

General Dental Practice Inspection Report (Announced)

Llynfi Dental Practice, Cwm Taf
Morgannwg Health Board

Inspection date: 15 November 2022

Publication date: 15 February 2023



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Digital ISBN 978-1-80535-477-2

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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.



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.....	16
Appendix A - Summary of concerns resolved during the inspection	17
Appendix B - Immediate improvement plan.....	18
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 Llynfi Dental Practice, Cwm Taf Morgannwg Health Board on 15 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:

It was evident that staff at Llynfi Dental were committed to giving patients a positive experience when visiting the practice, whilst maintaining their dignity and confidentiality. 12 of the 13 patients who completed questionnaires said they feel the staff treat them with dignity and respect at the setting.

This is what we recommend the service can improve:

- We require the practice to make the statement of purpose and patient information leaflet available in both English and Welsh
- We recommended that Welsh speaking staff are provided with 'Iaith Gwaith' badges

This is what the service did well:

- We observed effective signage and procedures that were in place to minimize the risk of infection transmission, posters encouraging use of face coverings and hand sanitizer available for staff and patients.
- We saw evidence of staff working to maintain patients' confidentiality by always ensuring surgery doors were closed during appointments.

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. Both communal and clinical areas were also kept clean and tidy.

This is what we recommend the service can improve:

- We informed staff that they must ensure consistency across all patient records in regard to obtaining and recording consent.
- We require the practice to carry out a patient record keeping audit for the setting.

This is what the service did well:

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment
- Fire safety equipment was available throughout the practice and all had been serviced in the last 12 months.
- The practice had comprehensive policies and procedures in place to ensure the safe and effective handling, recording and dispensing of medications.

Quality of Management and Leadership

Overall summary:

It was evident that Llynfi Dental had very good leadership and clear lines of accountability and staffing structures in place.

Staff had access to appropriate training opportunities and all were up to date with mandatory training. We also saw evidence of regular staff meetings and annual appraisals for all staff.

This is what we recommend the service can improve:

- We require the staff who only work in the decontamination room at the practice to also complete CPR training.

This is what the service did well:

- Staff meeting minutes were recorded appropriately and effective steps taken to ensure absent staff were informed of any updates and information given during the meeting.
- There was a comprehensive register of policies and procedures in place at the practice. All were reviewed by the practice manager annually.

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 13 completed questionnaires. 10 of the 13 completed questionnaires were from patients who had been a patient at the practice for more than two years. Two patients said they had been at the practice less than two years and one for less than a year.

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

“Excellent staff throughout the practice”

“Being a person who is afraid to visit the dentist I am always made comfortable and safe”

Staying Healthy

Health Protection and Improvement

We saw evidence of changes at the practice as a result of the COVID-19 pandemic. The practice still kept signs up in communal areas encouraging patients to wear face coverings. There were also hand sanitizer stations situated through the practice and staff informed us that all patients are screened for COVID-19 symptoms prior to their appointment.

Twelve of the respondents said the dental team talked to them about how to keep their mouth and teeth healthy and one said they did not. All 13 patients said the dental team enquire about their medical history before undertaking any treatment.

The practice name was clearly visible outside the setting, as well as information regarding the practices opening hours and emergency contact details. An up to date list of members of the dental team was also displayed clearly in the reception area.

Dignified care

Communicating effectively

It was clear that the practice was committed to maintaining the privacy of patients. We observed all surgery doors being kept closed during treatments. The practice manager also informed us that, if a patient needed to speak to a member of staff privately, they would either take them to an empty clinic room, use the upstairs waiting area if unoccupied or go into the practice manager's office.

When arriving for their appointment, if a patient didn't want to publicly discuss their reason for not paying for treatment, the reception staff have a list of reasons displayed, which a patient can indicate to if needed.

The practice manager informed us that there are a number of Welsh speaking staff working at the practice. We saw signs up informing patients of this and encouraging them to enquire if they wished to speak to a Welsh speaking staff member. We did, however, recommend that the practice manager source 'laith Gwaith' badges for the Welsh speaking members of staff.

We saw a selection of NHS information posters displayed bilingually in both of the waiting areas. However, the patient information leaflet and the statement of purpose were only available to patients in English. We informed the practice manager that we require these documents to be made available in both English and Welsh.

Staff told us that the practice has access to a translation service through the health board. Longer appointments will be scheduled to accommodate patients who require use of this.

We observed that the 9 Principles set out by the General Dental Council (GDC), were displayed in both waiting areas.

Patient information

We saw extensive patient information displayed in both the waiting areas and the reception area of the practice. The practice also provided all relevant information on its website. Information included the practice complaints procedure and 'Putting Things Right' posters. A comprehensive price list for both NHS and private treatments was also displayed.

A review of the patient information leaflet confirmed that it contained all the information required by the Private Dentistry (Wales) Regulations 2017.

Timely care

Timely access

Staff informed us that, in the event of delays, they will keep patients in the waiting room updated in regard to additional wait times. If delays are identified early enough, staff will also contact patients prior to their appointment and ask them to come in later. Alternatively, if there is a cancellation, staff will phone patients to see if they can attend earlier.

We were told that there is no online booking system used at the practice. Appointments can be obtained via telephone, and we also witnessed patients booking appointments in person with reception staff.

Responses from completed questionnaires indicated differing opinions around accessibility of appointments. Four of the 13 told us it was 'very easy' to get an appointment when they need one, seven told us it was 'fairly easy', one told us it was 'not very easy', and one told us it was 'not at all easy'.

Individual care

Planning care to promote independence

All 13 patients who completed questionnaires said they are involved as much as they want to be in decisions about their treatment.

Nine of the 10 who answered indicated they feel they can access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation), one said they did not.

All 11 patients who answered indicated they had not faced discrimination when accessing or using this service.

People's rights

We reviewed policies at the practice and confirmed that there was a comprehensive equality and diversity policy and equal opportunities in place. Policies were reviewed and read by staff members annually, which was evident from the clear review dates on the documents and the staff signatures and dates to indicate the policies had been read.

The practice had full disabled access, including a ground floor surgery, disabled toilet and a spacious waiting area. The practice manager also informed us that the

practice had a hearing loop in place should any patient need to use it. This information was also provided on the practice website.

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 details of the staff member responsible for dealing with complaints.

Patients were encouraged to provide feedback both online and using the questionnaires and feedback boxes in the waiting areas. The patient information leaflet also included details of how feedback can be provided to the practice.

We asked the practice manager for any examples of changes that had been made as a result of feedback. We were told that they bought a non-slip mat for the main entrance as they had received feedback from patients that the slate could get slippery.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

It was evident that the practice was in a good state of repair, both internally and externally and we observed all areas of the practice to be clean and tidy.

The practice consists of four surgeries, two on the ground floor and two on the first. Each floor of the practice has a spacious waiting area, and second floor of the practice also held a large staff room. There was also a patient toilet on the ground and first floors of the practice. Both were clearly signposted and visibly very clean.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. We noted that all staff had received fire training.

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

Infection prevention and control (IPC)

The practice had dedicated facilities for the decontamination of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. We also saw a number of policies in place regarding the infection prevention and control procedures for the practice.

We saw evidence that all staff had completed mandatory infection control training.

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

Medicines management

We saw evidence of a comprehensive medicines management policy in place at the practice. The practice also had several supporting procedures and arrangements in place to ensure the safe and effective handling, recording and dispensing of medications.

We saw evidence that all staff with patient contact had received cardiopulmonary resuscitation (CPR) training. However, the two members of staff working in the decontamination area were not CPR trained. We informed the practice manager that all staff members must receive this training.

Safeguarding children and safeguarding adults at risk

We saw evidence of up-to-date safeguarding training certificates for all staff. The practice manager also informed us that they have support from a member of staff from the health board, who can offer advice and guidance on safeguarding matters. The contact details for this individual were outlined in the practice safeguarding policy and flow chart.

The practice had a comprehensive safeguarding information folder in place for staff. This consisted of an up-to-date safeguarding policy, various other supporting documents and a clear flow chart for staff reference. These documents also included details of the local safeguarding team.

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

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

Medical devices, equipment and diagnostic systems

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

Effective care

Safe and clinically effective care

We saw evidence of robust arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. These details were documented in the statement of purpose and in policies and procedures.

Quality improvement, research and innovation

It was evident that a range of audits has been completed, including a WHTM01- 05 audit and a smoking cessation audit. However, we require the practice to carry out a patient record keeping audit in a timely manner and provide evidence of this to HIW.

Information governance and communications technology

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

Record keeping

We reviewed a sample of 10 patient records and we found all to be maintained to a good standard. However, despite all the records containing most relevant information, we found a lack of consistency in regard to obtaining and recording consent. We informed the practice manager that consent must be recorded in all patient records going forward.

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. The day-to-day management of the practice was carried out successfully between the two practice managers, both of whom we found to be very committed and dedicated to their role.

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

It was evident that the practice maintained an up to date and detailed register of policies and procedures. We saw evidence that all were reviewed annually by the practice manager, and a sign and date sheet, indicating all staff had recently read the practice policies.

We saw evidence of regular team meetings taking place at the practice. Meeting minutes are recorded and each staff member is given a copy for reference. If any individuals are unable to attend the meetings, the practice manager informed us that copies of minutes are left in their lockers, so they can review them upon their return to work.

Workforce

We reviewed policies that outlined the process used to recruit new staff and support the employment and induction of staff. The practice manager informed us of the induction process for new starters, which included reading practice policies and completing all mandatory training.

The practice manager provided us with staff files for review. We saw evidence of the General Dental Council (GDC) registration for all members of staff, as well as evidence of Hepatitis B vaccinations and DBS checks on file for all staff and records of annual appraisals. It was clear that all staff received a DBS check upon starting employment at the practice. We saw evidence of staff members being asked of anything that would result in changes to their DBS application in each of their appraisals.

The practice had a whistleblowing policy in place and we saw evidence of it being read by all staff members.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No concerns identified			

Appendix B - Immediate improvement plan

Service: 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: Llynfi Dental

Date of inspection: 15/11/2022

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
The practice must ensure the statement of purpose and patient information leaflet are available in both English and Welsh	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(a) Health & Care Standards - 3.2 Communicating effectively	Given to Ioan Owen for translation	Ioan Owen / LHB	Three months

Welsh speaking staff members to be provided with 'Iaith Gwaith' badges	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1)(a) Health & Care Standards - 3.2 Communicating effectively	Ordered by email 17/1/2023 post@cyg-wlc.wales 0345 6033 221	Ann Collins	Check arrived in one month
Staff to ensure consistency across all patient records in regard to obtaining and recording consent.	Health & Care Standards - 3.5 Record keeping	Staff training completed Audit to be carried out	Lisa Rigby	Three months
We require the staff who only work in the decontamination room at the practice to also complete CPR training.	The Private Dentistry (Wales) Regulations 2017 - Regulation 17(1) (a) and 22 (4)(c)	CPR training booked 29/6/2023 @ 9am	Ann Collins	Booked 17/1/23

	Health & Care Standards - 7.1 Workforce			
Staff are required to carry out a patient record keeping audit in a timely manner and provide evidence of this to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a) Health & Care Standards - 3.3 Quality improvement, research & innovation and 3.5 Record keeping	Record keeping audit to be completed.	Lisa Rigby	Three 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 Ann Collins

Name (print): Ann Collins

Job role: Practice manager