

## **General Dental Practice Inspection (Announced)**

Leighton Roberts &  
Associates/Cwm Taf 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 people in Wales receive good quality healthcare

## Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

## Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

# 1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Leighton Roberts and Associates at 27 High Street, Ferndale, RCT, CF43 4RH, within Cwm Taf health board on the 23 August 2021.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

## 2. Summary of our inspection

Overall, we found evidence that Leighton Roberts and Associates was working hard to provide a high quality experience to their patients.

We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

The patient records we reviewed were generally comprehensive and legible, but the recording of consent needs to be improved.

We recommended that a practice manager role is considered. This position would help oversee the non-clinical and business side of the practice.

A number of policies and procedures require improvement to ensure they are specific to the practice and contain necessary information in one document.

In addition, staff need to complete training in cardiopulmonary resuscitation (CPR) part 2 and first aid to ensure their skills and knowledge are up to date.

This is what we found the service did well:

- Patients who completed a HIW questionnaire rated the service provided at the practice as excellent or very good
- We heard staff providing patients with clear information on the patient journey at the practice due to COVID-19 restrictions
- The staff we spoke to told us they worked well together
- The environment provided clinical facilities that were well-equipped and well maintained.

This is what we recommend the service could improve:

- Complaints information needs to be improved by adding additional information (see quality of patient experience for further detail)
- Staff need to undertake the practical course (part 2) of cardiopulmonary resuscitation (CPR) and first aid training to ensure up to date skills and knowledge
- Staff must be registered with the local occupational health service to ensure any sharps injuries and/or vaccinations are dealt with promptly
- Improvements to a number of policies and procedures are required to ensure they are specific to the practice and contain all relevant information
- See Appendix C for further details of all the improvements.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

## 3. What we found

### **Background of the service**

Leighton Roberts and Associates provides services to patients in the Ferndale area. The practice forms part of dental services provided within the area served by Cwm Taf University Health Board.

The practice has a staff team which includes two dentists, one hygienist, four dental nurses, one of whom is the office manager and two receptionists.

The practice provides a range of NHS and private general and cosmetic dental services.

## Quality of patient experience

*We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.*

Overall, we found Leighton Roberts and Associates are committed to providing a positive experience for patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice had made changes to the environment and their service provision that was based on the latest government guidance. These changes enable patients to be treated as safely as possible at the practice.

Staff provided relevant information to patients over the telephone regarding COVID-19 and the patient journey at the practice.

We have made recommendations regarding their complaints information to ensure documents are consistent and relevant to Welsh standards and regulations.

Prior to our inspection, we asked the practice to distribute HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 22 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; the majority of the patients that completed a questionnaire said they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

*"Always treated with respect and made to feel comfortable when having treatment"*

*"All staff are friendly and professional"*

*“Very friendly staff, as I am very nervous on every visit. Always reassure me when in the waiting room and in the treatment room”*

Patients were asked on the questionnaires how the dental practice could improve the service it provides. Patients were generally happy with the practice, but the following comments were made:

*“Stop cancelling my appointments so often and at short notice”*

*“Not cancel appointments made”*

## **Staying healthy**

### **Health promotion protection and improvement**

We saw the changes that had been made to the practice environment as a result of the pandemic. Personal Protective Equipment (PPE) for staff and patients is available as well as hand sanitising stations throughout the practice.

To minimise the risk of COVID-19 transmission within the communal areas and treatment rooms, social distancing measures were in place and only patients with pre-arranged appointments could visit the practice. Screens have been fitted to the reception desk and unnecessary chairs, magazines and posters have been removed from the waiting area.

Prior to an appointment, staff will telephone the patient and complete a COVID-19 screening questionnaire. In addition, staff also communicate information about the patient journey. These measures help reduce the amount of time a patient spends at the surgery.

When patients arrive for appointments they are asked if they have any symptoms of COVID-19. Hand sanitiser is given upon entry into the practice. Face masks must be worn until the patient is seated in the surgery, unless they are exempt.

All of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

As a result of the pandemic and in-line with government guidance, the practice had been decluttered as much as possible. As a result of this, health promotion information was limited within the practice. Staff would provide specific health promotion information to patients based on their treatment needs.

A notice board in the waiting area did contain some patient information. This included information regarding complaints, NHS and private treatment charges, emergency/out of hours information and details of all staff working at the practice.

The name of the practice was on the front of the building and clearly visible from the road and pavements. The name of the dentist was displayed next to the entrance of the practice. Opening hours and the practice contact number were displayed.

There were signs within the practice displaying 'No Smoking', staff confirmed the practice adhered to the smoke free premises legislation<sup>1</sup>.

## **Dignified care**

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff were able to have private conversations with patients within the dental surgeries away from the reception/waiting areas, if required.

The General Dental Council's (GDC) 9 principles<sup>2</sup> were displayed in the waiting area therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up and any paper files were kept securely in a locked cabinet.

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<sup>1</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

<sup>2</sup> The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

## Patient information

All but one of the patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment. All patients said that they had received clear information about available treatment options.

Price lists for NHS and private treatments were displayed on the notice board, in the waiting area.

The practice had its own patient information leaflet which was available at reception. A review of the patient information leaflet showed it requires additional information that is required by the Private Dentistry (Wales) Regulations 2017.

The statement of purpose<sup>3</sup> was not available. Therefore we recommended that a statement of purpose is created, containing all the areas required by the Private Dentistry (Wales) Regulations 2017. The statement of purpose must be made available to patients upon request.

### Improvement needed

The patient information leaflet must be updated to include all the areas required by the Private Dentistry (Wales) Regulations 2017

A statement of purpose must be completed, including all the areas required by the Regulations. A copy must be sent to HIW

## Communicating effectively

All the patients that completed a questionnaire told us that English was their preferred language and that healthcare information was available to them in that language.

The majority of patients told us that staff had asked them in which language they would prefer to communicate. Staff told us that any patient wishing to converse

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<sup>3</sup> Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit [hiw.org.uk](http://hiw.org.uk)

in a language other than English would be accommodated. The practice had access to organisations to assist with this request. This information was kept behind reception. Staff may want to consider displaying their language line poster on or near the reception desk to allow patients easy access and sight of this service being available.

There was limited information displayed in both English and Welsh. However, this was partly due to the decluttering of the practice because of COVID-19. Staff told us that they had very few Welsh speaking patients, but there were staff who could converse in Welsh if requested. If patients required written information in Welsh or another language, they would endeavour to meet the patient's request.

The practice had a hearing loop situated on the reception desk which can be used by people with hearing aids. A hearing loop installed poster informs patients that the practice has a hearing loop installed for their use.

Of the patient records we reviewed, we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

## **Timely care**

At the time of our visit and because of restrictions due to COVID-19, only patients with pre-arranged appointments could enter the practice. Patients are advised to arrive for their appointment on time due to the numbers allowed in the practice at any given time. If a patient arrives early, they will be asked to wait until asked to enter.

The practice endeavours to provide dental care in a timely manner and we observed this during our inspection. Staff described their process for keeping patients informed about any delays to their appointment times. The majority of patients that completed a questionnaire felt that it was very easy or fairly easy to get an appointment when they needed it.

All but one of the patients that completed a questionnaire said they would know how to access the out of hours dental service if they had an urgent dental problem. The out of hours telephone number was displayed in the waiting area. It is also included within the patient information leaflet, as well as on their telephone answer machine message.

## Individual care

### Planning care to promote independence

We reviewed a sample of patient records and found that there were records of treatment options and planning for those patients.

The majority of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment. Of the patient records we reviewed seven out of ten records had a medical history on file.

### People's rights

We noted that the practice had a dedicated 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.

The patient information leaflet contained arrangements for access to the practice. The practice had one surgery and a public toilet located on the ground floor and two surgeries located on the first floor. The ground floor facilities were accessible by anyone using a mobility aid.

The patient toilet was clearly signposted. The toilet provided handrails to provide support if required. There were also hand washing and drying facilities. Access to the public toilet at the time of our visit was limited for emergency use. This message was given to patients prior to their arrival at the practice.

### Listening and learning from feedback

The practice had a written complaints policy and procedure in place. Information for patients on how to raise a concern was displayed in the patient information leaflet and on the notice board in the waiting area.

The complaints procedure displayed in the waiting area referenced the NHS complaints process, Putting Things Right<sup>4</sup> and included the address of the local

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<sup>4</sup> 'Putting Things Right' is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

health board. Staff at the practice may want to consider displaying putting things right posters and/or leaflets for patients when the practice is able to resume a more normal service.

We identified some missing information from the complaints procedure displayed in the waiting area. The procedure did not include details of HIW or any other organisation that could assist a patient with a complaint. Details of what happens if no resolution can be agreed needs to be included.

In addition, a review of all the complaint information did highlight a need for the practice to review, condense and update their information. Specifically, staff need to ensure that the information they use is specific to Wales. The code of practice for handling patient complaints contained details for England, Scotland and Northern Ireland. These need to be removed to avoid any confusion.

Also, we found that different complaint documents listed different staff names and job roles to contact should a complaint be made. To avoid confusion, the name and/or job title of the individual responsible for dealing with complaints at the practice should be consistent across all complaint documentation.

The practice would benefit having a suitable system in place to record, respond and monitor any concerns/complaints they receive. At the time of our visit, all written complaints were stored in a file. However, there was no log or other system that could easily identify the current status of any complaints. This meant that staff were unable to review the information quickly to enable the identification of any themes, with a view to making improvements to the services provided. It is recommended that any verbal comments from patients are recorded centrally to help identify any themes.

Staff told us that the practice had a process in place for obtaining patient feedback about the services and care patients receive. This is collected via a suggestion box. As a result of the pandemic, the suggestion box has been temporarily removed. Staff said that patients could email them with their feedback, but there was nothing displayed to confirm this.

Prior to the pandemic, limited feedback had been received and there was no evidence provided to confirm that the practice has learned and made improvements based on any feedback received. Therefore, it is recommended that a system be introduced that would allow the practice to collect and analyse any patient feedback they receive.

### Improvement needed

The registered manager must review the complaints procedure and include details of HIW and other organisations that can provide assistance to patients. Details of what happens if no resolution can be agreed also needs to be included. This information needs to be updated in the patient information leaflet also.

The registered manager must ensure that the name and/or job title of the person responsible for dealing with complaints at the practice is consistent in all complaint documentation.

The registered manager must ensure that guidance contained in all complaint information is specific for Wales.

The registered manager should consider a suitable system for the logging, responding and monitoring of all complaints, including verbal comments. This would enable the practice to identify any themes to help make improvements.

The registered manger should consider ways patient feedback can be captured and displayed/communicated to patients which will enable the practice to learn and improve their services based on feedback.

## Delivery of safe and effective care

*We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.*

We found the practice requires improvement in a number of areas to ensure they are meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

Registration with the local occupational health team needs to be completed for staff and training in CPR (part 2) and first aid needs to be completed to ensure up to date skills and knowledge.

The safeguarding policy needs to be localised and include the name of the practice's safeguarding lead and details of the local safeguarding team.

We found the practice provided a clean and clutter-free environment for staff and visitors. There were contracts in place to ensure the environment and facilities were safe and well maintained.

## Safe care

### Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting, the practice.

The practice occupied a two storey building, with staff and patient areas located over the two floors. Access into the building was unrestricted which would enable anyone using a mobility aid/pushchair admission to the building.

The reception, waiting area, patient toilet and one surgery were located on the ground floor. Two surgeries and a waiting area were on the first floor. The dental surgeries were well equipped.

The building appeared generally well maintained both internally and externally. All areas within the practice appeared clean and free from trip hazards.

There were no concerns given by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

Fire safety equipment was available at various locations around the practice and we saw this was regularly serviced. All staff had completed fire safety training. Emergency exits were signposted and a Health and Safety poster was displayed within the practice. The fire risk assessment had been reviewed in September 2020, no actions had been identified.

The practice had various policies and procedures, as well as risk assessments in place. These are reviewed yearly to ensure the premises remain fit for purpose.

The practice had a resuscitation policy in place. We noted that the CPR/emergency resuscitation training (practical course) had elapsed for some staff in 2019. The lapse in this training is an unfortunate result of the pandemic which resulted in face to face courses being cancelled. However, we were told that an appropriate course will be booked. Therefore we recommend that the required training is booked immediately to ensure staff have up to date skills and knowledge with this aspect of their continued professional development.

We were told the practice had a first aider, however, their training had lapsed. We recommended that staff attend a course as soon as possible to ensure there are appropriate first aid arrangements in place.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>5</sup>. We made some recommendations regarding the storage of emergency equipment and drugs which are listed in the sections below.

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<sup>5</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

### Improvement needed

The registered manager must ensure that medical emergency training is booked for all applicable staff as soon as possible

The registered manager must ensure that the appointed first aider attends a course as soon as possible to ensure up to date skills and knowledge

### Infection prevention and control

We observed that the practice did not have a dedicated room for the cleaning and sterilisation (decontamination) of dental instruments. The cleaning of dental instruments was undertaken in each surgery and a separate area within the practice was used for the sterilisation process. We recommended that the practice consider the guidance issued by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup> in which they state that the decontamination facilities should be clearly separated from the clinical treatment area. Apart from this, we observed that the areas in which decontamination occurred had appropriate infection prevention and control measures in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used PPE when working in the decontamination areas.

We saw evidence that an infection control audit took place. However, we recommended that the practice use a recognised audit tool such as the Health Education and Improvement Wales (HEIW) audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. This audit tool is recognised as good practice due to the comprehensive scope of the audit.

We saw that all staff had undertaken infection control training which was in line with the five year requirements set out by the General Dental Council.

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<sup>6</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately. Collections by the local council were in place for the disposal of non-hazardous (household) waste. We observed a black bag being used for clinical waste on the day of our inspection. We recommended that the appropriate waste bags are used to avoid any mistakes.

Generic British Dental Association documentation was in place covering the practice's arrangements for infection control. The information needs to be amended and personalised for the practice. This will ensure that references to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training are practice specific.

The practice had not made appropriate arrangements with the local occupational health service to deal with any sharps injuries and/or vaccinations. We saw some records relating to Hepatitis B immunisation status for clinical staff working in the practice. Others were awaiting the results from their GPs at the time of our visit. This information is required for all staff to confirm appropriate measures are being taken to ensure that patients and staff are protected from this blood borne virus.

#### Improvement needed

The registered manager must ensure all staff have suitable occupational health support at the practice

The registered manager must review the infection control information to ensure a policy is in place that is specific to the practice

The registered manager must ensure that appropriate bin bags are used for the collection of waste

The registered manager should review the WHTM 01-05 guidance and consider ways the practice could improve their decontamination procedures in line with the good practice recommendations, including audits

#### Medicines management

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received part 1 training on how to deal with medical emergencies and how to perform CPR.

Emergency drugs kept at the practice were being stored in a location that could be accessed by patients. The cupboard is unlocked for quick access to this and

other equipment. Although the area is supervised, consideration should be given to the location of the emergency equipment.

The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>7</sup>.

We noted some items in the first aid kit had expired and recommended these are replaced and checked regularly.

The practice did not have a policy in place relating to the ordering, recording, administration and supply of medicines to patients. This is required by the dental regulations. Prescription pads were kept securely.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

#### Improvement needed

The registered manager should review the location of the emergency equipment to ensure public access is limited whilst staff access is quick and easy

The registered manager must have a policy in place for the ordering, recording, administration and supply of medicines to patients

The registered manager must ensure expired items in the first aid kit are replaced and that staff check dates on all items regularly

#### Safeguarding children and adults at risk

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. In addition to the policy, a number of other documents were available in the

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<sup>7</sup> [The Resuscitation Council \(UK\)](#) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration.

safeguarding file. This meant that staff might have to refer to several documents to obtain safeguarding information.

As a result of this, we recommended that the policy is reviewed, localised for staff at the practice and contains all the information in one document. Including the details of the local safeguarding team and a flowchart which contains details of who to contact and the actions required by staff should a safeguarding issue arise. In addition, staff should ensure that they have access to the online All-Wales Safeguarding Procedures<sup>8</sup>.

We saw that staff had up to date training in adult and child safeguarding. It was unclear during staff discussions who the nominated safeguarding lead is. The practice should nominate a lead to ensure they take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with other staff members and were confident those concerns would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service<sup>9</sup> (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

#### Improvement needed

The registered manager must review and update the safeguarding policy to ensure it is practice specific and contains all relevant information in one document. This must include details of the local safeguarding team and the

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<sup>8</sup> These are the national Wales Safeguarding Procedures. They detail the essential roles and responsibilities for practitioners to ensure that they safeguard children and adults who are at risk of abuse and neglect.

<sup>9</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

name of the safeguarding lead at the practice. A quick reference flowchart will help staff locate the information they require should a safeguarding issue arise.

### **Medical devices, equipment and diagnostic systems**

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment and this was evidenced by in house training and staff induction.

The surgeries were clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in good condition and sufficient in number.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date. We saw the local rules<sup>10</sup> displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity.

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<sup>10</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

## Effective care

### Safe and clinically effective care

The practice carried out a number of in-house audits to monitor the quality and safety of the care and treatment provided to patients. We recommended that the practice consider using recognised audit tools, including those by Health Education and Improvement Wales (HEIW). These audits are recognised as good practice due to the comprehensive scope of the audit. The results of the audits will help to identify areas for improvement and support any changes to dental team practises.

Staff told us they obtain up to date guidance via circulars from the health board, external bodies and from staff attending conferences and training.

#### Improvement needed

The registered manager should consider the practice's audit programme and introduce a number of recognised audit tools into their plan. This will help identify areas for improvement within the practice.

### Quality improvement, research and innovation

The practice had a quality assurance policy in place and a programme of internal audits which they undertake to enable themselves to demonstrate best practice in providing dental care. In addition, the practice had completed their NHS Quality Assurance Self-assessment<sup>11</sup> (QAS) audit in February 2021. This will contribute to the quality and safety of the care provided to patients.

The practice does not undertake any research.

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<sup>11</sup> The QAS for Dental Practitioners is an all-Wales self-assessment tool designed for use within NHS dental practices. Its key purpose is to support dental practitioners to comply with the NHS contractual requirement to submit an annual quality assurance report; it requires practices to describe how they meet the standards and prompts the team to consider where improvements are needed.

## Information governance and communications technology

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly and there were appropriate procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulations (GDPR).

The practice had a number of appropriate policies and procedures in place including a GDPR policy and confidentiality policy. This meant that staff had access to suitable guidance with regard to their day to day work.

## Record keeping

There was evidence that the practice was keeping their clinical records to a good standard. This demonstrated that care was planned and delivered to a high standard, maintaining patients' safety and dental wellbeing.

Of the records we reviewed, we found they contained sufficient information of the patients' dental history, reason for attendance, treatment planning and recall information. We noted that the recording of consent could be improved. We recommended that regular patient record audits are undertaken to identify any missing information and ensure compliance with relevant professional record keeping requirements.

The notes were appropriately stored and record entries were clear, legible and generally good quality.

### Improvement needed

The registered manager must ensure that consent to treatment, where applicable, is clearly recorded in the patients' notes.

The registered manager must undertake regular patient record audits to ensure any gaps are identified and therefore rectified.

## Quality of management and leadership

*We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.*

We observed a staff group that worked well together and were committed to providing a high standard of care for their patients.

The practice had various policies and procedures in place, but these require improvement to ensure they are specific for the practice.

We found staff were willing to take on additional duties to ensure the running of the practice. However, we recommended that a practice manager role be considered to fully oversee the non-clinical and business side of the practice.

## Governance, leadership and accountability

Leighton Roberts and Associates is owned by the principal dentist. The day to day running of the practice is led by the office manager and the senior dental nurse, who are supported by a wider team of clinical and non-clinical staff.

At the time of our visit, we were told that the office manager had not been in their role for long. Also the senior dental nurse was undertaking some practice manager duties in addition to her own full time clinical work. With neither staff members designated as an official practice manager, we recommended that consideration be given to having a dedicated practice manager. This role would help oversee the non-clinical and business side of the practice.

The staff team worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues or concerns about the delivery of care to patients, either directly with another staff member or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures. We noted that the

majority of policies were created in 2014 and had been reviewed yearly or when required. This was written on the documents we reviewed. However, there was no evidence that any changes had been made to the content. In addition, most of the policies were British Dental Association (BDA) templates. It was recommended that a review of all policies and procedures is undertaken to ensure they are specific for the practice. Also, a dedicated file or reference page of all the practice's policies and procedures would help staff to easily locate the information.

We saw that staff had signed some policies and procedures to evidence they had read and understood them. We were told that any updates are circulated to all staff to ensure they are aware of the changes.

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

The office manager confirmed that they were aware of their duties regarding notifications that must be sent to HIW under the regulations such as in the event of serious injury to patients.

#### Improvement needed

The registered manager must review all the policies and procedures to ensure they are specific to the practice and easily referenced (in a single file or on an index sheet) so they can be located quickly.

The registered manager should consider a practice manager role to help oversee the non-clinical and business side of the practice

## Staff and resources

### Workforce

The practice used a BDA employing staff advice document to cover a number of human resources (HR) policies and procedures. However, this had not been developed to include all the areas required by the regulations or made specific for the practice.

Staff confirmed that the recruitment of staff was undertaken by themselves and had recently employed a new member to the team.

We were shown examples of staff files which contained various employment information. The newest member of staff had a completed induction and contract on file. All staff files were stored in a locked cabinet.

All staff are required to have a disclosure barring service (DBS) certificate prior to starting their job role and we saw evidence of these for all of the staff group. Staff told us DBS certificates would be renewed every three years. This practise contributes to ensuring safer recruitment choices, including working with vulnerable groups such as children.

The practice had an appraisal process in place, however no appraisals were being undertaken for staff.

We saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements. However, there was no central system to record staff training. This was recommended because each staff file had to be checked to identify training compliance.

Formal team meetings take place on a monthly basis and are documented. Staff have an opportunity to add items to the agenda and minutes are circulated to all staff. All staff sign the minutes to confirm they are up to date on practice matters.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for some clinical staff. There were three members who were awaiting blood test results from their GP.

#### Improvement needed

The registered manager must review all HR policies and procedures and ensure they include and cover the recruitment of staff including undertaking checks relevant to their work, induction, retention of employees, employment conditions and training requirements.

The registered manager must ensure all staff receive an annual appraisal

The registered manager should consider implementing a central training log that will be able to identify training compliance for all staff

The registered manager must ensure that all Hepatitis B documents are obtained for all clinical staff and that copies of the results are kept on file

## 4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

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.

## 5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

## Appendix A – Summary of concerns resolved during the inspection

The table below summaries 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:** Leighton Roberts & Associates

**Date of inspection:** 23 August 2021

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues were identified on this inspection				

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

**Service representative:**

**Name (print):**

**Job role:**

**Date:**

## Appendix C – Improvement plan

**Service:** Leighton Roberts & Associates

**Date of inspection:** 23 August 2021

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
The patient information leaflet must be updated to include all the areas required by the Regulations	The Private Dentistry (Wales) Regulations 2017 – Regulation 6 (1), (2), (3) and Schedule 2	In progress	Sarah Wiltshire	24/12/2021
A statement of purpose must be completed, including all the areas required by the Regulations. A copy must be sent to HIW.	The Private Dentistry (Wales) Regulations 2017 – Regulation 5 (1), (2) and Schedule 1	Action completed & agreed with HIW.	Leighton Roberts Dentist	N/A

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must review the complaints procedure and include details of HIW and other organisations that can provide assistance to patients. Details of what happens if no resolution can be agreed also needs to be included. This information needs to be updated in the patient information leaflet also	The Private Dentistry (Wales) Regulations 2017 – Regulation 21 (4) (a) and (b)	In Progress	Sarah Wiltshire	12/11/21
The registered manager must ensure that the name and/or job title of the person responsible for dealing with complaints at the practice is consistent in all complaint documentation	The Private Dentistry (Wales) Regulations 2017 – Regulation 21 (1)  Health & Care Standards - 6.3 Listening and Learning from feedback	Action Completed	Sarah Wiltshire Dental Nurse	N/a
The registered manager must ensure that guidance contained in all complaint information is specific for Wales.	Health & Care Standards – Governance, leadership & accountability	In progress	Leighton Roberts Dentist	12/11/21

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager should consider a suitable system for the logging, responding and monitoring of all complaints, including verbal comments. This would enable the practice to identify any themes to help make improvements	Health & Care Standards - 6.3 Listening and Learning from feedback	Action Completed	Sarah Wiltshire Dental Nurse	N/A
The registered manger should consider ways patient feedback can be captured and displayed/communicated to patients which will enable to practice to learn and improve their services based on feedback.	Health & Care Standards - 6.3 Listening and Learning from feedback	Already have suggestion box. Will also be creating patient questionnaires.	Sarah Wiltshire	End of Jan 2022.
<b>Delivery of safe and effective care</b>				
The registered manager must ensure that medical emergency/CPR training is booked for all applicable staff as soon as possible	The Private Dentistry (Wales) Regulations 2017 – Regulation 17 (1) (a)  Health & Care Standards – 7.1 Workforce	Action completed	Dentists Dental Nurses	N/A

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must ensure that the appointed first aider attends a course as soon as possible to ensure up to date skills and knowledge	The Private Dentistry (Wales) Regulations 2017 – Regulation 17 (1) (a)  Health & Care Standards – 7.1 Workforce	To be arranged for staff members to go on courses.	2 x Dental nurses	As soon as course available.
The registered manager must ensure all staff have suitable occupational health support at the practice	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (5) (b) & (c) (ii)  Health & Care Standards – 1.1 Health promotion, protection & improvement	Action completed all occupational health matters arranged through local health board.	N/A	N/A
The registered manager must review the infection control information to ensure a policy is in place that is specific to the practice	The Private Dentistry (Wales) Regulations 2017	Currently being reviewed. MMD audits being arranged and policy completed.	Dental Nurse	Jan 22

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	<p>– Regulation 13 (1) (b)</p> <p>Health &amp; Care Standards – 2.4 Infection prevention &amp; control (IPC) &amp; decontamination</p>			
<p>The registered manager must ensure that appropriate bin bags are used for the collection of waste</p>	<p>The Private Dentistry (Wales) Regulations 2017 – Regulation 22 (1) (a)</p> <p>Health &amp; Care Standards – 2.1 Managing risk &amp; promoting health &amp; safety</p>	<p>Action Completed</p>	<p>Victoria Williams Dental Nurse</p>	<p>N/A</p>
<p>The registered manager should review the WHTM 01-05 guidance and consider ways the practice could improve their decontamination</p>	<p>The Private Dentistry (Wales) Regulations 2017</p>	<p>Decontamination room plans in progress, LHB set plans . Plumbers been out awaiting estimates for work and audits to be done with MMD.</p>	<p>Leighton Roberts Dentist</p>	<p>April 2022</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
procedures in line with the good practice recommendations, including audits	– Regulation 16 (2) (d) (ii)			
The registered manager should review the location of the emergency equipment to ensure public access is limited whilst staff access is quick and easy	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (1) (b)	Action Completed	Sarh Wiltshire Victoria Williams	N/A
The registered manager must have a policy in place for the ordering, recording, administration and supply of medicines to patients	The Private Dentistry (Wales) Regulations 2017 – Regulation 8 (1) (l)	Policy & log to be updated	Sarah Wiltshire Victoria williams	December 2021
The registered manager must ensure expired items in the first aid kit are replaced and that staff check dates on all items regularly	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (1) (b)  Health & Care Standards – 2.9 Medical devices, equipment &	Action completed, weekly checks & log being done	Chelsie Jones Dental Nurse	N/A

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	diagnostic systems			
<p>The registered manager must review and update the safeguarding policy to ensure it is practice specific and contains all relevant information in one document. This must include details of the local safeguarding team and the name of the safeguarding lead at the practice. A quick reference flowchart will help staff locate the information they require should a safeguarding issue arise.</p>	<p>The Private Dentistry (Wales) Regulations 2017 – Regulation 14 (1) (a), (c), (e)</p> <p>Health &amp; Care Standards – 2.7 Safeguarding children &amp; safeguarding adults at risk</p>	In Progress	Sarah Wiltshire Dental Nurse	Jan 2022
<p>The registered manager should consider the practices' audit programme and introduce a number of recognised audit tools into their plan. This will help identify areas for improvement within the practice.</p>	<p>The Private Dentistry (Wales) Regulations 2017 – Regulation 16 (2) (d) (ii)</p> <p>Health &amp; Care Standards – 3.3 Quality improvement,</p>	MMD tool used to identify dimensions for development	Leighton Roberts Dentist	N/A

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	research & innovation & 3.5 Record keeping			
The registered manager must ensure that consent to treatment, where applicable, is clearly recorded in the patients' notes.	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (9) (d) & 20 (1) (a) (i) (ii)  Health & Care Standards – 3.5 Record keeping	Treatment plans already done at every treatment, will ensure consent obtained at every appointment and recorded in notes	Dentists	Ongoing
The registered manager must undertake regular patient record audits to ensure any gaps are identified and therefore rectified.	The Private Dentistry (Wales) Regulations 2017 – Regulation 16 (2) (d) (ii)  Health & Care Standards – 3.5 Record keeping	Planned on being done more regular on a 3 monthly basis	Dentists	Dec 21

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of management and leadership</b>				
The registered manager must review all the policies and procedures to ensure they are specific to the practice and easily referenced (in a single file or on an index sheet) so they can be located quickly.	The Private Dentistry (Wales) Regulations 2017 – Regulation 8 (1), (2), (6) & (9)  Health & Care Standards – Governance, leadership & accountability & 7.1 Workforce	All policies due for annual review from September to December 2021. Will amend/update as required , will create an index sheet upon updating policies.	Sarah Wiltshire Dental Nurse	Feb 22
The registered manager should consider a practice manager role to help oversee the non-clinical and business side of the practice	Health & Care Standards – 7.1 Workforce	In progress	Leighton Roberts Dentist	As soon as available.
The registered manager must review all HR policies and procedures and ensure they include and cover the recruitment of staff including undertaking checks relevant to their work, induction, retention of employees, employment conditions and training requirements	The Private Dentistry (Wales) Regulations 2017 – Regulation 8 (1) (h) & (i)	This is already being done , make sure to keep up with annual appraisals	Sarah Wiltshire Dental Nurse	N/A

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered manager must ensure all staff receive an annual appraisal	The Private Dentistry (Wales) Regulations 2017 – Regulation 17 (4) (a) & (b)  Health & Care Standards – 7.1 Workforce	In progress , see above	Dental nurse	N/A
The registered manager should consider implementing a central training log that will be able to identify training compliance for all staff	The Private Dentistry (Wales) Regulations 2017 – Regulation 17 (1) (a)  Health & Care Standards – 7.1 Workforce	In Progress	Sarah Wiltshire Dental Nurse	Jan 2022
The registered manager must ensure that all Hepatitis B documents are obtained for all clinical staff and that copies of the results are kept on file	The Private Dentistry (Wales) Regulations 2017 – Regulation 13 (6) (c) (i) (ii)	Both staff members requiring Hb documents to contact occ health for blood tests asap.	Staff requiring hb documents	Feb 22

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Health & Care Standards – 2.1 Managing risk & promoting health & safety			

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): Sarah Wiltshire & Victoria Williams

Job role: Dental Nurse

Date: 22 October 2021