

General Dental Practice Inspection Report (Announced)

Rowlands Dental Practice, Monmouth

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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

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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 Rowlands Dental Practice, Monmouth on 23 March 2023.

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

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

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found Rowlands Dental Practice to be committed to providing a positive experience for their patients. We saw evidence of patient surveys being given out to patients after their treatment and all the responses reviewed were positive.

This is what the service did well:

- We saw evidence of good arrangements in place for the maintenance of patients' privacy and dignity
- Patient information was available in the waiting area, such as, patient information leaflets and the practice complaints procedure.

Delivery of Safe and Effective Care

Overall summary:

We saw that the building was in a state of good repair, both internally and externally, and was kept clean and tidy.

We saw evidence of an up-to-date fire safety risk assessment in place; however, we required the practice manager to update their fire safety training as soon as possible. We also reviewed a sample of patient records. All were maintained to a good standard, but patient consent should be obtained and recorded at every appointment, as well as medical history checked.

At the time of our inspection, both Rowlands Dental Practice and another dental practice were operating within the same building. Therefore, some improvements needed were the responsibility of both practices.

This is what we recommend the service can improve:

- We require the practice manager to attend a fire safety training course as soon as possible, to ensure full compliance with mandatory training
- Staff must ensure that patient consent is obtained and recorded at every appointment, as well as medical history checked
- We require evidence of the washing machine being compliant with Welsh Health Technical Memorandum (WHTM) 01-04 and that the utility company is aware of its use
- Staff must arrange for maintenance to be carried out on the autoclave, to ensure that it is in full working order.

This is what the service did well:

- The dental surgery was clean, well equipped and fit for purpose with well-maintained equipment
- The practice had policies and procedures in place, all of which were up to date and regularly reviewed.

Quality of Management and Leadership

Overall summary:

We found Rowlands Dental Practice to have very good leadership and clear lines of accountability in place.

Staff had access to appropriate training opportunities.

This is what we recommend the service can improve:

- Staff must ensure that all policies are updated to ensure they only refer to Rowlands Dental Practice.

This is what the service did well:

- All staff appeared to be dedicated to their roles
- Enhanced Disclosure and Barring Service (DBS) checks were in place for all staff.

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

Staying Healthy

Health Protection and Improvement

We saw measures still in place to protect against the spread of COVID-19. We saw both patients and staff (clinical and non-clinical) wearing face coverings. Staff also informed us patients were contacted prior to their appointment to check for any COVID-19 symptoms or respiratory illnesses. Staff also enquired about patients' health on the day of their appointment and relevant information was recorded in medical history records.

The name of the practice was displayed clearly on the outside of the building, as well as the practice opening hours and the emergency and out of hours contact numbers.

Dignified care

Communicating effectively

It was clear that the practice was committed to maintaining the privacy of patients. The practice only had one surgery and we witnessed the door being kept closed during all appointments. The reception desk was situated in the waiting area of the practice, meaning conversations between staff and patients would potentially be overheard. However, the practice manager told us that they will take patients into the staff area or the surgery, should they wish to talk privately.

Staff informed us there were currently no patients attending the practice who wish to converse in Welsh. Due to the location of the practice, we were told there were very few patients whose first language is Welsh. Staff also told us they have made use of a translation phone App when treating patients whose first language is not English.

The 9 Principles, as set out by the General Dental Council (GDC), were clearly displayed in the waiting area of the practice.

Patient information

General information about Rowlands Dental Practice was available in the waiting area. The information displayed included a cost list and a patient information

leaflet. 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

Reception staff told us every effort was made to ensure dental care was provided in a timely way. We were told the practice very rarely experienced delays, however in the event there was a delay, staff would keep patients informed and would also offer them the option to reschedule their appointment, with apologies for the inconvenience.

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

Staff on reception informed us of the process for scheduling emergency appointments. Reception staff were responsible for scheduling both routine and emergency appointments for both dental practices in the building. Rowlands Dental Practice had designated slots each day, which were kept for emergency appointments. Patients could phone up on the day to book an emergency appointment if needed.

Individual care

Planning care to promote independence.

We reviewed the Equality, Diversity and Human Rights policy and the Disability policy in place at the practice. We saw evidence these documents were reviewed annually and they contained all the relevant information to ensure each patient's individual needs were met.

People's rights

From conversations with staff, it was clear they were aware of the importance of using patients' preferred pronouns. Reception staff informed us there was a feature in place on their booking system to show each patient's preferred pronoun, which would flag up when accessing patient information.

Due to the practice being situated in an old, terraced building with limited space, it was not able to offer full access for people with disabilities. The treatment room was situated on the first floor of the practice and there was no lift available. The practice manager informed us any individuals looking for treatment and who require disabled access were signposted to a nearby practice, which could meet their needs.

Listening and learning from feedback

The complaints process was clearly displayed in the waiting area. The complaints information included the process to be followed, the timescales for responding, and the name of the staff member responsible for dealing with complaints. When we arrived on site, the complaints procedure did not include details of HIW as a pathway to make a complaint. When we mentioned this to staff, they included these details on the procedure displayed in the waiting area.

We were shown the log where complaints would be recorded, however, at the time of the inspection no complaints had been made since 2014.

Staff provided us with copies of completed patient surveys. These were given out to patients at the end of their treatment. All surveys we reviewed had positive feedback. We also saw a suggestion box located on the reception desk.

Delivery of Safe and Effective Care

Safe care

Managing risk and promoting health and safety

The layout at Rowlands Dental Practice was suitable to provide dental services. The waiting area, reception desk, staff area and decontamination room were all shared with the other practice operating in the building. On the first floor of the building, each practice had its own, separate surgery.

We saw all areas of the building to be clean and, for the most part, tidy. However, during our tour of the practice, we noted that the area outside the toilet was cluttered with plants and mop buckets. The mop buckets posed a trip hazard for staff and patients using this area. After our visit, we were provided with photographic evidence this area had been de cluttered and a designated space for mops had been allocated.

Our tour of the practice also highlighted risks in the cellar of the building. The patient records for both practices were stored in the cellar, however some of these were stored in close proximity to the two compressors. Although the records stored here were not belonging to Rowlands Dental Practice, the area was shared between both practices in the building. We raised this as a fire risk. Immediately after our visit, we saw evidence the records had been moved, reducing the risk of fire. We also saw evidence fireproof cabinets had been ordered to store paper records going forward.

Although the majority of the practice was in a good state of repair, we saw the back door, leading to the waste storage, would only open from the inside, resulting in staff being unable to open it from the outside. This made it difficult for staff to re-enter the building, should the door close behind them. We raised this with staff and, since the inspection, we have received evidence of repairs being carried out on the back door.

Fire safety equipment was available at various locations around the building, and we saw these had been serviced within the last 12 months. We reviewed staff fire safety training. The agency nurse working at the practice and the reception staff had up to date training, however the practice manager's fire safety training was out of date.

We saw a washing machine being used in the staff area; however, evidence of whether this was compliant with WHTM 01-04 and whether the utility company were aware of its use could not be provided. The area where the washing machine

was kept was shared by both practices in the building, with both also using the machine. We required the relevant evidence for this.

We require the practice manager to attend a fire safety training course as soon as possible, to ensure full compliance with mandatory training.

We require evidence of the washing machine being compliant with WHTM 01-04 and that the utility company is aware of its use.

Infection prevention and control (IPC)

The practice had dedicated facilities for the decontamination of dental instruments however, we were not provided with a WHTM 01-05 audit for the practice on the day of inspection. Staff have since provided us with evidence of having carried out the audit. and have sent to Health Education and Improvement Wales (HEIW) for approval. We require staff to provide evidence of approval from HEIW once received. The decontamination facilities were shared between both practices in the building. We recommended the practices agree the arrangements for conducting the WHTM 01-05 audit, sharing the findings and completing any actions needed.

We saw the storage and separation of clinical waste taking place in the cellar of the building. After advising staff to get designated waste disposal containers for the practice, we were provided with evidence of suitable bins being ordered and put to use since the date of inspection.

At the time of inspection, one of the autoclaves was not in working order, due to a faulty SD card. As a result, the autoclave was not able to record each cycle. Staff informed us this wasn't being used until it was fixed. We spoke to staff from both practices about the importance of getting this fixed imminently.

Staff must provide evidence of WHTM-01-05 audit approval as soon as this is received from HEIW.

Arrangements must be made for maintenance to be carried out on the autoclave to ensure it is in full working order.

Medicines management

We reviewed the arrangements for medicines management at the practice and found no medicines management policy in place. We require staff to develop and implement a medicines management policy as soon as possible.

Medicines were stored safely and securely in a designated fridge, and we saw evidence of a temperature checklist being completed.

The practice had a comprehensive policy in place for managing medical emergencies and resuscitation. We saw that this was reviewed annually and was based on current national guidelines for resuscitation.

All staff working at the practice had received cardiopulmonary resuscitation (CPR) training.

We require staff to develop and implement a medicines management policy as soon as possible.

Safeguarding children and safeguarding adults at risk

We saw evidence of up-to-date safeguarding training for all staff. The appropriate safeguarding policies and procedures were in place, which included a flow chart with contact details for the local safeguarding team. The practice manager also had access to the Wales Safeguarding Procedures phone App.

We confirmed both the practice manager and agency nurse who was present on the day of the inspection were registered with the General Dental Council (GDC).

Medical devices, equipment and diagnostic systems

The clinical facilities contained all relevant equipment. We also observed the surgery to be well organised, clean, and tidy.

We reviewed the training records of the practice manager, who was the only member of clinical staff working at the practice. We saw evidence they had undergone training to ensure safe use of equipment. We also reviewed the training records of the agency nurse working on the day of inspection. They were also up to date with all relevant training.

Effective care

Safe and clinically effective care

It was evident the practice had safe arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. These arrangements were outlined in the statement of purpose and, from conversations with staff, it was clear they were clear about their responsibilities regarding this.

However, we identified a rubber dam was not being used when patients were having root canal treatment. This may result in complications such as patients aspirating fluids or instruments used during the procedure.

A rubber dam should be used when patients have root canal treatment, where appropriate.

Quality improvement, research and innovation

We reviewed the audits that had been carried out by the practice. The practice had up to date hand hygiene and X-ray audits in place, however there were several audits that the practice was yet to carry out such as record card, antibiotic prescribing and smoking cessation audits.

The practice also did not have a clinical audit policy in place at the time of inspection.

The practice had an up-to-date quality assurance policy in place. We also saw evidence of an annual review date for this.

Staff must carry out record card, antibiotic prescribing and smoking cessation audits for the practice as soon as possible.

Staff must develop and implement a clinical audit policy as soon as possible.

Information governance and communications technology

The practice 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 six patient records. Overall, they were maintained to an adequate standard, however, we noted some areas needing improvement. There was a lack of consistency in patient consent being recorded and medical history being checked at each appointment. This was raised with the practice manager and highlighted that these areas must be completed in all records going forward.

Conversations with staff also highlighted improvements were needed around providing written treatment and cost to patients for every appointment. We also raised the need for Basic Periodontal Examinations (BPE) to be updated on a regular basis. After raising these issues with the practice manager, they confirmed these actions would be carried out going forward.

Patient consent must be obtained at every appointment and recorded in the patient records.

Staff must ensure medical history is checked at every appointment.

Staff should always provide a written copy of treatment and cost to patients. BPE to be updated on a regular basis.

Quality of Management and Leadership

Governance, Leadership and Accountability

The day-to-day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the 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.

We reviewed the practice's policies and procedures, all of which had recently been reviewed. However, we noted several of the policies still referred to the previous name of the practice, rather than Rowlands Dental Practice. Certain policies had the old name crossed out, rather than updated electronically and others still contained a watermark with the previous practice name. We raised this with the practice manager and advised a review of all policies to ensure they only refer to Rowlands Dental Practice.

At the time of inspection, the practice had not produced a report as required under Regulation 16 of The Private Dentistry (Wales) Regulations 2017. However, since the inspection we have been provided with evidence of a completed Regulation 16 report for the practice.

Staff must ensure that all policies are updated to ensure they only refer to Rowlands Dental Practice.

Workforce

The staff team at Rowlands Dental Practice consisted of the practice manager, who was also the lead dentist, and two part time receptionists (both of whom worked for both practices in the building). Dental nurses were employed from an agency.

Staff described the pre-employment checks that would be undertaken for any new members of staff. These included checking of references and undertaking DBS checks. We confirmed that all relevant staff had a valid DBS check in place.

We saw evidence of a comprehensive recruitment policy in place that outlined the process used to recruit new staff. The practice manager informed us they plan to continue using agency dental nurses. Recruitment for reception staff was handled by the other practice in the building.

The practice manager provided us with the staff files for themselves and the reception staff. We were also given the file for the agency nurse working that day. We saw that the agency nurse had an in-date Hepatitis B vaccination, however the practice manager was not up to date. Since the inspection we have received confirmation that remaining staff have booked a booster and will be having it imminently. All staff had up-to-date DBS certificates in place.

We saw evidence of a comprehensive whistleblowing policy in place.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
<p>Our tour of the practice highlighted risks in the cellar of the building. The patient records for both practices were stored in the cellar, however some of these were stored in close proximity to the two compressors.</p>	<p>We identified the close proximity of the paper records to the compressor as a fire risk.</p>	<p>We raised this as an immediate concern, which needed to be addressed by both practices in the building.</p>	<p>Immediately after our visit, we saw evidence the records had been moved an acceptable distance away from the compressors. We also saw evidence fireproof cabinets had been ordered to store paper records going forward</p>

Appendix B - Immediate improvement plan

Service: Rowlands Dental Practice

Date of inspection: 23/03/2023

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
No immediate improvement plan required.				

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: Rowlands Dental Practice

Date of inspection: 23/03/2023

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
We require the practice manager to attend a fire safety training course as soon as possible, to ensure full compliance with mandatory training.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (4) (c)	Immediately booked onto course to ensure compliance.	P.W.Rowlands	Completed on 10.05.2023 Certificate sent to HIW on 10.05.2023
We require evidence of the washing machine being compliant with WHTM 01-04 and that the utility company is aware of its use.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	A plumber confirmed non-retraction valve is fitted and is compliant with WHTM 01-04. Utility company informed of washing machine installation and use.	P.W.Rowlands	Confirmation letter from plumber received on 07.06.2023 with photographic evidence supplied. Confirmation sent to HIW on 02.06.2023 Awaiting reply from utility company- expected within 1 month of 12.06.2023

Staff must provide evidence of WHTM 01-05 audit approval as soon as this is received from HEIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (6) (a)	HEIW contacted on 23.03.2023 to initiate audit.	P.W.Rowlands	Audit improvement plan sent to HEIW on 25.04.2023 and approved by HEIW on 28.04.2023 Approval sent to HIW on 28.04.2023
Arrangements must be made for maintenance to be carried out on the autoclave to ensure it is in full working order.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	An engineer attended the practice on 31.03.2023 to investigate data logging fault.	P.W.Rowlands	Job sheet report generated by engineer on 31.03.2023 confirming faulty SD card. SD card replaced. Documentation available in practice.
We require staff to develop and implement a medicines management policy as soon as possible.	The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1) (l)	Medicines management policy updated and implemented in practice.	P.W.Rowlands	Completed on 08.06.2023- documentation available in practice.
A rubber dam should be used when patients have root canal treatment, where appropriate.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (1) (b)	Will incorporate use of rubber dam into practice and attend a refresher course in this subject.	P.W.Rowlands	Within 3 months.
Staff must carry out record card, antibiotic prescribing and smoking	The Private Dentistry (Wales) Regulations	Audits initiated using HEIW and BDA	P.W.Rowlands	Within 3 months.

cessation audits for the practice as soon as possible.	2017 - Regulation 16 (1) (a)			
Staff must develop and implement a clinical audit policy as soon as possible.	The Private Dentistry (Wales) Regulations 2017 - Regulation 8 (1) (n)	Clinical Audit Policy established and put into practice	P.W.Rowlands	Completed on 08.06.2023 Documentation available in practice.
Patient consent must be obtained at every appointment and recorded in patient records.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (9) (d) and Regulation 20	This has been noted and incorporated into patient appointments and records.	P.W.Rowlands	Immediately initiated and in progress.
Staff must ensure medical history is checked at every appointment.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20	This has been noted and incorporated into patient appointments and records.	P.W.Rowlands	Immediately initiated and in progress.
Staff should always provide a written copy of treatment and cost to patients.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20	Treatment plans are being generated through the dental software at the practice.	P.W.Rowlands	In progress.
BPE to be updated on a regular basis.	The Private Dentistry (Wales) Regulations 2017 - Regulation 20	This has been noted and incorporated into patient appointments and records.	P.W.Rowlands	Immediately initiated and in progress.
Staff must ensure that all policies are updated to ensure they only refer to Rowlands Dental Practice.	The Private Dentistry (Wales) Regulations 2017 - Regulation 8	Policies are currently being updated to be compliant to Rowlands Dental Practice.	P.W.Rowlands	12 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

Name (print): Peter William Rowlands

Job role: Dental Surgeon/Practice Manager

Date: 14.06.2023