

General Dental Practice Inspection Report (Announced)

Vale View Dental Care, Cwm Taf
Morgannwg University Health Board

Inspection date: 01 November 2022

Publication date: 02 February 2023



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-80535-386-7

© Crown copyright 2023

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.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	15
4. Next steps.....	17
Appendix A - Summary of concerns resolved during the inspection	18
Appendix B - Immediate improvement plan.....	19
Appendix C - Improvement plan	20

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 Vale View Dental Care, Cwm Taf Morgannwg University Health Board on 01 November 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 observed that staff at Vale View Dental Care were committed to providing a positive experience for their patients, whilst maintaining their dignity and confidentiality. All patients who completed a HIW questionnaire confirmed that they felt staff at the practice treated them with dignity and respect.

This is what we recommend the service can improve:

- At present, the patient information leaflet and statement of purpose are only available in English. We informed the practice manager that both these documents should be available to patients in both English and Welsh.

This is what the service did well:

- Practice staff took effective measures to minimise the risk of infection transmission at the setting, including using face coverings and hand sanitizer stations.
- We saw evidence of good processes in place for the maintenance of patient privacy and dignity.

Delivery of Safe and Effective Care

Overall summary:

We saw evidence of various policies and procedures in place for infection control at the setting. All were up to date and regularly reviewed. All staff were also up to date in all mandatory training including infection control and fire safety.

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

This is what we recommend the service can improve:

- We require the practice to carry out an antibiotic prescribing audit.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment

- The practice had a comprehensive register of policies and procedures in place, all of which were up to date and regularly reviewed.

Quality of Management and Leadership

Overall summary:

It was evident that Vale View Dental Care had very good leadership and clear lines of accountability.

Staff had access to appropriate training opportunities and confirmed that managers encourage additional training. All members of staff were up to date with mandatory training.

This is what the service did well:

- There was evidence of regular staff meetings taking place, for which minutes were recorded appropriately
- It was clear that staff worked well together as a team and had good rapport with patients.

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 seven completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

A comment provided on one of the questionnaires stated:

“Very professional practice, no need for change”

Staying Healthy

Health Protection and Improvement

We saw evidence of changes made to the environment as a result of the COVID-19 pandemic. The practice has maintained a ‘locked door’ policy, whereby the main entrance is kept locked and patients are only allowed access for pre-booked appointments. The practice manager informed us that all staff feel this has continued to work well.

Hand sanitiser stations were in place throughout the practice and COVID-19 information posters were displayed. We witnessed all staff wearing face coverings and patients were also encouraged to wear masks whilst in the practice. There were new masks available by the entrance for any patients who did not have their own face coverings.

All seven patients who completed feedback questionnaires said the dental team talked to them about how to keep their mouth and teeth healthy. All seven patients also indicated that the dental staff enquire about their medical history before undertaking any treatment.

We observed that the practice name and opening hours were clearly visible on the outside of the building. Emergency contact details were also displayed clearly.

Dignified care

Communicating effectively

We saw evidence of effective arrangements in place to protect patients' privacy. Surgery doors were kept closed during patient appointments and, due to the practice's locked door policy, the waiting rooms were often unoccupied. This would allow for private conversations with reception staff if needed.

In the event patients needed to speak privately to a staff member, the practice manager told us that they would either be invited to the office, or an empty surgery to have the conversation. We were also informed that the upstairs waiting area could also be used for confidential conversations if empty.

The practice manager informed us that one of the trainee nurses at the practice is a Welsh speaker, however they don't currently wear a 'Iaith Gwaith' badge to indicate this. We asked the practice manager to ensure a badge is obtained for the Welsh speaker. We also recommended they ask the trainee nurse to record a bilingual answer phone message for the setting, therefore further improving their bilingual service.

We observed patient information displayed bilingually in the waiting area, including NHS information and the setting's complaints policy. However, the patient information leaflet and statement of purpose were only available in English. We informed the practice manager that these documents need to be made available to patients in both English and Welsh.

The practice also has access to a translation service through the local health board.

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 information available included the practice's complaints policy and 'Putting Things Right' information. The practice also had COVID-19 information displayed and staff continue to wear face masks.

Pre-screening COVID-19 questionnaires are sent out to all patients via email and text prior to their appointment. Reception staff will also call patients to complete the questionnaire with them if needed. All patients are also checked for COVID-19 symptoms at the door on the day of their appointment.

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. The practice manager informed us that delays rarely occur at the practice, however if they needed to, staff would contact patients prior to their appointment and ask them to come in later.

In the event of a delay when the patient has already arrived at the practice, staff with either ask patients to wait in their car or invite them in to wait in the waiting area.

The practice manager told us that there is no online booking system used at the practice and that all appointments are booked over the phone. Of the seven patients who completed questionnaires, five indicated they found it 'fairly easy' to get an appointment when they needed it and two stated they found it 'very easy'.

Individual care

Planning care to promote independence

All questionnaire respondents stated that information given to them during their appointment is always explained in a way that can understand. These patients also told us that they are involved as much as they want to be in decisions about their treatment.

People's rights

We observed that the practice had an equality and diversity policy in place and saw evidence that it was regularly reviewed by all staff. The practice also had an anti-bullying policy and a harassment policy in place. Both of these were included in the induction pack for new staff, along with the equality and diversity policy.

The setting had suitable disability access. This included a disabled entrance at the rear of the building, a ground floor surgery and a disabled toilet on the ground floor.

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 and the staff member responsible for dealing with complaints.

The practice manager told us that, in the event of a staff member receiving a verbal complaint from a patient, staff would give them the opportunity to make it a formal complaint. If the patient wished to make the complaint formal, the staff member would note all the information and log the complaint, following official practice procedures. The complaint would then be discussed in the next scheduled team meeting.

We saw evidence of Vale View Dental Care actively seeking patient feedback. A comments and suggestions box was situated in the waiting area and patients could also provide feedback social media and the practice website. Feedback was also encouraged in the patient information leaflet.

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 practice was situated over two floors, with a surgery and waiting area on each floor. Surgeries were spacious and clean, as were the communal waiting areas.

There were toilet facilities available for staff and patients. The facilities were clearly signposted and visibly 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 and fire exit signs were clearly displayed throughout the practice.

We also reviewed the systems in place for fire drills. These are carried out every six months and there is a designated member of staff responsible for weekly checks of fire equipment and testing of the smoke alarms.

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.

The practice manager provided us with a number of policies regarding the infection prevention and control procedures for the practice. This included hand hygiene, and the infection control arrangements for the clinic. There was also evidence of robust procedures in place for the disposal of clinical waste and effective cleaning schedules in place.

We also saw evidence of up-to-date infection control training certificates for all staff.

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.

We also saw evidence of an up-to-date medicines management policy in place and clear records of any administered medications.

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 practice manager described the pre-employment checks that would be carried out for any new staff members. This included checking references and undertaking DBS checks. We saw evidence that all staff working at the practice had a valid DBS check in place and were registered with the General Dental Council.

Medical devices, equipment and diagnostic systems

We saw evidence that the clinical facilities at the practice had all the relevant equipment and surgeries were kept clean and tidy. We reviewed staff training files and confirmed that all relevant individuals are up to date with the appropriate training, in order to ensure safe use of the equipment.

Effective care

Safe and clinically effective care

It was clear that the practice had safe arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. We saw details of these arrangements outlined in the practice's policies and procedures, as well as the statements of purpose.

Quality improvement, research and innovation

We saw evidence that a number of clinical audits had been undertaken at the practice including record card and smoking cessation audits. However, the practice is yet to carry out the CAPRO audit of antibiotic prescribing. We informed the practice manager that this audit needs to be in place 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 selection of patient records and found all to be complete and maintained to a good standard. All records reviewed contained all relevant information, including patient identifiers, patient's dental history, reason for attendance and evidence of informed consent.

Quality of Management and Leadership

Governance, Leadership and Accountability

There was evidence of very good leadership and clear lines of accountability in place at the practice. We saw an up-to-date copy of the staffing structure available in the policy file. All staff have access to this. Day-to-day management of the practice was the responsibility of the practice manager. The practice also has a clinical practice manager in place who also worked as a dental nurse. The responsible individual for the practice was the lead dentist. We found all of these individuals to be committed to their roles.

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.

The practice has an extensive register of policies and procedures in place. We reviewed a number of these, and all were up to date and had been reviewed regularly. It was evident from the review dates noted on each policy that they were reviewed annually by the practice manager.

We observed that staff are aware of the policies in place. All staff had signed to indicate they'd read the relevant policies and the practice manager informed that this is also mandated through the online iComply system.

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

Workforce

We reviewed policies that outlined the process used to recruit new staff and support the employment and induction of staff. New staff members complete a robust induction process which includes reading the policy handbook and the completion decontamination and other mandatory training.

Staff files are kept, and we saw they contained evidence of each staff member's General Dental Council (GDC) registration, which is paid for annually by the registered manager. The files also contained employment contracts, evidence of Hepatitis B vaccinations and DBS checks.

The practice had a whistleblowing policy in place. Staff were aware of this and told us that they were confident in raising any issues or concerns about the delivery of care to patients.

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 improvements identified			

Appendix B - Immediate improvement plan

Service: Insert name

Date of inspection: Insert date

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 improvements 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: Vale View Dental Care

Date of inspection: 01/11/2022

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 a CAPRO antibiotic prescribing audits.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) Health & Care Standards - 3.3 Quality improvement, research & innovation and	We registered to complete the antimicrobial audit on 01/11/2022. We completed the audit on 20/12/2022. We are currently awaiting feedback and certificates from the HEIW dental quality improvement project support officer. Upon receipt, we will evidence completion with these certificates.	Christian Hoes Principle dentist/owner	Currently awaiting feedback & certificates. We are hopeful that we will receive these in the next few weeks.

	3.5 Record keeping			
We require the practice to offer the patient information leaflet and the statement of purpose in both English and Welsh	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(a) Health & Care Standards - 3.2 Communicating effectively	The statement of purpose has been translated into Welsh. We are currently in the process of translating the patient information leaflet. Upon completion, this will be evidenced by both digital format via our practice website and in hard copy at the practice which will be made available upon request.	Christian Hoes Principle dentist/owner	The Practice Information Leaflet is currently being translated into Welsh. This will be finalised in the coming weeks.

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): Christian Hoes

Job role: Principle dentist/owner

Date: 21/12/2022