

General Dental Practice Inspection Report (Announced)

Murray Street Dental Practice, Hywel
Dda 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 Murray Street Dental Practice, Hywel Dda University Health Board on 19 January 2023.

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

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

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Murray Street Dental Practice was committed to providing a positive experience for their patients. All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

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

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

This is what the service did well:

- Patient experience was positive at this setting, based on feedback responses and comments,
- Comprehensive treatment planning for all patients.

Delivery of Safe and Effective Care

Overall summary:

Overall, the practice was well maintained and all patient facing areas were clean and free from any visible hazards. The surgeries, decontamination room and reception area were of a good standard.

However, we noted that there were issues with the risk assessments available within the practice. The practice had not completed an environmental risk assessment and did not have an in-date fire risk assessment. Furthermore, we noted that staff had not received appropriate fire safety and prevention training.

We could also not be assured that emergency equipment and drugs were in date and available to use in the case of a medical emergency (patient collapse).

Immediate assurances:

- Emergency drugs and equipment were not in date and available to use.
- No environmental risk assessments were in place,

- All staff had not received fire safety and prevention training.
- The fire risk assessment was not in date,

This is what the service did well:

- The equipment at the practice was in a good condition and was being maintained in line with manufacturers' guidelines,
- Dental surgeries were well equipped and fit for purpose.

Quality of Management and Leadership

Overall summary:

We observed a staff group that worked well together and were committed to providing a high standard of care for their patients. Staff had access to appropriate training opportunities to fulfil their professional obligations. We saw training was up-to-date and certificates were being kept to evidence this.

We could not be assured that the practice was carrying out correct pre-employment checks. We found evidence that staff had not received supervisions and annual appraisals, and not all staff had job descriptions and written contracts. We also found that a member of staff did not have an enhanced DBS check in place.

Immediate assurances:

- Relevant pre-employment checks had not been carried out,
- All staff had not received supervisions and annual appraisals,
- Not all staff had job descriptions and written contracts,

This is what the service did well:

- Governance documentation was recently updated,
- The team worked well together and supported each other to ensure that high standards of care were given to their 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 47 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than 2 years. All patients who completed a questionnaire rated the service provided as very good.

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

“Very good service with easy access to appointments which is essential.”

“Friendly and reliable”

We asked patients to tell us how this dental practice could improve the service it provides. The only constructive suggestion was:

“Reduce fees.”

Staying Healthy

Health Promotion

We saw posters for patients on how to improve their dental health. This information was available in English and Welsh.

We saw a ‘No Smoking’ sign within the practice which confirmed the practice adhered to the smoke free premises legislation.

Oral hygiene and diet advice was noted as given in 9 of the 10 dental records that were reviewed. This was confirmed by the patient questionnaire, 46 patients who had completed it said that the dental team had talked to them about how to keep their mouth and teeth healthy.

We noted that smoking Cessation advice was not always provided. 2 out of the 10 dental records that were reviewed did not have smoking cessation advice noted.

Improvement needed

The registered manager should arrange for regular audits of patient records to ensure all staff are providing advice where necessary.

Dignified and Respectful Care

Communicating and Language

The practice had arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff. Twelve patients who completed a questionnaire stated that they felt that staff treated them with dignity and respect. One patient told us:

“I’ve always had the best treatment, the receptionists the dental nurse and the dentist are brilliant.”

We witnessed staff members treating their patients in a dignified and respectful manner both face to face and over the telephone. Staff were friendly and doors were closed when surgeries were in use, and we were assured that patient dignity was preserved.

We saw that the waiting room was spacious and that waiting times were short. The waiting room was in earshot of the main reception desk, but we witnessed staff taking this into consideration when answering the telephones and interacting with patients in the waiting area. We were also advised that confidential conversations were held in the manager’s office or another area of the practice where patients are not freely able to access.

All the patients that answered the questionnaire indicated the dental team helped them to understand all available options when they needed treatment. All the patients said that things were always explained to them during their appointment in a way they could understand.

We found that the nine principles, as set out by the General Dental Council (GDC), were displayed in the waiting room. The principles applied to all members of the dental team and set out what patients should expect from a dental professional.

We were told that staff members at the practice did speak Welsh and patients were offered the opportunity to communicate in Welsh. 11 patients who answered the

questionnaire indicated that Welsh was their preferred language. 6 of the 11 patients advised they were actively offered the opportunity to speak Welsh throughout their patient journey, 4 said they were offered this opportunity sometimes.

Improvement needed

The registered manager must ensure an active offer of Welsh is made to all patients who wish to communicate through the medium of Welsh.

Patient Information

We reviewed the patient information leaflet which included all of the information required by the Private Dentistry (Wales) Regulations (PDR) 2017, this information was available in English only.

The information on the cost of dental treatment was displayed in the waiting room along with Welsh and English versions of the HIW registration certificates.

A comprehensive list of staff and their GDC registration information was available, and the practice website had been updated to include all dental staff.

Timely

Timely Care

We observed minimal waiting for appointments for patients attending the practice and we were advised that appointments usually ran to time. We were told that the receptionist would inform the patients about waiting times and any reasons for delays. Appointments could be booked over the telephone or in person and emergency appointments were available.

A total of 40 of the 47 who answered this question in the patient questionnaire told us it was 'very easy' to get an appointment when they needed one. Whilst 7 told us it was 'fairly easy'.

All but four patients who answered the questionnaire indicated they knew how to access the 'out of hours' dental service if they had an urgent dental problem. We saw that out of hours information was available for patients in a range of places, this included the waiting area of the practice and on the practice voicemail.

Individual care

Individualised Care

We reviewed 10 patient records and found there was comprehensive evidence of treatment planning and options noted for those patients.

All but one patient that completed a questionnaire confirmed that the dentist enquired about their medical history before undertaking any treatment. All of the patient records that we reviewed had updated medical histories documented in the notes.

Rights and Equality

We reviewed the practice equality and diversity policy, which referenced the Equality Act 2010. The policy acknowledged the need to deliver services and treatment to all patients regardless of protected characteristics. Staff provided examples of how they treated all of their patients with dignity and respect.

44 patient who answered the questionnaire indicated that they had not faced discrimination when accessing or using the health service. 3 patients did not answer this question.

The dental practice is situated over 3 floors, basement, ground floor and first floor. There was 1 surgery on the ground floor and 3 surgeries on the first floor. The practice accommodates patients who have limited mobility and wheelchair users. We saw evidence of reasonable adjustments that have been made in order to make the surgery on the ground floor fully accessible, this includes handrails by the small set of steps in front of the ground floor surgery as well as a designated ramp to assist wheelchairs in accessing the surgery.

A patient toilet was located on the ground floor. This toilet was spacious enough to allow wheelchairs to access, but the toilet did not have appropriate aids to assist wheelchair users while in the toilet.

People Engagement, Feedback and Learning

We saw ways in which patients could feedback their experiences and we reviewed a complaints and compliments log. A putting things right poster was displayed in the waiting area which included contact details for relevant organisations and support. The practice also recommended online reviews for patient feedback as well as feedback and suggestion forms located in the waiting area of the practice. We were told that any feedback would be discussed at team meetings. We recommended that in addition to discussions, formal analysis is undertaken and any actions, as a result of feedback, is then shared with staff and patients. This will help the practice

evidence areas that are working well and areas where improvements might need to be made.

We saw that there was a written complaints procedure in place. The procedure was readily available for patients and on display in the waiting area. There was also information available in the waiting area on how to raise concerns around NHS treatment and provided details on NHS Putting Things Right (PTR).

Delivery of Safe and Effective Care

Safe Care

Risk Management

There were no concerns expressed by patients over the cleanliness of the dental practice. 47 patients who completed the questionnaire felt that the dental practice was very clean.

The building was well maintained and there was evidence that one of the surgeries had been recently upgraded and improved. We were told another was due to be upgraded in the near future. The surgeries, decontamination room and reception area were of a good standard. All the rooms had the necessary equipment required to undertake the treatments and services offered by the practice.

We saw that the practice had a business continuity policy and plan in place. Health and safety posters were displayed and there were 2 staff members trained in first aid.

We found that the practice did not have any policies or procedures for risk assessing the environment within the practice and its premises. Although the practice did have a generic risk assessment covering individual items at the practice, there was no documented risk assessments for the practice environment as a whole.

We also found that the practice last had a fire risk assessment in 2012. This was evidenced in the fire logbook that was kept in reception. The logbook evidenced staff checking fire equipment and some of the environment but there was no up to date risk assessment to support this. We could not be assured that any new risks had been assessed.

We also requested documentation in relation to fire safety training. We found that the practice does not offer routine fire safety training for all staff, and we could not be assured that all staff understood fire prevention and safety.

Our concerns regarding the lack of environmental and fire risk assessment as well as fire safety training were dealt with as a non compliance notice. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non compliances we identified are provided in Appendix B.

Infection, Prevention, Control (IPC) and Decontamination

There were appropriate arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures.

Additionally, there was a cleaning schedule in place that supported effective cleaning routines. There was a daily maintenance programme in place for checking the sterilisation equipment.

There was a system in place to manage waste appropriately and safely. We saw evidence that a contract was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal. We noted there were appropriate arrangements in place for the handling of substances subject to Control of Substances Hazardous to Health (COSHH).

The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments. The facility was small, clean, well-organised, well equipped and uncluttered.

The practice last completed an audit of infection prevention control in March 2021. We recommend that the practice undertakes an audit at least annually. We also noted that the last audit tool used was not in line with the Welsh Health Technical Memorandum (WHTM) 01-05.

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries.

Improvement needed

We advised that the practice must undertake a WHTM 01-05 audit.

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.

We undertook checks of the emergency medical equipment. We found that there was no midazolam available at the practice. We could not be assured that if there was a medical emergency and midazolam was required, the practice could offer effective emergency care.

We found that the child bag valve mask was out of date within the basic life support equipment. The inflated mouthpiece had started to deflate and was not fit for use during a medical emergency.

We also found that there were no clear face masks available in sizes 0,1,2,3 and 4. We could not be assured that if there was a medical emergency, the correct equipment was available to provide effective emergency care.

Our concerns regarding the emergency medical equipment and drugs were dealt with in a non compliance notice. Details of the non compliance we identified are provided in Appendix B.

Safeguarding of Children and Adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies were recently reviewed and included the contact details for the local safeguarding team.

The practice manager was the safeguarding lead and was able to discuss with us the policies and procedures. Staff were aware of the safeguarding policy and relevant procedures, and they told us any concerns would be reported to the safeguarding lead. Training records confirmed all staff had received level two safeguarding training.

Management of Medical Devices and Equipment

The surgery contained appropriate equipment for the safety of patients and the dental team. We were told that staff were adequately trained to use the equipment. The clinical equipment was considered to be safe and appropriately maintained. There were sufficient dental instruments, and they were in a good condition.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of the equipment and regular image quality assurance audits of X-rays were completed. There were safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment and we saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective care

Effective Care

The practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose.

We saw evidence that staff would obtain and follow professional guidance and advice when necessary and would use this to update practice policies.

We noted that the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists were not available for staff to use. We recommend that this checklist is used to help prevent wrong site tooth extractions.

Quality Improvement Activities

The practice had effective process in place to improve the quality of services. They had completed audits of radiographs and patient record audits. We saw evidence of audit summaries being fed back through team meetings.

Information Governance and Digital Technology

The practice had a data protection and privacy policy in place. The storage of patient information was appropriate, ensuring the safety and security of personal data. For example, paper records were kept secure and electronic files were being backed up regularly.

Patient Records

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

All the records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were legible and of good quality.

The practice has a consent policy that was adhered to and we saw that consent was recorded in the patient records.

Quality of Management and Leadership

Governance and Leadership

The principal dentist had overall responsibility for the management and leadership of the practice. They were supported by a practice manager and a team who were knowledgeable about their responsibilities.

We saw the 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. All staff were committed to providing a high standard of care for patients and this was supported by a range of policies and procedures. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and kept up to date.

The registered manager had created a policy providing insight into what information would be reportable to HIW under the Private Dentistry (Wales) Regulations 2017.

Evidence was kept of regular team meetings, and we were provided with examples of minutes from these meetings. The minutes demonstrated that issues and actions raised were appropriate and proactive. Meeting minutes were accessible to all staff.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place.

Skilled and Enabled Workforce

We saw evidence that training certificates were being kept for each member of staff and that staff had attended training on a range of topics relevant to their roles to meet their CPD requirements.

We viewed staff files and saw evidence of GDC registrations, Hepatitis B immunity and professional indemnity insurance. However, we found that all dentist and hygienists working at the practice did not have a contract of employment and job description. We also found that 7 members of staff have not received supervision and or appraisals during their employment at the practice.

We were told of the process used to recruit new staff and there was a policy in place to support that. Despite this policy, we found that practice had not completed appropriate pre-employment checks for all staff. We reviewed staff records and found that the following were missing for 14 members of staff,

- Written references, including the most recent employer, if any,
- A full employment history.

We also found a member of staff did not have an enhanced DBS check in place, this was disclosed to the practice in 2019 by the staff member. We were not assured there are sufficient arrangements in place to ensure staff were of suitable integrity and good character.

Our concerns regarding the workforce were dealt with in a non compliance notice. Details of the non compliance we identified are provided in Appendix B.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: Murray Street Dental Practice, Llanelli

Date of inspection: 19 January 2023

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
The registered manager must ensure that the emergency equipment and drugs are in date and available for use at all times.	The Private Dentistry (Wales) Regulation 2017 Regulation 31, 3 (b)	Madazolam and child size face masks ordered from Henry Schein. Ordered Monday 23 rd January 2023	Alison Boyles	Friday 27 th Janury 2023
The registered manager must ensure that all staff at the practice	The Private Dentistry	Walker Fire contacted on 23 rd January 2023 to arrange date of fire training.	Alison Boyles	February 22 nd 2023

have been appropriately trained in fire safety and prevention.	(Wales) Regulation 2017 Regulation 22, 4 (c)			
The registered manager must ensure that the practice has an up-to-date fire risk assessment	The Private Dentistry (Wales) Regulation 2017 Regulation 22, 4 (f)	Walker Fire contacted on 23 rd January 2023 to arrange date of fire training.	Alison Boyles	February 22 nd 2023
The registered manager must ensure that the practice has an environmental risk assessment in place.	The Private Dentistry (Wales) Regulation 2017 Regulation 8, 1(e)	We are undertaking a full environmental risk assessment of all aspects of the practice which will be shared with all staff once completed.	Jayne Nelson	February 6 th 2023
The registered manager must ensure that all pre-employment checks are undertaken before a member of staff is employed at the practice.	The Private Dentistry (Wales) Regulation 2017	A new policy have been completed and will be referred to for all future employment.	Alison Boyles	Monday 23 rd January 2023

	Regulation 18, 2 (e)			
The registered manager must ensure that all staff receive supervisions and annual appraisals.	The Private Dentistry (Wales) Regulation 2017 17, 3 (a)	Questionnaires have been provided for all staff to complete prior to appraisal and supervisions. All staff will undertake regular supervision and annual appraisals.	Edward Jones	March 24 th 2023
The registered manager must ensure that all staff employed at the practice have job descriptions outlining personal responsibility.	The Private Dentistry (Wales) Regulation 2017 17, 3 (c)	All staff without a job description was provided with one on Monday 23 rd January 2023. All newly employed staff will also receive a copy of their job description as part of the pre-employment checks.	Alison Boyles	Monday 23 rd January 2023
The registered manager must ensure that all staff at the practice have written contracts of employment.	The Private Dentistry (Wales) Regulation 2017 17, 3 (d)	All DCPs have contracts in place already. Contracts are to be discussed with all associates in the practice.	Edward Jones	April 1 st 2023

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): Edward Jones

Job role: Owner and Principal Dentist

Date: 26 January 2023

Appendix C - Improvement plan

Service: Murray Street Dental Practice

Date of inspection: 19 January 2023

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 should arrange for regular audits of patient records to ensure all staff are providing advice where necessary.	Standard 3.3 Quality Improvement, Research and Innovation	Patient record audits will be carried out every 6 months	To be discussed further in practice meeting.	On going
The registered manager must ensure an active offer of Welsh is made to all patients who wish to communicate through the medium of Welsh.	The Private Dentistry (Wales) Regulation 2017 13(1) and 13 (9)	Signage in waiting room depicting the use of either English or Welsh.	Registered Manager	On going

We advised that the practice must undertake a WHTM 01-05 audit.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	We have completed WHTM01-05 audit.02/2023	Alison Boyles	Sent on 21/2/2023.Waiting response

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): Alison Boyles

Job role: Manager

Date: 9 May 2023