

General Dental Practice Inspection Report (Announced)

Park Street Dental Practice, Cwm
Taf Morgannwg University Health
Board

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Park Street Dental Practice, Cwm Taf Morgannwg University Health Board on 29 September 2022.

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

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Park Street Surgery was committed to providing a positive experience for their patients.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone and witnessed systems in place to maintain patients' dignity.

This is what we recommend the service can improve:

- No improvements were identified.

This is what the service did well:

- Patients were treated in a caring and respectful manner and staff spoke to patients in a friendly and professional way
- The practice had good disabled access. A disability ramp had been installed and there was a ground floor surgery in operation.

Safe and Effective Care

Overall summary:

We saw that the building was in a state of good repair, both internally and externally and the practice was kept clean and tidy.

We saw evidence of an up-to-date fire safety risk assessment in place and all staff had completed fire safety training. We also reviewed a sample of patient records. All were being kept to a good standard.

This is what we recommend the service can improve:

- Staff are yet to carry out smoking cessation and antibiotic prescribing audits at the practice. We require staff to undertake these as soon as possible.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- The practice had policies and procedures in place, all of which were up to date and regularly reviewed.

Quality of Management and Leadership

Overall summary:

We found Park Street Surgery to have very good leadership and clear lines of accountability.

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

Staff had access to appropriate training opportunities and were all up to date with mandatory training.

This is what we recommend the service can improve:

- No improvements identified

This is what the service did well:

- We saw evidence of good governance and professional attitudes from staff
- We observed a staff team that worked very well together.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 48 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Most patients who rated the service provided by this dental practice told us they thought it was ‘very good’. Patients were particularly positive about the professionalism of staff, commenting that they felt “put at ease”, “well looked after” and “cared for”.

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

“... I am always put at ease and supported by an amazing team.”
“Staff are brilliant. Treatment excellent. No complaints whatsoever.”

Staying Healthy

Health Protection and Improvement

We observed changes that had been made to the environment in response to COVID-19. Hand sanitizer stations were in place throughout the practice and COVID-19 information posters were displayed. Staff continue to wear masks and patients are encouraged to do the same. Signs encouraging the use of face coverings and masks for patients are available in the foyer of the practice.

Of the 48 patients who completed questionnaires, 45 said the dental team talked to them about how to keep their mouth and teeth healthy and three said they did not.

The name of the practice was clearly visible from the outside and the opening hours and an emergency telephone number were also displayed.

Dignified care

Communicating effectively

The practice had arrangements in place to protect patients' privacy. Treatment room doors were kept fully closed during appointments and the reception area was situated away from the waiting room, allowing for confidential conversations to take place.

We saw evidence that patients were treated in a dignified and respectful manner, and we heard staff speaking to patients in a friendly and professional way.

The practice manager informed us that there are currently no Welsh speaking staff working at the practice and no patients have requested to converse in Welsh. Patient information is displayed bilingually in the waiting area, and we were informed that the practice has access to a translation service when required. The practice manager told us that they are currently in the process of having bilingual patient information leaflets printed and are developing a bilingual answer phone message.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed in the reception area.

Patient information

General information about the practice was available on its website and displayed around the reception and the waiting area.

The practice has a patient information leaflet which contained all the information required by the private dentistry regulations.

We saw patient information available in the waiting area. This included information about the practice complaints procedure and contact details for HIW. The practice price list and a staff list were also displayed in the reception area.

Timely care

Timely access

The practice manager informed us that staff make every effort to ensure that dental care is provided in a timely way. However, in the event of delays, staff will either phone patients and ask them to attend a later appointment or keep them informed of delay times whilst in the waiting room.

We were informed that there is no online booking system used at the practice. Appointments can be obtained via telephone, and we also witnessed patients

booking appointments in person with reception staff. One patient who completed a questionnaire mentioned an improvement they would like to see would be the implementation of an online booking system.

Individual care

Planning care to promote independence

We reviewed the records of 10 patients and found that they were detailed and of a good standard.

39 Patients who completed the questionnaires indicated that they could access the right healthcare at the right time and 47 said they are involved as much as they want to be in decisions about their treatment.

People's rights

We noted the practice had an equality and human rights policy in place, as well as several other supporting policies to promote equality and diversity at the practice.

The setting had suitable disability access, including a wheelchair ramp, ground floor treatment rooms and spacious reception and waiting areas.

Listening and learning from feedback

The complaints process was displayed in the waiting area. The complaints information included the process that needs to be followed, timescales for responding, the staff member responsible for dealing with complaints and details of HIW.

We were shown the log where complaints would be recorded, however, no complaints had been made. Patients can provide feedback via email, social media pages and using feedback forms at the reception desk.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

It was evident that the practice was in a state of good repair, both internally and externally and we observed all areas of the practice to be clean and tidy. The practices consisted of three floors, with treatment rooms on the ground and first floor. Surgeries were spacious and clean, as was the communal waiting area.

There were toilet facilities available for staff and patients. The facilities were clearly signposted and visibly 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. We noted that all staff had received fire training.

The practice had a range of policies and procedures in place, as well as various risk assessments. This included fire safety, environmental and health & safety risk assessments. All were up to date and reviewed regularly.

Infection prevention and control (IPC)

The practice had dedicated facilities for cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05.

We saw a number of policies in place regarding the infection prevention and control procedures for the practice. This included hand hygiene, and the infection control arrangements for the clinic.

The practice manager provided us with infection control training certificates for staff, all of which were in date. We also saw evidence of effective cleaning schedules and hand hygiene facilities in place.

The practice had appropriate arrangements in place for the handling and disposal of waste. We also saw evidence of secure and appropriate storage and separation of clinical waste.

Medicines management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training.

The emergency drugs were stored securely and there were safe processes in place surrounding these. All emergency drugs were in date and held in accordance with local guidance.

Safeguarding children and safeguarding adults at risk

We saw that all staff had up to date training in adult and child safeguarding. The appropriate safeguarding policies and procedures were in place, which included contact details for the local safeguarding team. The safeguarding procedure was displayed in the waiting area.

The practice manager described the pre-employment checks that would be undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid Disclosure and Barring Service (DBS) check in place.

We also confirmed that all clinical staff were registered with the General Dental Council.

Medical devices, equipment, and diagnostic systems

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy. We saw evidence in staff training files that all relevant individuals had undergone the training to ensure safe use of equipment.

Effective care

Safe and clinically effective care

It was evident that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These details were documented in their statement of purpose and in policies and procedures.

Quality improvement, research and innovation

We saw audits had been completed which included infection prevention and control, clinical waste and disability access audits. However, the practice has not completed smoking cessation and antibiotic prescribing audits. We advised the practice that these need to be done as soon as possible.

Information governance and communications technology

The clinic had a data protection and staff confidentiality policy in place. We found that current patient records were being stored electronically and securely.

Record keeping

We reviewed a sample of 10 patient records. All were being kept to a good standard and the notes were clear and legible. All the records we reviewed contained the necessary information. This included appropriate patient identifiers, previous dental history and reason for attendance.

Quality of Management and Leadership

Governance, Leadership and Accountability

We found that there was very good leadership and clear lines of accountability in place at the practice. 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.

We saw the staff team working well together and this was evidenced by their rapport and interaction with each other and their patients on the day of the inspection.

We reviewed the statement of purpose and the patient information leaflet. Both documents contained all the areas required by the Private Dentistry (Wales) Regulations 2017.

We reviewed the setting's policies and procedures, all of which were up to date and had recently been reviewed. We also saw evidence that staff were up to date on the policies and procedures.

We saw that team meetings were taking place on a regular basis and meeting minutes were being recorded.

Workforce

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff. We were told that agency staff had never been used at the clinic.

Staff files are kept, and we saw they contained evidence of their General Dental Council (GDC) registration, contract of employment, Hepatitis B immunity and DBS check. We also saw evidence that all staff have professional indemnity insurance in place.

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.

We saw evidence of all staff being up to date with mandatory training.

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 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 concerns identified			

Appendix B - Immediate improvement plan

Service: Park Street Dental Practice

Date of inspection: 29 September 2022

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.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
No concerns 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: Park Street Dental

Date of inspection: 29/09/2022

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
We require the practice manager to carry out both a smoking cessation and antibiotic prescribing audits	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a)</p> <p>Health & Care Standards - 3.3 Quality improvement, research & innovation and 3.5 Record keeping</p>	Registered with HEIW for both audits to be completed.	Catherine Hayes	Advised 3 months to complete