

General Dental Practice Inspection Report (Announced)

Glandŵr Dental Practice, Betsi
Cadwaladr 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 Glandŵr Dental Practice, Betsi Cadwaladr University Health Board on 10 October 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 that Glandŵr Dental Practice was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

We observed staff greeting patients bilingually and in a polite and friendly manner both in person and on the telephone.

We found there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- Arrangements were in place to protect the privacy of patients, including dedicated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity
- Staff continue to record patient responses to their COVID-19 screening questions and we saw staff guiding patients to the appropriate surgeries.

Safe and Effective Care

Overall summary:

We found that Glandŵr Dental Practice was meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice was well maintained and well equipped to provide the services and treatments they are registered to deliver. All areas were clean and free from any visible hazards.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

The clinicians were knowledgeable, professional and demonstrated their understanding on where and how to access advice and peer review support.

This is what we recommend the service can improve:

- Implement weekly soil testing¹ for the ultrasonic baths
- Utilise the Health Education and Improvement Wales (HEIW)² website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits for future audit processes.

This is what the service did well:

- Surgeries refurbished to a high standard
- Surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- Excellent clinical records being maintained.

Quality of Management and Leadership

Overall summary:

We found that Glandŵr Dental Practice to have very good leadership and clear lines of accountability.

The day to day management of the practice was the responsibility of the registered manager who we found to be very committed and dedicated to the role.

We observed 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 in order to fulfil their roles.

¹ Soil test - The cleaning efficacy soil test ensures that the cycle is able to adequately clean heavily soiled load.

² Health Education and Improvement Wales (HEIW) is dedicated to transforming the workforce for a healthier Wales. HEIW are a Special Health Authority within NHS Wales and sit alongside Health Boards and Trusts. HEIW have a leading role in the education, training, development, and shaping of the healthcare workforce in Wales, in order to ensure high-quality care for the people of Wales.

This is what the service did well:

- We saw that all clinical and non clinical staff worked very well together as part of a team
- Well maintained staff files.

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. In total, we received 30 responses. Twenty-seven completed questionnaires were from patients who had been at the practice for more than two years, one between one and two years and two for less than a year.

All patients who completed a questionnaire rated the service provided as good or very good. Some of the patients did not answer all of the questions.

Some of the comments provided by patients included:

“Excellent care”

“Very professional, all staff friendly and polite”

“Very happy”

“Overall they provide a satisfactory service”

Patients were asked in the questionnaires how the setting could improve the service it provides. Some of the comments provided by patients included:

“More appointments for NHS”

“Easier, shorter waiting list”

“OK as it is”

“Difficult to say as everything is just fine”

Staying Healthy

Health Protection and Improvement

We viewed the changes that had been made to the environment of the practice in response to COVID-19. To protect against the risk posed by the virus, we saw face masks and alcohol hand gel dispensers placed at strategic locations throughout the practice. Air purifying systems were being used in the surgeries to further reduce transmission.

Twenty-eight of the 29 patients who answered told us that, when attending the practice, it was very evident that there were COVID compliant procedures in place and one said it was fairly evident.

Staff told us that they continued to record patient responses to the COVID-19 screening questions and we saw staff guiding patients to the surgeries.

Twenty-eight of the patients who completed the questionnaire confirmed that the dental team had spoken to them about how to keep their mouth and teeth healthy and two said they did not.

We saw 'No Smoking' signs within the practice confirming that the service adhered to the smoke free premises legislation.

Dignified care

Communicating effectively

The practice had arrangements in place to protect the privacy of patients, including dedicated areas for patients to have private conversations with staff. Telephone calls were also received in privacy, away from patients.

All of the 29 patients who completed the questionnaire stated that they felt that staff at the practice treated them with dignity and respect. Two patients told us:

“Courteous and professional behaviour from all staff”

“Always very pleasant and friendly”

All 30 patients who completed the questionnaire stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. All 29 patients who answered told us that things are always explained to them during their appointment in a way they can 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 surgeries were kept closed during treatments.

We were told that the majority of staff working at the practice are fluent Welsh speakers, which helps to meet the needs of Welsh speaking patients.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed by the reception area. The 9 Principles apply to all members of the dental team and set out what patients should expect from a dental professional.

Patient information

General information about the practice was available on its website, and displayed by the main entrance, waiting area and reception.

The practice has a patient information leaflet which contained all the information required by The Private Dentistry (Wales) Regulations³ 2017.

We found that there were various posters and information sheets displayed which provided patients with a range of information about the dental practice.

We noted that information on the cost of dental treatments was available by reception and included on the practice website.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

Timely care

Timely access

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

Twelve patients who completed the questionnaire confirmed that it was very easy to get an appointment when they needed one and 16 told us it was fairly easy and two told us it was not very easy.

Eighteen patients of the 29 who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem

³ Regulation 6 and Schedule 2 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a patient information leaflet.

and 11 said they did not. An emergency number was available should patients require urgent out of hours dental treatment. The telephone number was displayed by the main entrance, included in the answer phone message and patient information leaflet.

Individual care

Planning care to promote independence

We saw evidence of treatment options being recorded and consent to treatment obtained from each patient.

Twenty-nine patients who completed the questionnaire confirmed that the clinical team enquire about their medical history before undertaking any treatment and one said they did not.

Twenty-six of the 28 patients who answered told us they felt they can access the right healthcare at the right time, regardless of age, disability, gender, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation and two preferred not to say.

The treatments and services offered by the practice were in accordance with the statement of purpose⁴.

People's rights

We noted that 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.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

The practice is located over three floors. The clinical facilities are located on the ground and first floor level. Wheelchair users could access one surgery on the ground floor. The staff facilities are located on the second floor.

Listening and learning from feedback

We saw that there was a written complaints procedure in place. This was displayed in the waiting area. Details were also included within the patient information leaflet and statement of purpose.

⁴ Regulation 5 and Schedule 1 of the Private Dentistry (Wales) Regulations 2017 set out the information required in a statement of purpose.

We saw that there were systems in place to record, monitor and respond to complaints.

We were told that any informal concerns are dealt with immediately but are not recorded in a central log. We advised the registered manager to record and capture any verbal or informal concerns in a central log so that these can be monitored. The registered manager confirmed that a logbook will be implemented.

We discussed the mechanism for actively seeking patient feedback, which is done by providing patients with hard copy questionnaire which is held by reception. Feedback analysis is prepared by the practice manager and the principal dentist and discussed with the dental team. This demonstrates that feedback is captured and acted upon to enhance learning and drive service improvement.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

Arrangements were in place to ensure 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 clean, tidy and free from obvious hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed the questionnaire felt that the dental practice was very clean.

There were toilet facilities for use by 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.

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 various risk assessments in place, such as, fire, environmental 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 ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

The practice had a resuscitation policy in place, and we saw that all staff had received cardiopulmonary resuscitation (CPR)/emergency resuscitation training.

Infection prevention and control (IPC)

The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵. The facility was very clean, well organised, well equipped and uncluttered.

⁵ WHTM 01-05 includes information on an audit of compliance with decontamination. The audit has been developed by dentists in Wales and is supported by the Dental Section, HEIW.

We found the decontamination arrangements to be 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 and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

Infection control audits had been completed using recognised audit tools, including the Health Education and Improvement Wales audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognise this as good practice due to the comprehensive scope of the audit.

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. We saw that weekly protein testing and quarterly foil testing were undertaken on the ultrasonic baths. However, no weekly soil tests are carried out. We recommend that the practice implements weekly soil testing for the ultrasonic baths.

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.

The practice had appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses. We advised the registered manager to consider securing the sharps boxes (hazardous waste) close to the location where medical sharps are used, to prevent any spillages.

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 / containers in accordance with the correct method of disposal.

Medicines management

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

The emergency drugs were stored securely and 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 equipment and drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

We saw that prescription pads were being stored securely.

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 children and safeguarding adults at risk

There were policies and procedures in place to promote and ensure the welfare and safety of children and adults who are 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. The registered manager was nominated as safeguarding lead.

Staff told us that they felt able to raise any work related concerns directly with the registered manager and were confident that concerns would be acted upon.

The registered manager described the pre-employment checks 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 DBS check in place.

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 and had been refurbished to a high standard.

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. We saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective care

Safe and clinically effective care

The practice had 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.

Quality improvement, research and innovation

It was evident that staff at the practice were seeking to continuously improve the service provided. We saw that various audits had been completed such as cross infection, X-ray quality, clinical records, patient waiting times and antibiotic prescribing. However, we recommend that the practice considers utilising the Health Education and Improvement Wales (HEIW) website and the Clinical Audit Peer Review (CAPRO) funded improvement toolkits to further improve their audit processes. The practice should complete the following toolkits:

- ionising radiation toolkit
- antibiotic prescribing
- smoking cessation toolkit.

Staff told us that peer review between clinical staff has been undertaken which contributes to the quality and safety of the care provided to patients.

We found the clinicians to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and support.

Information governance and communications technology

The storage of patient information was appropriate. For example, all paper records were kept secure. However, we found that electronic files were not being backed up regularly. We recommend that all electronic files are backed up daily. The registered manager, immediately after the inspection, provided us with evidence that all electronic records are now backed up daily onto a secure server.

Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

Record keeping

A sample of 10 patient records were reviewed. Overall, there was evidence that clinical records were kept to a high standard, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

All the records we reviewed were individualised and contained appropriate patient identifiers, previous dental history, reason for attendance and a completed medical history. The records were clear and legible.

Quality of Management and Leadership

Governance, Leadership and Accountability

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

The day to day management of the practice was the responsibility of the registered 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 registered manager and felt well supported in their roles. Many of the staff had worked together for some time and there was a good rapport amongst them.

Staff were very clear and knowledgeable about their roles and responsibilities. All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that practices were up to date. However, no evidence was available during the inspection to demonstrate that staff had read and understood the policies. The registered manager, immediately after the inspection, provided us with evidence that all staff have read and understood them.

We were provided with a copy of the statement of purpose which conformed to the Private Dentistry (Wales) Regulations 2017.

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

Workforce

Staff had a contract of employment. We also saw that there was an induction programme in place, which covered training and relevant policies and procedures. We saw evidence that staff appraisals were also undertaken.

All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

Staff told us that regular team meetings took place and we saw that detailed records of these meetings were being kept on file.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

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 immediate concerns were identified on this inspection			

Appendix B - Immediate improvement plan

Service: Glandŵr Dental Practice

Date of inspection: 10 October 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 immediate improvements 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: Glandŵr Dental Practice

Date of inspection: 10 October 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 recommend that the practice implements weekly soil testing for the ultrasonic baths.	WHTM 01-05	Weekly soil test implemented	Dylan Parry Jones Tracy Jones	Immediately
We recommend that the practice utilise the HEIW website and the CAPRO funded improvement toolkits for future audits. The practice should complete the following toolkits: <ul style="list-style-type: none"> ionising radiation toolkit antibiotic prescribing smoking cessation toolkit. 	Health Education Improvement Wales	Clinicians to complete the HEIW audits as recommended over the next 12 months.	Dylan Parry Jones Tracy Jones	12 Months

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): Tracy Jones

Job role: Practice manager

Date: 05/12/22