

General Dental Practice Inspection Report (Announced)

Deganwy Dental Practice

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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 Deganwy Dental Practice, Conwy on 20 February 2025.

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. Five questionnaires were completed by patients or their carers and six 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 Deganwy Dental Practice was committed to providing a positive experience for patients.

All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

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:

- Pleasant and welcoming environment
- 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
- Bilingual service offered with staff identifying themselves as Welsh speakers.

Delivery of Safe and Effective Care

Overall summary:

We found that Deganwy Dental Practice 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 good 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 the service did well:

- Surgeries were clean, well equipped and fit for purpose, with well-maintained equipment
- Designated decontamination room
- Dedicated decontamination nurse
- Good quality audits had been completed
- Patient records were of a good standard.

Quality of Management and Leadership

Overall summary:

We found Deganwy Dental Practice to have good leadership and clear lines of accountability.

The day-to-day management of the practice was the responsibility of the practice 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 to fulfil their roles.

This is what the service did well:

- A range of policies and procedures 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 their Continuing Professional Development (CPD) requirements.

3. What we found

Quality of Patient Experience

Patient feedback

All patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

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

"Friendly, professional and all staff try to help when they can, cannot find fault."

"Very helpful staff and excellent service."

"The dentist always asks questions and listens to any concerns. The nursing staff put me at ease with their friendly manner. The clerical staff are friendly and efficient. The hygienist does an excellent job and always tells me if I'm missing a spot."

Person-centred

Health promotion and patient information

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 the reception and the waiting area.

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 they felt that staff at the practice treated them with dignity and respect. One patient told us:

"In all area's the care and service provided by the staff at Deganwy Dental Practice could not be bettered."

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 were always explained to them during their appointment in a way they could 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 Nine Principles, as set out by the General Dental Council (GDC), were displayed by the reception and waiting areas.

Individualised care

The practice had a patient information leaflet (PIL) which contained all the information required by the regulations. However, we found that the PIL was not available on the practice website. The practice manager immediately arranged for the leaflet to be published on the practice website.

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available. All patients also told us that their medical histories were checked before treatment.

We found that the medial history of patients 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 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 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 dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

All patients who completed the questionnaire said it was very easy to get an appointment when they needed one. One patient told us:

"Deganwy Dental Practice is located in an ideal location (car park opposite) opening times suitable for people who work. Consideration always given with appointments and txt message reminder a day before is so helpful. Lovely friendly efficient staff. Dentist is calm, quiet reassuring. Its always a pleasure to go."

All patients who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem. 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 who completed a questionnaire told us their preferred language was English.

There were Welsh speaking members of staff working at the practice, which helped to meet the needs of Welsh speaking patients. We saw that staff identified themselves as Welsh speakers using the 'iaith gwaith' brand. We were also told that the practice would endeavour to provide information to patients in their preferred language and format.

We were also told that, if required, staff could access translation services to help them communicate with patients whose first language was not English or Welsh. In addition, some staff working at the practice could also communicate with patients in Polish and Swedish.

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.

We found there was good access to the building. Wheelchair users and patients with mobility issues could access the reception, waiting area, and three surgeries located on the ground floor.

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.

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 documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered. However, we did note that the portable appliance testing was due for renewal. The practice manager immediately arranged for small portable appliances to be tested. We received evidence immediately following the inspection confirming that all portable appliances had been tested.

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

Infection, prevention and control (IPC) and decontamination

The practice had designated space for the cleaning and sterilisation (decontamination) of dental instruments and a dedicated decontamination nurse. 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 or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

The procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, we noted that the handwashing sink in the decontamination room had an open overflow which needed to be sealed, as handwashing sinks should not have a plug or an overflow. The principal dentist arranged for the open overflow to be sealed during the inspection. We received evidence immediately following the inspection confirming that the open overflow had been sealed in the handwashing sink.

Infection control audit had been completed using the Health Education and Improvement Wales (HEIW) audit tool, which was 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 and 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. The practice had three trained first aiders.

The emergency drugs were stored securely, 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 were informed that all staff received appropriate training on how to use oxygen cylinders as part of the annual CPR training. In addition to the annual CPR training, we also recommended that staff should complete the BOC¹ Oxygen Cylinder training. We received evidence following the inspection confirming that all staff had now completed the BOC training.

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 were 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 or the practice manager and were very confident that concerns would be acted upon.

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

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and undertaking Disclosure and Barring Service (DBS) checks. We confirmed that the majority of

¹ BOC is a provider of industrial, medical and special gases in the UK.

staff had a DBS check in place. However, we found that the Decontamination Nurse had not received a DBS check. We were informed that a DBS check had not been carried out as the member of staff only works in the decontamination room and has no contact with patients. We recommended to the practice manager that all staff should receive a DBS check. The practice manager immediately arranged for a DBS form to be completed during the visit. We received evidence following the inspection confirming that a DBS check had been carried out.

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

We reviewed a sample of ten patient records. Overall, there was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patient safety and wellbeing.

All 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.

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire provided positive comments. All staff confirmed that the facilities and premises were suitable for their work. All staff confirmed that they felt the environment was appropriate in ensuring patients received the care they required. All staff who responded confirmed that there were suitably trained staff at the practice. All but one of the staff confirmed that they are able to meet the conflicting demands of their time at work. The majority of staff also confirmed they had received an annual appraisal.

All staff felt that the care of patients was a top priority at the practice and were satisfied with the quality of the care and support they gave. All those who responded would recommend the practice as a good place to work and agreed they would be happy for a friend or relative to receive the standard of care provided at the practice.

All staff confirmed that patient's privacy and dignity was maintained and that patients were always informed and involved in decisions about their care.

Staff comments included:

"Overall, a patient focused practice with a friendly team."

"Professional environment that puts patients first. Patient care and customer service is very good."

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 practice 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 practice manager or 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 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. We also saw that staff appraisals had been undertaken or plans were in place to complete these in the near future.

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 their Continuing Professional Development (CPD) requirements.

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. A system was in place to log formal and informal complaints and concerns. At the point of inspection, no complaints had been received by the practice.

We discussed the mechanism for actively seeking patient feedback, which was done by providing patients with survey forms and text messages at the end of their treatment. Patients were also able to give feedback via social media. In addition, a comments box was located in the waiting area.

Information

Information governance and digital technology

The practice used electronic systems to manage patient records, with an appropriate records management policy.

Learning, improvement and research

Quality improvement activities

It was 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, prescriptions and smoking cessation.

The registered manager informed us that they had not formally assessed and monitored the quality-of-service provision as required by The Private Dentistry (Wales) Regulations 2017. We were verbally assured that arrangements would be made. We received evidence immediately following the inspection confirming that the practice had formally assessed the quality-of-service provision as required by the regulations.

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

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
We noted that the handwashing sink in the decontamination room had an open overflow which needed to be sealed.	Open overflows can harbour bacteria which can contaminate the sink.	Escalated to the principal dentist	The principal dentist arranged for the open overflow to be sealed. We received evidence immediately following the inspection confirming that the open overflow had been sealed in the handwashing sink.
We found that one member of staff had not received a DBS check.	Without a DBS check, there was no assurance that the member of staff was safe to work at the practice.	Escalated to the practice manager	The practice manager immediately arranged for a DBS form to be completed during the visit. We received evidence following the inspection confirming that a DBS check had been carried out.

Appendix B - Immediate improvement plan

Service: Deganwy Dental Practice

Date of inspection: 20 February 2025

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.					

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: Deganwy Dental Practice

Date of inspection: 20 February 2025

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.	No areas for improvement identified.					

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

Service representative

Name (print):

Job role:

Date: