

# General Dental Practice Inspection Report (Announced)

The Goodwin Partnership, Aneurin  
Bevan 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 The Goodwin Partnership Dental Practice, Aneurin Bevan University Health Board on 31 October 2022.

Our team for the inspection comprised of a HIW Healthcare 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 The Goodwin Partnership to be a close-knit practice that placed emphasis on providing a caring, professional, and friendly service for their patients. We witnessed staff treating patients with respect on the telephone and in person and noted that patient confidentiality was always maintained.

The environment allowed patients to be treated in a welcoming and pleasant atmosphere with friendly staff that strived to meet individual needs. Patients were provided with a plentiful supply of information leaflets and advice concerning the treatments available at the practice.

We found that the Welsh 'Active Offer' was encouraged and supported.

This is what we recommend the service can improve:

- Ensure windows in all surgeries provide enough coverage to preserve patient dignity when in use
- Display the General Dental Council registration certificates in a public area
- Implement a 'You said, we did' information display within the waiting room.

This is what the service did well:

- The service provided a good 'Active Offer' of Welsh
- A television screen that provided relevant information to patients while they were waiting alongside a plentiful supply of information leaflets
- The practice was bright and modern with a welcoming practice team that treated patients in a friendly manner

### Delivery of Safe and Effective Care

Overall summary:

The practice offered safe and effective care to their patients. The building was well maintained, and fire safety precautions were appropriate. We would recommend the practice places a further fire safety action notice in an area more visible to patients.

Of the ten patient records we reviewed during the inspection all were clear and of a good standard with only minor improvements required. Accordingly, the practice would benefit from ongoing audit of clinical record keeping that would allow the identification of common themes and issues.

Decontamination procedures at the practice were good and equipment was in good working order. We were assured that medicines and prescription pads were handled appropriately at the practice. However, we would recommend that the practice adhere to WHTM 01-04 guidelines should they wish to continue to allow the decontamination of staff clinical uniforms using the washing machine found to be in-situ at the practice. Staff would further benefit from having more readily available contact details for the local occupational health service should they receive a needlestick or sharps injury.

While we were assured that emergency drugs and equipment were checked appropriately, we found improvements were necessary to ensure the temperatures of the clinical fridge used to house emergency glucagon were within acceptable parameters.

Overall, we found safeguarding policies and procedures to be especially robust with a clear pathway to follow for those witnessing suspected abuse. Contact details were visible, and support was available if required from an effective management team. We would urge the practice to ensure a policy was in place to allow for fitness to work checks for employees of the practice.

This is what we recommend the service can improve:

- Ensure that ongoing record keeping audits continue to be effective in highlighting common themes and ensure these are addressed promptly
- Develop a policy for fitness to work checks for employees
- Placement of an additional fire action plan notice in an area that is visible to patients
- Undertake daily temperature checks on the fridge storing the emergency glucagon
- Adhere to WHTM 01-04 should the practice wish to recommence the use of the practice washing machine
- Ensure the contact details for the occupational health service are more easily available for staff that may need it.

This is what the service did well:

- Robust and clear safeguarding reporting flowchart
- Effective auditing and investment in continual improvement
- Good compliance with infection prevention and control requirements.

## **Quality of Management and Leadership**

Overall summary:

The Goodwin Partnership is a family run and managed practice with a team of committed staff who we witnessed working well together to provide high standards of care to their patients.

We found that the practice was well organised with the necessary policies and procedures in place to ensure the smooth and efficient running of the practice that met the standards and regulations for dental practices in Wales.

Staff personal folders contained evidence of compliant mandatory training and all staff had undertaken a DBS check at the point of employment.

We saw evidence of regular quarterly staff meetings that were minuted and provided proactive solutions to any perceived problems.

Staff wellbeing was treated as a priority, and this led to a team that appeared willing to go the extra mile for the practice and their patients.

This is what we recommend the service can improve:

- Ensure the contact details for utilities and services within the business continuity plan are more readily available.

This is what the service did well:

- Clear management structure
- Clear emphasis on staff well-being and support
- Clear policies and procedures to cover the running of the dental practice
- An enthusiastic and invested management team that provided General Dental Council (GDC) registration, indemnity insurance and training courses for staff to invest in their development, skills, and knowledge
- Staff worked well together as a team.

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 38 completed questionnaires. Thirty-four patients said they had been a patient at the setting for more than two years, three for less than a year, one patient was not sure

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

*“Excellent service, admin, dentist and support staff”*

*“Excellent”*

*“Been with practice since a child and would not go elsewhere”*

*“Always try to accommodate when needed, very welcoming and pleasant”*

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received were:

*“Appointment need speeding up, monthly wait”*

*“More dentists”*

*“Stair lift”*

*“Don't think they can”*

#### Staying Healthy

##### Health Protection and Improvement

We observed the changes in place to protect patients, staff and visitors from the risks posed by respiratory transmitted viruses, including COVID-19. We saw that the waiting room had an ample supply of hand sanitiser and the reception had clear plastic screens.

Whilst social distancing requirements were no longer required, we saw that numbers in the waiting room were kept low and chairs wipe clean. We witnessed patients responding to a series of screening questions to check for symptoms of respiratory-transmitted illness.

Our observations of the waiting area found it to be bright and clutter free. A television screen was fixed to the wall that provided relevant information to patients about the

practice and the range of treatments available. We saw that the practice had also displayed a wealth of information posters and had leaflets available for patients to take away with them should they wish.

We saw there was a 'No Smoking' sign at the entrance to the practice.

The name of the practice was clearly visible to patients from the outside and the names of the dental professionals working at the practice were displayed at the entrance along with the telephone number and opening hours of the practice.

All the patients that completed the HIW questionnaire stated that the dental team talked to them about how to keep their mouth and teeth healthy.

One positive comment received was:

*"Encourage me to stop smoking, currently 13 weeks without smoking"*

## **Dignified care**

### **Communicating effectively**

All patients who completed the HIW questionnaire stated that they felt that the staff at the practice treated them with dignity and respect. Almost all said that they felt the dental team helped them to understand all the available options for treatment when they needed it.

The following comments were recorded within the HIW questionnaire:

*"Very nice dentist and staff"*

*"Dedicated staff, high level of communication. Great family care, certainly for young children."*

*"It's very good and the staff are helpful"*

We saw that staff providing dental care to patients did so in a dignified and respectful manner. We heard patients being spoken to in a friendly, helpful, and caring manner.

We noted that doors to surgeries were kept closed when in use. However, saw that in some surgeries windows that faced into residential homes and would recommend that a window covering was placed to protect patient privacy and dignity in this instance.

Staff we spoke with said that should a patient wish to have a private or sensitive conversation; these would be taken within the office area or in a spare surgery if one was free.

The practice made a positive active offer of Welsh. We saw that posters were available in Welsh and the practice had a Welsh version of their patient feedback questionnaire. We witnessed staff asking patients their preferred language and were told by senior staff that staff were actively encouraged and supported to learn Welsh should they wish. Staff learning Welsh were encouraged to wear the “Iaith Gwaith” badge.

We noted that the practice had a telephone translation service in place for patients who were speakers of other languages. This was provided by the local health board.

### **Patient information**

The practice had a plentiful supply of leaflets and information available to patients that promoted oral health and explained the different types of treatments available at the practice. On the day of our visit, we found that the practice had leaflets and information available to patients to encourage smoking cessation.

We saw clearly displayed information in the waiting room regarding the cost of private treatment as well as NHS fees. Both English and Welsh HIW registration certificates were displayed behind the reception desk in clear view for patients to see. Furthermore, we saw that the GDC Standards for the Dental Team was displayed in both English and Welsh. The complaints policy and procedure were also displayed in the waiting area which complied with the NHS ‘Putting Things Right’ procedure.

We were provided with the most recent statement of purpose and patient information leaflet prepared under the regulations. We found that both documents were comprehensive and contained all the prescribed information.

We saw that the practice encouraged patients who may require information in an alternative format to request this. However, we did not see that certificates of registration with the General Dental Council were displayed and would recommend that these were displayed in an area accessible to patients.

## **Timely care**

### **Timely access**

On the day of our visit, we saw that clinicians strived to ensure that patients were treated in a prompt and timely manner. Our discussions with staff informed us that should a dentist be running late, a member of the reception team would notify the patients and offer to rebook should they wish.

We were informed that appointments could be booked over the telephone or in person. Staff informed us that, although they did not have an online booking service, patients could book via the practice website which had a messaging service built in.

Staff told us of the arrangements for patients to access an urgent appointment should they need one. Patients requiring emergency treatment or advice during practice opening hours would be accommodated flexibly. Patients needing an urgent out of hours appointment would be directed to call the practice where access to an emergency appointment would be provided via the out of hours dental service.

Half of the patients that completed a HIW questionnaire stated that it was very easy to get an appointment when they needed one. Nearly two thirds of respondents to the questionnaire indicated that they knew how to access the out of hours emergency dental service, with a third saying they did not.

## **Individual care**

### **Planning care to promote independence**

During the inspection, we reviewed a sample of ten patient dental records. We saw that almost all had evidence of appropriate treatment planning.

[All patients responding to the HIW questionnaire said that they felt they were as involved as much as they wanted to be in the decisions made regarding their care. All respondents indicated that the dental team enquired about their medical history prior to undertaking any treatment. Without exception, all patients stated that dental treatments and procedures were always explained to them during their appointment in a way they could understand.

### **People's rights**

We spoke with senior staff about the arrangements in place to ensure that patients human rights were upheld. We saw that the practice had an equality and diversity policy in place. This had been recently updated. In addition, staff were encouraged to complete equality and diversity training. New recruits were asked to complete an equality and diversity form so that the registered manager was able to ensure they recruited fairly to each post. We were further provided with a bullying and harassment policy and grievance procedure to assist staff with raising a concern should they feel they were being treated unfairly.

The practice was located on the first floor of a purpose-built building. We saw that entry was via a number of stairs that would not be accessible to patients with an accessibility difficulty. We spoke with senior staff about the arrangements for patients that may wish to access the practice but may experience difficulty in doing so. We were told that patients with accessibility difficulties would be accommodated at the branch practice in Porth should they wish. We saw that information was available on the practice website and in the patient leaflet to inform patients of the access requirements of the Cwmbran branch.

We saw that the practice had a hearing loop for patients with hearing difficulties. Patients unable to book an appointment over the telephone were able to contact the practice via an online messaging system.

Staff told us that should a patient disclose their transgender status, all records would be amended, the patients preferred use of pronouns and any change in name would be recorded immediately.

[Nearly all the respondents indicated that they felt they could access the right healthcare at the right time. Furthermore, no respondents indicated that they had faced discrimination when accessing the dental practice.

### **Listening and learning from feedback**

We reviewed the methods used by the practice to gather patient views and feedback. We were provided with a copy of a patient feedback questionnaire used by the practice to gather patient views. This was available bilingually in Welsh as well as English. Our observations of the waiting area showed that the practice had a suggestions box available for patients. To demonstrate improvements made from patient suggestions, the practice would benefit from a dedicated “you said, we did” noticeboard.

Feedback provided verbally to reception staff was recorded in a dedicated book. All feedback gathered would be assessed on a quarterly basis and discussed during staff meetings. Any particularly positive feedback would be shared with the staff member concerned where appropriate, using a mobile messaging application.

The practice complaints policy was displayed in the waiting area, on the practice website and on the practice leaflet. This contained details of the procedure to follow should a patient wish to make a complaint as well as how to escalate a complaint if necessary. We saw that the policy contained an appropriate timescale for a response, as well as details of organisations that could be approached should the practice response not prove effective. The policy also contained details of agencies that could be contacted for help and advice in making a complaint if required. The practice complaints policy for NHS patients was compliant with the NHS ‘Putting Things Right’ procedure.

We reviewed the practice complaints log. This revealed a very small number of complaints to the practice within the last five years. We saw that all had been thoroughly investigated with an appropriate response provided and signposting where appropriate to further organisations should the patient wish.

# Delivery of Safe and Effective Care

## Safe care

### Managing risk and promoting health and safety

The practice shared a purpose-built building with a veterinary practice which was located downstairs. For this inspection, we only considered those parts of the building and surroundings that formed part of the dental practice.

Our observations of the practice environment revealed it to be well maintained, neat and tidy. The practice had four dental surgeries, and all were modern, light, and airy. We saw that there was a dedicated decontamination room that was situated within the office space of the practice. The practice was well ventilated with air conditioning, large windows that could open and air extraction fans. Flooring was of a suitable design and was fully sealed.

The waiting area was welcoming, bright and of a suitable size and layout for the dental practice.

The practice benefitted from a suitably sized office area. This was also the location of the staff kitchen and contained cupboards for staff to change into and out of their uniforms. We would recommend that the practice had in place a designated area for staff to change into and out of their clinical uniforms that was separate to the kitchen office area.

We were provided with the practice health and safety risk assessment and environmental risk assessment. This had been reviewed in January 2022. Senior staff reported that workplace inspections were reviewed on a regular basis. The practice had a health and safety policy in place that had been reviewed in February 2022 and was signed by all staff.

The practice business continuity plan covered all eventualities and contained details of the numbers for key utilities and services in the event of a failure.

We saw that the practice had displayed a valid employer's liability insurance certificate in the reception area. A Health and Safety Executive poster was displayed in the combined office/staff area.

We reviewed the arrangements relating to fire at the practice. The practice had undertaken an in-house fire risk assessment that fulfilled the requirements of the Health and Safety Executive. We saw evidence of weekly assessments of fire precautions including testing of the smoke detectors present in the practice. We saw that fire drills

were undertaken monthly. These were documented along with any action plans for improvements and the time taken to evacuate everyone from the dental practice. We saw that the practice had in place three fire extinguishers placed strategically throughout the practice as well as a fire blanket within the kitchen area. All had been tested and serviced within the last 12 months.

The practice displayed a fire action plan within the main corridor of the practice. However, this was not necessarily in an area that would be seen by patients, staff and visitors should a fire occur, and we would therefore recommend that the practice places a second fire action plan in an area more visible to patients.

We were provided with evidence of fire training undertaken by all staff within the last year and saw that the practice had a suitable number of fire wardens at the practice.

There was evidence of gas safety checks carried out every 12 months, as well as five yearly wiring checks and portable appliance testing (PAT) of electrical appliances.

#### **Infection prevention and control (IPC)**

The practice had appropriate policies and procedures in place to protect patients, staff and visitors from acquiring a health care-associated infection and ensured effective IPC. We were provided with evidence of hand hygiene training and all staff had completed the necessary IPC training as advised by the GDC.

We were assured that the practice had in place appropriate policies and procedures to mitigate against the risks posed by a respiratory transmitted infection.

The decontamination lead at the practice was the practice manager who was also an experienced and competent registered dental nurse. We saw that audits compliant with Welsh Health Technical Memorandum (WHTM 01-05) had been completed annually. A review of staff files demonstrated that all clinical staff had provided satisfactory evidence of Hepatitis B immunity.

We saw that the practice was using a system of safety sharps for the administration of local anaesthetic. This lowered the risk to staff of a needlestick injury and provided evidence of best practice working. A flowchart detailing the process to follow should staff have a sharps or needlestick injury was present on a noticeboard within the staff office area. However, staff would benefit from more easily and readily available contact details for the local occupational health service in the case of a sharps or needlestick injury.

Throughout our inspection, we saw that staff were wearing the correct personal protective equipment (PPE).

We reviewed the decontamination procedures at the practice. The practice used manual cleaning prior to sterilisation, and this was demonstrated effectively on the day of our visit. We saw evidence of a daily testing and validation for the autoclaves at the practice. This included a combination of electronic data loggers and manual recording that kept a record of cycle parameters to ensure effective sterilisation.

Each surgery had a checklist in place to ensure daily maintenance and cleaning were carried out.

We saw evidence of contracts in place for the correct handling and disposal of waste from the practice. The clinical waste was stored in an appropriate manner.

The arrangements for the safe handling of substances that were subject to Control of Substances hazardous to Health (COSHH) guidelines showed that there were appropriate provisions in place including COSHH data sheets and correct storage of items.

We noted that the practice had a washing machine in place for staff to launder their uniforms because of the COVID-19 pandemic. However, the practice was not aware that this would require adherence to Welsh Health Technical Memorandum (WHTM) 01-04 which sets out the requirements for the decontamination of linen for health and social care premises. We advised the registered manager to stop using the washing machine until these requirements had been met.

When asked their opinion on the IPC procedures in place at the practice, all respondents to the patient questionnaire indicated that the setting was 'very clean'. Nearly all respondents said that COVID-19 compliant procedures were 'very evident' at the practice.

### **Medicines management**

We found that the practice had a suitable medicines management policy in place and we saw appropriate documentation and policies for the handling of controlled drugs at the practice.

The emergency drugs and equipment at the practice was stored appropriately within an easily accessible area. Emergency drugs and equipment were in date, and we saw evidence of regular weekly checks to ensure each item was present. All staff had undertaken training in cardiopulmonary resuscitation (CPR) within the last year.

We noted that the emergency glucagon used for the treatment of hypoglycaemic attacks in diabetic patients was stored in a dedicated fridge within the decontamination room. Although this was in line with manufacturer's directions, we found that daily fridge temperature checks were not carried out. We recommend that these be commenced to ensure optimum storage of this medication.



The practice had three designated first aiders and an appropriately stocked first aid kit.

Prescription pads were stored securely within a locked drawer to prevent unauthorised access.

### **Safeguarding children and safeguarding adults at risk**

The practice lead for safeguarding was the registered manager who had undertaken training for this role to level three. During our inspection we found that almost all clinical staff had completed mandatory safeguarding training to level two. This was rectified during the inspection.

We saw evidence of a practice safeguarding policy as well as a 'Was not brought' policy to safeguard children. The practice had a large noticeboard present in the staff office area with a clear flowchart to follow should they suspect or witness abuse. Telephone numbers and contact details of key contacts within the local safeguarding teams were listed in a prominent position.

A review of staff files demonstrated that all had completed satisfactory pre-employment checks. All staff had undertaken Disclosure and Barring Service (DBS) checks however these had not been repeated and consequently some were over five years old. To mitigate this, each staff member had in place a DBS risk assessment that was undertaken annually in line with annual appraisals. Despite this, we would recommend that the practice puts in place a policy to repeat fitness to work checks in line with best practice guidance of approximately every three to five years.

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

Our observations of the dental surgeries demonstrated that all contained appropriate equipment for the safety of the patients and the dental team. We were assured that staff had undertaken suitable training in how to use the equipment present.

We reviewed the arrangements in place for the radiographic equipment at the practice and found this to be fully compliant with the requirements as set out in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (2017). The radiation protection advisor and radiation protection supervisor were the registered manager of the practice. The practice had appropriate employer's procedures, policies and protocols in place to ensure the safe use of radiographic equipment and the practice was correctly registered with the Health and Safety Executive to carry out work involving ionising radiation. We saw evidence of risk assessment undertaken to ensure staff, patients and visitors were kept safe from the risks posed when using ionising radiation. We were provided with a valid set of local rules that contained the necessary information of the X-ray machines in use at the practice. We noted that critical examination reports were available for each X-ray machine at the practice.

Our review of staff records demonstrated compliance with GDC recommendations for training in IR(ME)R (2017). We saw that an audit of radiographs taken at the practice was completed every six months.

## **Effective care**

### **Safe and clinically effective care**

We were assured that the practice had arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. This information was available within the practice statement of purpose which was fully compliant with the Private Dentistry (Wales) Regulations (2017).

There was evidence that practice policies and procedures would be updated in line with professional guidance and advice. Computers at the surgery had links to professional organisations on the desktops and staff were encouraged to regularly check for updates.

We noted that the practice used the Local Safety Standards for Invasive Procedures Checklists to mitigate against the risk of wrong site tooth extraction.

### **Quality improvement, research, and innovation**

We found that the practice was actively engaged in a varied audit and improvement programme. Audits undertaken included a twice-yearly radiograph audit, yearly IPC audits, record keeping, smoking cessation, disability access audit and a data audit.

Team wide improvement was achieved through engagement with Health Education and Improvement Wales (HEIW) tools such as the Maturity Matrix Dentistry and Skills Optimiser Self Evaluation Tool (SOSET). Furthermore, staff were encouraged to achieve the Improving Quality Together (IQT) Bronze module and the registered manager had completed this to the Silver level.

### **Information governance and communications technology**

We saw that the practice had a staff confidentiality policy in place that complied with the General Data Protection Regulations.

Patient dental records were stored electronically using a secure system that was backed up regularly. Access to this system was via a password. This followed an appropriate records management policy.

### **Record keeping**

We reviewed a selection of 10 sets of patient dental records. We found that patient dental records were clear and contained most of the required information.

Within the records that we reviewed, we saw that cancer screening was always recorded along with a social history including tobacco and alcohol use. We found that oral hygiene and diet advice was also always recorded along with previous dental history.

However, we found that medical history sheets were not always countersigned by the treating clinician and treatment options were not always recorded. Furthermore, the preferred language was not recorded. We therefore recommend that audit processes are reviewed in order to ensure that areas of record keeping requiring improvement are identified in a prompt and timely manner.

# Quality of Management and Leadership

## **Governance, Leadership and Accountability**

We found the Goodwin Partnership to be a closely-knit family run dental practice, with many of the staff and dentists being family members. The registered manager was the son of the registered provider and had overall responsibility for the management of the practice.

At the time of our visit, the practice had seven dentists providing services at the practice along with one dental hygienist. There were seven qualified dental nurses working at the practice and one trainee. All qualified members of clinical staff were GDC registered and were providing care that was within their scope of practice and according to the conditions of registration as set out by HIW.

We saw that the team at the practice worked well together with mutual respect. We were assured that leadership was robust and clear, and the practice appeared efficiently run with a focus on providing excellent patient care.

The management team placed emphasis on staff wellbeing, providing examples of support they had given as well as organising team-building activities and days out. GDC registration fees were paid by the registered manager and registered provider alongside indemnity insurance and training courses. Further support was provided by initiatives funded by the local health board, including a recent counselling support service giving free access to counselling for staff who needed it, for a period of eight weeks.

We reviewed the policies and procedures available at the practice and found a wide range that were specific to the practice. These were readily available to staff.

The registered manager and registered provider demonstrated a sound knowledge of reporting requirements to HIW of incidents, should they occur, and we were assured that notifications would be received in a prompt and timely manner.

We were provided with evidence of team meeting minutes. These would be held quarterly and attended by the whole practice team. We saw that meetings were structured with an agenda and that issues and actions were raised in a proactive manner. Meeting minutes were available to all staff.

## **Workforce**

We spoke with senior staff to explore the process for the recruiting of new staff. We were provided with the practice recruitment policy that supported new members of staff. We saw a comprehensive induction plan that supported those new to post. This allowed for competency to be assessed and supported their training, learning and development.

Staff told us that agency staff were not used at the practice. Instead, staff would work flexibly between both practices in order to provide continuity of care for patients.

We saw evidence of staff personal folders that contained details of training certificates, GDC registration certificates and pre-employment checks.

The practice had developed a Whistle-blowing policy that covered staff wishing to raise a concern regarding poor performance by a colleague. This contained a robust system that would protect those doing so and allow for management of underperformance by a member of the management team.

The registered manager informed us that appraisals were undertaken annually and we saw evidence of this.

Our review of mandatory training demonstrated excellent compliance with the requirements as set out by the GDC. Training was encouraged by the practice, with the registered provider keen to encourage and support staff to learn Welsh should they wish.

We asked the registered manager and registered provider of the training they had undertaken to ensure they were best placed to manage the dental practice. We were told that the registered manager had recently undertaken training in radiology and aesthetic dentistry. The registered provider had undertaken a professional Investors in people course, in providing hands on management, over a period of six months.

## 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 summarizes 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
<p>The practice was using a washing machine to launder uniforms that did not provide assurance of adherence to WHTM 01-04.</p>	<p>Laundering of healthcare uniforms or linen requires additional safeguards to prevent contamination of water.</p>	<p>The lead inspector made the registered manager and registered provider aware of the requirement to adhere to WHTM 01-04 when using the washing machine and advised that it be taken out of use until it was known if it met the necessary guidelines.</p>	<p>The washing machine was immediately removed from use and a notice was fixed to the front of the machine to remind all staff not to use it.</p>

## Appendix B - Immediate improvement plan

**Service:** The Goodwin Partnership, Cwmbran

**Date of inspection:** 31 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 issues requiring immediate assurance were identified during 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:** The Goodwin Partnership, Cwmbran

**Date of inspection:** 31 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
The registered manager must ensure windows in all surgeries provide enough coverage to preserve patient dignity when in use.	4.1 Dignified Care; Regulation 15 The Private Dentistry (Wales) Regulations (2017)	Screening blind to be fitted to the surgery window to increase coverage.	Owain Anthony	14/1/23
The registered manager must display the General Dental Council registration certificates in a publicly accessible area.	Regulation 19 The Private Dentistry (Wales) Regulations (2017)	Physical copies of GDC certificates have been obtained from relevant staff and are to be displayed on the wall in the waiting area.	Owain Anthony	10/2/23

<p>The registered manager must implement a 'You said, we did' information display within the waiting room.</p>	<p>6.3 Listening and Learning from Feedback; Regulation 16 The Private Dentistry (Wales) Regulations (2017)</p>	<p>We have placed a screen slide on the waiting room information display (TV) unit describing how we have responded to patient feedback.</p>	<p>Owain Anthony</p>	<p>Completed 9/11/22</p>
<p>The registered manager must ensure that current audit processes for record keeping are robust enough to ensure that areas requiring improvement are identified and acted upon in a prompt and timely manner.</p>	<p>3.5 Record Keeping; Regulation 20 The Private Dentistry (Wales) Regulations (2017)</p>	<p>We discussed the improvements required with staff - effective immediately. Patient's preferred language is to be added to our medical history form and the record keeping audit template has been amended to improve the following areas: recording of treatment options, signing of the medical history forms and recording preferred language. We aim to re-audit with the new template following the process review in a further 3 months.</p>	<p>Owain Anthony</p>	<p>Medical history form and audit templates to be amended by 10/2/23</p>

<p>The registered manager must develop a policy for fitness to work checks for employees.</p>	<p>7.1 Workforce; Regulation 18 The Private Dentistry (Wales) Regulations (2017)</p>	<p>We have made a policy outlining the practice procedures for DBS checks.</p> <p>The policy has been added to the policy folder and discussed with and distributed to all staff.</p>	<p>Owain Anthony</p>	<p>Completed 9/11/22</p>
<p>The registered manager must ensure there is placement of an additional fire action plan notice in an area that is visible to patients.</p>	<p>2.1 Managing Risk and Promoting Health and Safety; Regulation 22(4e) The Private Dentistry (Wales) Regulations (2017)</p>	<p>We have placed an additional fire action notice in the main waiting area.</p>	<p>Owain Anthony</p>	<p>Completed on 9/11/22</p>
<p>The registered manager must undertake daily temperature checks on the fridge storing the emergency glucagon.</p>	<p>2.6 Medicines Management; Regulation 13(4a) The Private Dentistry (Wales) Regulations (2017)</p>	<p>As an alternative to storing in the fridge and conducting daily temperature checks we decided to store the emergency glucagon according to regulations; at temperatures not exceeding 25 degrees Celsius for 18 months. We ensure glucagon is kept in its original packaging protected</p>	<p>Owain Anthony</p>	<p>Completed on 2/11/22</p>

		from light. Purchase invoices are retained to ensure 18 months has not elapsed from delivery. The purchase invoice was located and computerised 18 months expiry/re-order reminders have been set.		
The registered manager must adhere to WHTM 01-04 should the practice wish to recommence the use of the practice washing machine.	2.4 Infection Prevention and Control and Decontamination Regulation 13(5) The Private Dentistry (Wales) Regulations (2017)	The washing machine was decommissioned on the day of inspection. Staff uniforms are now laundered at home.	Owain Anthony	Carried out on inspection day 31/10/22
The registered manager must ensure the contact details for the occupational health service are more easily available for staff that may need it.	1.1 Health Promotion, Protection and Improvement; Regulation 13(5cii) The Private Dentistry (Wales)	The Occupational Health telephone number is available on the staff notice board in the office alongside the needle stick injury flowchart. However, since the inspection we have ensured the contact telephone number is larger and clearer.	Owain Anthony	Completed 2/11/22

	Regulations (2017)			
The registered manager must ensure the contact details for utilities and services within the business continuity plan are more readily available	2.1 Managing Risk and Promoting Health and Safety; Regulation 22 The Private Dentistry (Wales) Regulations (2017)	We have placed a copy of the list of utilities and services from the practice business continuity plan on the office notice board	Owain Anthony	Completed 2/11/22
The registered manager must ensure the practice has in place an area suitable for staff to change into and out of their clinical uniforms	2.4 Infection Prevention and Control and Decontamination; Regulation 22(3a) The Private Dentistry (Wales) Regulations 2017	We have introduced a procedure whereby staff now changed into and out of clinical uniforms in 2 nominated surgeries. We have 8 spare sessions a week providing us with free surgery space; we have allocated surgery 1 for male staff and surgery 4 for female staff. The surgery windows are fitted with blinds. Signage has been provided for the surgery door saying 'do not enter' to ensure privacy.	Owain Anthony	Completed 2/11/22

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:**