

General Dental Practice Inspection Report (Announced)

Wyndham House Dental Practice,
Cardiff and Vale 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 Wyndham House Dental Practice, Cardiff and Vale University Health Board on 22 February 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 28 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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 Wyndham House 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 in a professional manner.

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 could not be assured that medication was stored securely at the practice.

Immediate assurances:

- Controlled drugs were not secured in a locked safe that was anchored securely.

This is what we recommend the service can improve:

- External clinical waste bins need to be secured in place.

This is what the service did well:

- The equipment at the practice was in a good condition and was being maintained in line with manufacturer's 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 that 5 members of staff did not have an enhanced DBS check in place.

Immediate assurances:

- Relevant pre-employment checks had not been carried out,

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 28 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than 2 years.

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

"Everyone is professional within the practice."

"Excellent dental care given."

We asked what could be done to improve the service. There were no comments from patients around improvements.

Staying Healthy

Health Promotion

We saw posters for patients on how to improve their dental health. This information was in English, providing information in English and Welsh would improve the experience of Welsh speaking patients.

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 all 10 dental records that were reviewed. This was confirmed by the patient questionnaire, 28 patients who had completed it said that the dental team had talked to them about how to keep their mouth and teeth healthy.

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. All 28 patients who completed a questionnaire stated that they felt that staff treated them with dignity and respect. One patient told us:

“Exceptionally caring staff. High quality treatment. Very impressed with this practice.”

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 rooms were spacious and that waiting times were short. 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.

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.

17 of the 28 who answered this question in the patient questionnaire told us it was 'very easy' to get an appointment when they needed one. Whilst 11 told us it was 'fairly easy'.

All bar three 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.

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 bar three patients 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.

25 patients 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 2 floors, with 6 surgeries. 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.

A patient toilet was located on the ground floor. This toilet was spacious enough to allow wheelchair access.

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. 26 patients who completed the questionnaire felt that the dental practice was very clean, with 2 patients stating that the practice was fairly clean.

The building was well maintained and there was evidence that one of the surgeries had been recently upgraded and improved. 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 saw evidence that all staff had completed fire training and we noted that the fire risk assessment for the building had been completed by an external provider recently. Fire risk assessments had been completed annually by the practice manager and all fire extinguishers throughout the practice had been serviced and a contract was in place for fire equipment servicing.

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. However, we did note that the external waste bins used for storing hazardous waste were not secured. The container was locked but not secured to a surface and was freely able to be wheeled away. We were advised that this is not usually the case, and this was due to ongoing external work that was taking place at the location.

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 as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The facility was small, clean, well-organised, well equipped and uncluttered.

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

Improvement needed

The Registered Manager must ensure that external clinical waste containers are secured to a surface to restrict unauthorised removal.

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.

Emergency equipment was stored securely and, in a location, making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency equipment and drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). Staff told us of the correct procedures they would take if there was an emergency.

However, upon checking the location of the controlled drugs, it was noted that the safe that was being used was not anchored securely to a surface. The safe was also located on the floor in the practice managers office and was accessible to all that entered the office. The safe was also visible from a non-secure window within the manager's office. On examination of the safe, the door opened without any resistance as it had not been secured by the last staff member who accessed it. We established that this was 3 hours prior to our check. We could not be assured that the medication within the safe, including the controlled drugs, were stored appropriately and securely.

Our concerns regarding the secure storage of controlled drugs were dealt with by way of a non compliance notice. Details of the non compliance 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 explain the policies and procedures to us. 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

We saw that the practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and patient information leaflet. Both were compliant with the Private Dentistry (Wales) Regulations (2017).

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

Quality Improvement Activities

The practice had effective processes in place to improve the quality of services. We found that the WHTM 01-05 audit had been completed and there was evidence that any issues identified were being rectified. We also saw evidence of other audits such as the audit of radiographs, annual audit of patient records, antibiotic prescribing

and dental caries audit. 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. We found that all dentist and hygienists working at the practice have a contract of employment, job description and have received supervision and or appraisals during their employment at the practice.

However, 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 the practice had not completed appropriate pre-employment checks for all staff. We reviewed staff records and found that following were missing for 18 members of staff,

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

We also found 5 members of staff did not have an enhanced DBS check in place. 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 by way of a non compliance notice. Details of the non compliance 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 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
No Immediate concern were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Wyndham House Dental Practice

Date of inspection: 22 February 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 all pre-employment checks are undertaken before a member of staff is employed at the practice.	The Private Dentistry (Wales) Regulation 2017 Regulation 18, 2 (e)	DBS applications for our new member of staff and updated DBS checks for all existing staff have been requested & submitted to 'TotalCRB' on 27 th & 28 th February 2023. Two references have been requested for our newest member of staff. As per our employment policy all new members of staff will need to provide 2 references.	Simon Hill	Completed
The registered manager must ensure that all medication is stored	The Private Dentistry	All medication is stored securely in a lockable safe which is anchored to the	Simon Hill	Completed

securely and in an appropriate location at the practice.	(Wales) Regulation 2017 Regulation 13, 4 (a)	floor in a lockable room which is only accessible to senior members of staff. It is out of view from the window. The key for the safe is kept in the lockers where our prescription pads are stored. This cabinet is locked and is only accessible to senior members of staff.		

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): Simon Hill
Job role: Registered Manager
Date: 01/03/2023

Appendix C - Improvement plan

Service: Wyndham House Dental Practice

Date of inspection: 22 February 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 must ensure that external containers for safe storage of clinical waste, must be secured to a non-moveable surface.	Standard 2.4 Infection Prevention and Control (IPC) and Decontamination	Fixable points, secured by chains and attached to the clinical waste bins.	Simon Hill	1 Month

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): Alice Collins

Job role: Manager

Date: 24 May 2023