patients regarding the practice within the patient information leaflet available at reception. The names and General Dental Council (GDC) numbers for practitioners were on display, as well as the opening hours and emergency contact details. The fees for NHS and private services were also clearly displayed.

Health promotion information was available to patients regarding smoking cessation, good brushing techniques and paediatric dental health.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their patient journey. We noted the reception and patient waiting areas were joined, however, reception staff outlined their awareness of the need to protect patient confidentiality. Patients were also given the option to speak with staff confidentially away from the reception area, if needed. The practice had solid surgery doors, which were kept closed during appointments. These measures meant interactions between staff and patients could not be overheard and patient privacy maintained.

We were informed no private patient information was repeated over the telephone to protect patient privacy. A practice confidentiality policy was in place which was signed by all staff and outlined the practice expectation to ensure the privacy of

patient information. We noted the Nine Principles prepared by the GDC were on display at reception.

Timely

Timely care

We found a suitable appointment process in place to manage and utilise the time of practitioners appropriately. Patients made appointments over the telephone or in person after their appointments. Patients received reminders 72 and 24 hours prior to their appointment. Staff informed us they rarely ran behind with appointments. Where appointments did extend beyond the scheduled time, clinicians called reception to inform patients of any delays. Patients would also be informed of delays upon their arrival and offered alternative appointments, where requested.

We saw an appropriate patient telephone triage system in place to ensure those most in need of urgent care were prioritised. We saw slots in the diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen in the event of an emergency.

Staff told us each clinician had different wait times between appointments but generally no patient waited longer than three weeks to be seen. Appointments were arranged in accordance with patient availability wherever possible. A system was in place for paediatric patients to receive appointments at a time which best suited their educational needs.

Equitable

Communication and language

We saw arrangements in place to enable the effective communication between clinicians and patients. Language line was used, where needed, to communicate with patients whose first language was not English. A poster at reception assisted staff to understand the language requirement needs of patients. Documents were available in different formats, such as easy read, with more specialised documents provided upon request by patients. We saw language skills would be recorded as advantageous during recruitment and workforce planning.

We found strong evidence the practice promoted the use of the Welsh language. Documentation was available in both English and Welsh, where possible. Staff informed us the health board assisted them with the implementation of the Welsh 'Active Offer'. We also saw 'Iaith Gwaith' badges were worn by staff who were able to speak Welsh, and treatments could be offered through the medium of Welsh, if required. Staff noted how patients routinely comment how much they enjoy communicating with practitioners through the medium of Welsh.

Rights and equality

We saw evidence that the rights and equal treatment of individuals were actively supported. Appropriate policies outlined the practice approach to supporting the rights of patients and staff. We saw staff undertook specific training to protect the rights of patients, as well as the prevention of harassment or discrimination. The corporate body for the practice also ran online webinars for staff to join and develop their understanding.

We noted risk assessments took place for staff operating display screens. Staff also provided examples where changes had been made to the environment as a reasonable adjustment for patients. These included a patient who had recently received back surgery and the adjustments the practice had put in place to support that patient.

The rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records, with a note placed on file to ensure all staff were aware of these preferences.

Delivery of Safe and Effective Care

Safe

Risk management

We found the practice was in a good state of repair and was kept to a good standard to deliver safe and effective care to patients. We noted the exterior of the practice had also recently been refurbished. The practice was set over two floors, with four surgeries and two suitably sized waiting areas. We heard telephone lines in working order and saw satisfactory staff changing areas with lockers available for staff. We saw the toilets for staff and patients were clean and properly equipped.

We saw dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw that single use items were used where appropriate.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Recent risk assessments for fire safety and health and safety had been conducted. We saw policies in place for ensuring the premises remained fit for purpose and for the management of risks. We saw evidence that checks had taken place on both gas and electrical safety by contractors. Portable Appliance Testing had also recently taken place.

On review of the fire safety information and equipment, we found robust and comprehensive arrangements were in place in relation to fire safety. These included regular maintenance of fire safety equipment and clearly displayed fire safety and no smoking signs.

The practice employer liability insurance certificate was on display at reception and the Health and Safety Executive poster was on display in the staff room. These measures ensured the practice remained a safe working environment for staff and patients.

Infection, prevention and control (IPC) and decontamination

We found satisfactory Infection Prevention and Control (IPC) procedures and audits in place to maintain a good level of cleanliness and a safe working environment. However, we did note the IPC policy was due for review in November 2024, with no evidence to suggest this had taken place. While the policy was comprehensive, we could not be assured the policy was up to date or had been recently reviewed.

The registered manager must ensure all policies are reviewed on a routine basis and maintain a robust audit trail.

Occupational health services were available for all staff and appropriate arrangements were in place to limit the risk of harm from sharps injuries. Personal Protective Equipment (PPE) was routinely available for all staff, with hand hygiene arrangements and signage all suitable. This enabled safe care to be delivered to patients while ensuring staff safety. We observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination.

We saw satisfactory arrangements in place to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room. However, we did see the door to the adjoining staff room occasionally left open while decontamination cycles were in progress. This risked staff coming into contact with potentially harmful aerosols.

The registered manager must ensure all doors to the decontamination room are kept closed.

We reviewed appropriate records of daily autoclave machine cycle checks as well as a routine schedule of maintenance. The staff we spoke with were clear about their individual responsibilities in relation to infection control measures and confirmed they had received appropriate training in their roles. The training records we reviewed confirmed all staff had appropriate training in place for the correct decontamination of equipment.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory. All practice waste was stored and disposed of correctly through a suitable waste disposal contract.

Medicines management

We saw the arrangements in place for the management of medicines were suitable. We saw a secure system in place for the storage of the practice prescription pad. The fridge designated for the storage of medicines was correctly managed, with temperature checks logged. Oxygen cylinders were available and appropriate, however, we did not see staff had received training on their use.

The registered manager must ensure all staff receive oxygen cylinder training.

We found the process for the management of medical emergencies to be comprehensive. The practice emergency kit was easily accessible, suitably

equipped, and all items were within their expiry dates. All staff records had an up-to-date cardiopulmonary resuscitation (CPR) qualification.

Safeguarding of children and adults

Suitable and up to date safeguarding procedures were in place to protect children and adults. The procedures included contact details for local support services and identified an appointed safeguarding lead. Staff had access to the All-Wales Safeguarding Procedures and an easy access safeguarding flow chart in the staff room. Any updates to procedures were communicated to the practice through their corporate body and communicated to staff via an online compliance tool and through team meetings.

Within the records we reviewed, we saw staff were suitably trained in the safeguarding of children and adults. The staff we spoke with demonstrated an understanding of the safeguarding procedures and said they would know how to raise a concern and would feel supported to do so do.

Management of medical devices and equipment

We saw the medical devices and equipment were safe, in good condition and fit for purpose. Appropriate arrangements were in place for servicing and the prompt response to system failure for all equipment. All reusable dental equipment used by the practice promoted safe and effective care.

We saw the practice radiation protection folder was up to date and comprehensive. We noted the local rules were easily locatable in each surgery. The 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 patient needs. The patient records we reviewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance.

The clinical staff we spoke with demonstrated a clear understanding of their responsibilities whilst being aware of when to seek relevant professional advice, where necessary.

We found suitable processes in place to record patient understanding and consent to surgical procedures. We saw appropriate use of clinical checklists to prevent wrong tooth site extractions.

Patient records

We reviewed a total of ten patient records during our inspection. The records were being held in a secure digital system, in line with the General Data Protection Regulations. Overall, these records formed a contemporaneous and complete record of the care provided to patients. However, we noted the following areas which required improvement:

- Three records indicated patients were smokers, however, cessation advice was only recorded as being provided to one patient
- One paediatric patient did not have intra nor extra oral checks noted as being completed, nor did that patient have a soft tissue examination recorded. An additional paediatric patient did not have a basic periodontal examination recorded
- One patient record did not contain the justification, frequency nor appropriate views for a radiograph
- We saw no applicable records where the quality grading for the radiograph had been noted within the record.

The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines at all times.

The recording of patient language preferences and any actions taken in response to this preference were not recorded.

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

Efficient

Efficient

We found clinicians were delivering a complete service for the needs of their patients in a suitable premises. Patients progressed through internal and external treatment pathways efficiently. We saw how these different treatment pathways were utilised effectively by an appropriate skill mix and a robust appointment and triage process.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a clear management structure in place to support the effective running of the practice. The practice manager explained they felt supported to undertake their leadership role effectively, including support by their corporate body. Staff meetings were held monthly and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around policy updates, patient feedback as well as health and safety.

The staff we spoke with were engaging, knowledgeable and supportive of one another. Staff told us they had confidence in managers and would know who to speak to, if they needed help or support.

A suitable online compliance tool was used to identify, record and manage the risks, issues and mitigating actions. The system was also used to monitor and update policies and procedures on a routine basis and communicate these changes to staff.

Workforce

Skilled and enabled workforce

We observed good staff working relationships and noted a positive working environment at the practice.

We found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time. We reviewed a total of 5 out of 13 staff records and found full compliance with all mandatory training requirements. A suitable digital system and robust support arrangements were in place to monitor compliance with staff training and enable staff to remain trained to an appropriate level for their roles. Staff were supported through frequent one to one meetings with the practice manager and given time to undertake their training or time off work where training had been undertaken outside of working hours.

The evidence we saw showed that induction procedures were managed correctly and in a supportive manner for new staff members. The staff we spoke with during the inspection explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. A whistleblowing policy was in place to provide guidance on how staff can raise concerns.

Overall, the practice compliance with ensuring staff professional obligations are kept up to date and accurate was suitable. Enhanced Disclosure and Barring Service checks, health screening documentation and professional indemnity insurance were all recorded. However, in the two associate dentist records we reviewed during the inspection, we did not see any pre-employment reference checks stored on file. This risked patients coming in to contact with clinicians who had not received a suitable check on their character. Evidence has since been sent to HIW to show steps have been taken to risk assess the missing pre-employment checks.

The registered manager must ensure a robust system is in place for all pre-employment checks.

Culture

People engagement, feedback and learning

A robust system for the collection and review of patient feedback was in place. We saw feedback forms at reception and patients were also sent customer service reviews to complete online post-treatment. Feedback was reviewed weekly by the practice manager and routinely overseen by their corporate body. Responses to feedback were publicised within the reception area and online.

The complaints policy was fully aligned with NHS Putting Things Right and was advertised to patients at reception and available online. The complaints procedure for patients provided a point of contact when submitting a complaint. Verbal complaints were logged at reception and communicated to the complaints point of contact in a timely manner for resolution. The means of escalating a complaint were outlined within the patient complaint leaflet, including contact details for HIW and the patient advocacy service, Llais.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. Whilst there were no records of any recent complaints nor Duty of Candour incidents, we were assured the processes in place were satisfactory.

Learning, improvement and research

Quality improvement activities

We saw clinical audits for antimicrobials, record keeping and hand hygiene took place routinely. However, we did not see audits in place for integrated smoking cessation. In addition, we did not see peer review taking place nor the practice taking advantage of the quality improvement tools available to them through

Health Education and Improvement Wales (HEIW) for ionising radiation and team development.

The registered manager must commence integrated smoking cessation audits and should utilise the support available to them with regards to quality improvements.

Whole-systems approach

Partnership working and development

Staff explained how they maintained good working relationships with their local health board and other primary care services, including the local pharmacy. We saw an appropriate process in place to follow up on any referrals made to other service providers.

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 were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Capel Dental Care

Date of inspection: 17 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 immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Capel Dental Care

Date of inspection: 17 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. We noted the IPC policy was due for review in November 2024, with no evidence to suggest this had taken place. While the policy was comprehensive, we could not be assured the policy was up to date or had been recently reviewed.	The registered manager must ensure all policies are reviewed on a routine basis and maintain a robust audit trail.	Private Dentistry (Wales) Regulations 2017, Section 8 (6)	This has been actioned and the in date policy has been sent to inspector	Practice Manager	Completed
2. We noted the door to the adjoining staff	The registered manager must ensure all doors to the	Section 22 (2) (a)	I have put a notice on the door to make sure	Practice Manager	Completed

	room occasionally left open while decontamination cycles were in progress. This risked staff coming into contact with potentially harmful aerosols.	decontamination room are kept closed.		its closed when decon is in use, I also do spot checks to make sure this is being done, Its also in my practice meeting so all staff are aware		
3.	Oxygen cylinders were available and appropriate, however, we did not see staff had received training on their use.	The registered manager must ensure all staff receive oxygen cylinder training.	Section 13 (2) (a)	There is BOC Training on their website which I will get everyone to take part in	All staff	April 25
4.	We noted the following areas within the patient records which required improvement: Three records indicated patients were smokers, however, cessation	The registered manager must ensure complete patient records are kept in line with GDC requirements and Faculty of General Dental Practice UK guidelines at all times. The registered manager must ensure language and	Section 20 (1) (a) Section 13 (1) (a)	I am planning 1 to 1's with clinicians to make sure they are including smoking cessation into their notes, Audits are going to be repeated in 3 months to see if children are having full clinical	Clinicians	ASAP

advice was only recorded as being provided to one patient

One paediatric patient did not have intra nor extra oral checks noted as being completed, nor did that patient have a soft tissue examination recorded. An additional paediatric patient did not have a basic periodontal examination recorded

One patient record did not contain the justification, frequency nor appropriate views for a radiograph

We saw no applicable records where the

communication needs of patients are recorded.

exam noted on patient records.

I have spoken to clinicians to make sure they are justifying their radiographs in their notes. This will be checked when re-auditing.

The clinicians are now to record patients preference into their clinical notes for language preference.

<p>quality grading for the radiograph had been noted within the record.</p> <p>The recording of patient language preferences and any actions taken in response to this preference were not recorded.</p>					
<p>5. Within the staff records for the two associate dentists reviewed during the inspection, we did not see any pre-employment reference checks stored on file. This risked patients coming in to contact with clinicians who had not received a suitable check on their character. Evidence has since been sent to</p>	<p>The registered manager must ensure a robust system is in place for all pre-employment checks.</p>	<p>Section 18 (1)</p>	<p>These have been sent up to the inspector after inspector visited</p> <p>A review will take place of the practice policy with regards to pre-employment checks.</p>	<p>PM</p> <p>PM</p>	<p>COMPLETED</p> <p>April 25</p>

	HIW to show steps have been taken to risk assess the missing pre-employment checks.					
6.	We did not see audits in place for integrated smoking cessation. In addition, we did not see peer review taking place nor the practice taking advantage of the quality improvement tools available to them through Health Education and Improvement Wales (HEIW) for ionising radiation and team development.	The registered manager must commence integrated smoking cessation audits and should utilise the support available to them with regards to quality improvements.	Section 16	As a team we will be completing the quality improvement audits rotational on a 3 year basis	All Team	August 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): Charlotte Evans
Job role: Practice Manager
Date: 07/02/2025