

General Dental Practice Inspection Report (Announced)

Llanidloes Dental Practice Ltd,
Powys Teaching Health Board

Inspection date: 12 December 2024

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	8
• Quality of Management and Leadership	12
4. Next steps.....	12
Appendix A - Summary of concerns resolved during the inspection	14
Appendix B - Immediate improvement plan.....	15
Appendix C - Improvement plan	17

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 a targeted, announced inspection of Llanidloes Dental Practice Ltd, Powys Teaching Health Board on 12 December 2024. The inspection was undertaken due to specific concerns received about the practice, which could potentially affect patient care. The inspection focussed only on key risk areas.

Our team for the inspection comprised of two HIW healthcare inspectors, and a dental peer reviewer.

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:

This section was not covered in this inspection

Delivery of Safe and Effective Care

Overall summary:

We saw evidence of various policies and procedures in place for infection control at the setting. All were up to date and regularly reviewed. All staff were also up to date in all mandatory training including infection control and fire safety.

It was clear that the building was in a state of good repair, both internally and externally. Both communal and clinical areas were also kept clean and tidy.

Immediate assurances:

- The registered manager should ensure both surgery phones are answered and both dentists booking systems are accessible, to ensure patients can access guidance and timely care.

This is what we recommend the service can improve:

- Register manager should appoint an IPC lead and ensure they receive the relevant training.
- The registered manager must ensure that instruments are sterilised and re-packed at the end of the day.
- Staff to ensure that autoclave cycles for all decontamination rooms are checked and downloaded weekly at a minimum.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment.
- Fire safety equipment was available at various locations around the practice.

Quality of Management and Leadership

Overall summary:

As this was a targeted inspection, only staff contracts were checked in this section.

Immediate assurances:

- The registered manager must ensure that all staff at Llanidloes Dental Practice have a written contract in place.

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

This section was not covered in this inspection.

Delivery of Safe and Effective Care

Safe

Risk management

It was clear that the physical environment of the practice was maintained to a high standard, both internally and externally. The practice had two dental surgeries, one for each dentist, and a waiting room suitable for the number of surgeries and patients.

Each of the two dentists has their own receptionist dealing with queries and bookings for their surgery. During our visit, we noted that when one receptionist left, the other did not answer their phone. We issued a non-compliance notice due to the patient safety risk of being unable to access guidance or emergency appointments. The registered manager has since provided us with a comprehensive telephone policy, outlining arrangements in place to ensure cover for all telephone lines. This issue is included in appendix B of this report.

The surgery offered level access throughout and both surgeries had their own decontamination area. One of the surgeries had a partition wall separating the surgery from the decontamination area. However, the layout of the other surgery meant patients had to walk through the decontamination area to access the dental surgery.

The registered manager must provide a risk assessment in the short term to cover and risks relating to this. The manager must also provide evidence of a long-term plan move the surgery door and create partition wall once room is available in the reception area.

We found that the practice was using autoclavable aspirating suction tips, rather than single use suction tips at the time of our inspection.

Registered manager must ensure that only single use aspirating suction tips are used going forward, in line with WHTM01-05.

We did not see evidence of needle holders being used by the dentist using normal syringes.

Senior staff must ensure needle holders are always used when using normal syringes.

We found that some of the sterilised packed instruments in surgeries had been opened but not re-packed.

The registered manager must ensure that all instruments are sterilised and re-packed at the end of each day.

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

Our review of staff training also confirmed that two members of staff had not completed fire safety training. The day after our visit, we were provided with up-to-date training certificates for these staff members. All staff are now up-to-date with fire safety training. This is included in appendix A of this report.

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

Infection prevention and control (IPC) and decontamination

Although we saw evidence of up-to-date policies and procedures in place in relation to infection prevention and control and decontamination, the practice did not have an IPC lead in place at the time of inspection.

We require the registered manager to appoint an IPC lead as soon as possible, ensuring they receive the relevant training for the role.

It was clear that the practice environment was in a good state of repair and allowed for effective cleaning. We saw evidence of suitable cleaning schedules in place at the practice that supported effective cleaning routines.

The majority of the practice had effective hand hygiene facilities in place, however we noted that the decontamination room in one of the surgeries did not have a designated hand hygiene sink. Staff would have to use the sink in the dental surgery.

The registered manager should ensure there is a sink in the relevant decontamination area.

There was evidence seen of PPE available for staff, however we found that not all de-contamination areas had visors available for staff.

All de-contamination areas must have visors as part of PPE.

Safety plus syringes are not used at Llanidloes Dental practice and there is currently no risk assessment in place for this.

We require the registered manager to ensure a relevant risk assessment is developed to cover this.

A comprehensive sharps injury policy was available at the practice. Although a sharpy injury protocol was available, a copy with the relevant contact number was not available in every surgery at the time of our inspection.

Dental staff must ensure that a copy of the sharps injury protocol containing the relevant contact number is available in all surgeries going forward.

We reviewed processes in place for the autoclave and saw evidence of relevant tests being undertaken for both machines at the practice. One surgery had a logbook in place, whilst the other recorded the relevant information on log sheets.

Both surgeries at the setting have manual cleaning in place for sterilisation. We saw evidence of a manual cleaning logbook in place in one of the decontamination rooms, however not in the other.

The registered manager must ensure that all decontamination rooms at Llanidloes Dental Practice have manual cleaning logbooks in place.

A review of autoclave cycles in the decontamination rooms highlighted that not all are being checked and downloaded as often as required.

We require staff to ensure autoclave cycles for all decontamination rooms are checked and downloaded weekly at a minimum.

We saw evidence of appropriate arrangements in place for transporting instruments in between surgeries and decontamination areas. The setting makes use of dirty and clean boxes for safe and effective transportation.

Both surgeries in the setting have laundry facilities in place, however there is no laundry policy in place.

The registered manager must ensure a laundry policy is developed and put in place as soon as possible.

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

Medicines management

We saw that the practice has designated fridges in each surgery for storing medicines. We saw systems in place in one of the surgeries to effectively record fridge temperatures, however the thermometer for the fridge in the other surgery only arrived on the day of the inspection.

The Registered Manager should submit evidence of fridge temperature checks for all surgeries as soon as possible.

We reviewed the emergency drugs kept at the setting and confirmed that all were in line with national guidelines.

The practice had an effective system in place to ensure regular checks on emergency equipment. We saw evidence of weekly checks taking place and a record book in use for these.

Our review of staff training highlighted that staff have not yet completed BOC oxygen cylinder training.

The registered manager must ensure all staff complete this training as soon as possible.

The practice had a suitable clinical waste bin out the back of the building, however it was not secured.

The registered manager must ensure the clinical waste bin is chained, securing it in place.

Safeguarding of children and adults

We saw evidence of a comprehensive safeguarding policy in place at Llanidloes Dental Practice Ltd.

Our review of staff training confirmed that all had completed safeguarding training.

Quality of Management and Leadership

Workforce

Skilled and enabled workforce

Our review of staff records highlighted that not all staff members had written contracts in place. We raised this as an immediate concern issued a non-compliance notice following our visit.

We have since seen evidence that the registered manager has issued written contracts to the relevant staff members. This issue is included in appendix B of this report.

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
Our review of staff training highlighted that two staff members at Llanidloes Dental Practice Ltd. had not completed fire safety training.	This posed a potential risk to both patient and staff safety as we were not assured that all staff knew the correct steps to take in the case of a fire.	We raised this immediately with the relevant staff members and asked that they complete the training immediately.	The day after our visit, we were provided with up-to-date training certificates for these staff members.

Appendix B - Immediate improvement plan

Service: Llanidloes Dental Practice Ltd

Date of inspection: 12 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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
1. The registered manager must put systems in place so both surgery phones are answered and both dentists booking systems are accessible, to ensure patients can get the treatment they require as the needed time.	PDR 17(1)(a) and 13(1)(b)	<ol style="list-style-type: none"> 1. Meeting held on 18 December 2024 to discuss new Reception policy protocols. 2. Reception staff to sign policy and Dr Dusza wasn't happy and so had another meeting on 19 December 2024. 3. Dr Dusza still not happy would like to make amendments. 4. Signed policy 10/01/2025 	Dr Hako Sobhani	10/01/2025
2. Registered manager to ensure that all staff at Llanidloes Dental Practice have a written contract in place.	PDR 17(3)(c) and 17(3)(d)	<ol style="list-style-type: none"> 1. Contract provided to Dr Dusza via email on 18 December 2024 and a paper copy was also provided on 19 December 2024 .Dr Dusza wasn't happy as said the contract was NHS and Private. New Private 	Dr Hako Sobhani	1.Advised Dr Dusza to return signed contract as soon as he is able to do so and at the latest by 10 January 2025. If Dr Dusza is unable to do so, advised him to send a written email response to that effect.

		only contract provided on 19 December 2024. <u>2.</u> Contract given to Mrs Dagmara Dusza via email and provided paper copy.		2.Contract given via email on 18 December 2024 and provided paper copy on 19 December 2024
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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: Dr Hako Sobhani

Name (print): Dr Hako Sobhani

Job role: Registered Manager

Date: 21 December 24

Appendix C - Improvement plan

Service: Llanidloes Dental Practice Ltd.

Date of inspection: 12 December 24

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. Due to the current layout, patients must enter Surgery 2 via the de- contamination area for this surgery.	The registered manager must provide a risk assessment in the short term to cover and risks relating to this. Also need evidence long term plan move the surgery door and create partition wall once room is available in the reception area.	PDR 22(c) IHR 26 (1) (c)	Update risk assessment	Dr Sobhani	10/02/2025
2. During our visit we found the setting to be using autoclavable aspirating tips	The setting is required to use single use aspirating tips only going forward	PDR 13(2)(a)	Remove autoclave aspirating tips replace with single use aspirating tips.	Dr Dusza Dr Sobhani	21/02/2025 19/12/2025

3.	We did not see evidence of needle holders being used by the dentist using normal syringes	Needle holders must be used when using normal syringes	PDR 13(2)(a)	Order needle holders for both surgeries Delivery of needle holders	Dr Sobhani	04/02/2025 07/03/2025
4.	We found that some packed instruments in surgeries had been opened but not re-packed	The registered manager must ensure that instruments are sterilised and re- packed at the end of the day	PDR 13(2)(a)	Update pouching policy to ensure instruments are sterilised and re packed at the end of the working day and staff to sign.	Dr Hako Sobhani	21/02/2025
5.	Llanidloes Dental Practice Ltd currently has no IPC lead	Register manager to appoint a lead as soon as possible, ensuring they receive the relevant training for the role.	PDR 17 (1) (a)	Updated with two leads for IPC Dr Sobhani and Dr Dusza and all staff to sign.	Dr Hako Sobhani	21/02/2025
6.	We found there to currently be no hand washing facilities in the de- contamination area for one of the	Registered manager to provide plans to add a sink into the de- contamination area, rather than using the sink in the surgery.	PDR 22(c) IHR 26 (1) (c)	Arrange a meeting with a plumber about adding a hand washing sink into surgery 2.	Dr Dusza	14/03/25

	surgeries at the practice.					
7.	We found that not all de-contamination areas had visors available for staff.	All de- contamination areas must have visors as part of PPE.	PDR 13 (5) (b)	Visors to be provided in surgery 2 following PPE policy.	Dr Dusza Dr Sobhani	21/02/2025 Always had visors
8.	Safety plus syringes are not used at the practice and there is currently no risk assessment in place for this.	Register manager must ensure relevant risk assessment is developed for this.	PDR 13(2)(a)	Update sharps risk assessment.	Dr Sobhani	10/02/2025
9.	Even though there is a sharps policy available, a sharps injury protocol with the relevant contact number is not currently available in all surgeries.	Staff to display in all going forward.	PDR 13(2)(b)	Same sharps injury protocol are both surgeries	Dr Sobhani	14/02/2025
10.	Manual cleaning currently taking place for sterilisation however not all decontamination	Registered manager must ensure that all decontamination rooms have a logbook in place going forward	PDR 13(3)	Manual cleaning logbook in place within surgery 2.	Dr Dusza Dr Sobhani	21/02/2025 02/12/2025

	rooms had a manual cleaning logbook					
11.	A review of autoclave cycles in the decontamination rooms highlighted that not all are being checked and downloaded as often as required.	Autoclave cycles for all decontamination rooms must be checked and downloaded weekly at a minimum	PDR 13(3)	Added onto daily or weekly check list for surgeries.	Dr Sobhani Dr Dusza	05/12/2024 21/02/2025
12.	Both surgeries have laundry facilities but no laundry policy in place	Senior staff must ensure a suitable policy is developed	PDR 13(3)	Policy in place and staff to sign.	Dr Sobhani	21/02/2025
13.	Only one of the surgeries had records of fridge temperatures during inspection. The thermometer for the other surgery arrived during our visit	The Registered Manager should submit evidence of fridge temperature checks for all surgeries as soon as possible.	PDR 13(2)	Dr Sobhani Dr Dusza to provide fridge temperatures to Dr Sobhani to submit.	Dr Sobhani Dr Dusza	07/02/2025 14/02/2025
14.	We found that staff were yet to complete BOC training	All staff must complete BOC training as soon as possible	PDR 18(2)(c)	Link will be emailed to staff for BOC training.	Dr Sobhani	28/02/2025

15.	The practice had a suitable clinical waste bin, however it was not secured	Clinical waste bin must be securely chained out the back of the setting		Bin is secured when completing WTHM01-05 audit. Will send photo.	Dr Sobhani	03/01/2025 14/01/2025

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): Dr Hako Sobhani

Job role: Manager

Date: 14/02/2025