

General Dental Practice Inspection Report (Announced)

The Whites Dental Centre, Radyr

Inspection date: 24 April 2023

Publication date: 21 August 2023



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Digital ISBN 978-1-83504-540-4

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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 The Whites Dental Centre, Radyr on 24 April 2023.

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

Before 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 49 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:

It was clear that staff at The Whites Dental Centre were committed to giving patients a positive experience when visiting the practice.

Patients provided very positive feedback about the service received at the practice.

This is what the service did well:

- Patients provided very positive feedback, rating the service they had received as 'very good' or 'good'
- The practice was fully accessible, with ground floor surgeries, a disabled toilet and spacious reception and waiting rooms.

Delivery of Safe and Effective Care

Overall summary:

We saw the practice premises was well maintained, both internally and externally. Both communal and clinical areas were also kept clean and tidy, and we saw evidence of various policies and procedures in place for infection control at the practice.

This is what we recommend the service can improve:

- We require senior staff to carry out a CAPRO antibiotic prescribing audit and a smoking cessation audit
- The Practice should ensure all sharps boxes are stored securely and out of reach of children
- All cracks in the wooden floor of the decontamination room need to be sealed to allow effective cleaning
- The practice manager must ensure that all staff complete the required level of safeguarding training as soon as possible.

This is what the service did well:

- The practice premises was accessible, well maintained and decorated and furnished to a high standard
- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment

- Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months.

Quality of Management and Leadership

Overall summary:

There was evidence of good leadership and clear lines of accountability in place at The Whites Dental Centre.

The practice had a range of written policies in place, which were readily available to staff to support them in the work roles. All policies were up to date and were annually reviewed.

This is what we recommend the service can improve:

- A regulation 16 report needs to be completed for the practice.

This is what the service did well:

- A range of policies were readily available to staff to support them in their work roles.

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

HIW issued a questionnaire to obtain patient views on the care they received at this practice. In total we received 49 responses from patients at the practice.

Overall, all patient comments were positive. All patients rated the service they received as 'very good' or 'good'.

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

"Whites provide excellent care and a first-rate service. The staff are professional, efficient and very caring."

"I have used White Dental practice since 1983. I have never had cause for concern. The practice has constantly updated its service offering and offers consistently high service levels."

Person Centred

Health Promotion

All 49 respondents who completed HIW questionnaires agreed that staff explained their oral health to them in a way they could understand. All respondents also confirmed that the dental team enquire about their medical history before undertaking any treatment.

When asked whether they were given aftercare instructions on how to maintain good oral health, 48 of the questionnaire respondents stated that they were, and one patient replied with 'not applicable' to this question.

The practice name was clearly visible on the outside of the practice, as well as the practice opening times and emergency contact details. An up-to-date staff list and their General Dental Council (GDC) numbers were clearly listed in the patient information leaflet, which was available at the reception desk and in the waiting room.

We saw various pieces of information displayed regarding health promotion for patients. This included medical advice for snoring and vitamin deficiencies. 'No smoking' signs were also clearly displayed.

Dignified and Respectful Care

It was clear that staff at The Whites Dental Centre were committed to maintaining patients' privacy and confidentiality. We observed all clinic room doors were kept closed during appointments. The waiting area was also situated away from the reception desk, thus ensuring conversations could not be overheard by patients waiting to attend their appointment.

We were told that an empty surgery could be used should patients wish to have private conversations with practice staff.

All respondents who completed a HIW patient questionnaire told us staff had treated them with dignity and respect. Questionnaire respondents also agreed that staff listened to them and answered all their questions during their appointment.

When we arrived on site, the GDC core ethical principles of practice were not displayed in the practice. However, after speaking to staff this was rectified and we witnessed the GDC principles clearly displayed in the reception area before leaving the premises.

Individualised care

All respondents who completed a HIW questionnaire told us that they felt they were provided with enough information to understand the treatment options available to them, as well as the risks and benefits of the treatment options available.

All respondents who answered the question in the questionnaire (48/48) told us they had been involved as much as they had wanted to be in decisions about their treatment. One patient did not respond to this question.

Timely

Timely Care

We were told that reception staff were responsible for informing patients of any appointment delays. Dental staff would contact the reception desk to inform of any delays, this would then be communicated to patients in person by reception staff.

Staff informed us that there was no online booking system used at the practice. Patients could book appointments either over the phone, via email or in person at

the practice. We were told that emergency appointments could be obtained on the day via telephone.

The majority of respondents (45/49) told us they had found it 'very easy' to get an appointment when they needed one. The other four respondents told us they had found it 'fairly easy'. In addition, the majority (46/49) told us they would know how to access the out of hours dental service if they had an urgent dental problem. Two respondents told us they would not know, and one didn't answer.

Equitable

Communication and Language

We saw evidence of treatment costs being clearly displayed in the reception area of the practice. All questionnaire respondents confirmed that costs were made clear to them before treatment.

We were told there were no Welsh speaking staff working at the practice. Where required, we were told staff could access a translation service to help them communicate with patients whose first language is not English.

The practice had a range of patient information available, including a patient information leaflet and complaints policy. All information was available in English, however staff informed us that they could make the information available in alternative formats if requested.

The majority of respondents who completed a HIW questionnaire (46/49) told us their preferred language was English. The remaining three respondents noted their preferred language was Welsh. In addition, these three respondents all told us that they were sometimes actively offered the opportunity to speak Welsh throughout their patient journey and always feel comfortable using the Welsh language at the practice.

Rights and Equality

We found staff at The Whites Dental Centre to be committed to providing treatment in a way that recognised patients' rights.

We saw evidence of an up-to-date equality and diversity policy in place. The practice also had a non-discrimination policy in place as well as a gender inclusivity protocol. This highlighted the importance of using preferred pronouns and encouraged the use of gender-neutral language in both formal and informal conversations.

The practice had surgeries situated on the first and ground floor of the premises. There was also a spacious waiting area and a toilet and hand washing facilities situated on the ground floor, thus making the practice accessible for all patients.

The majority of questionnaire respondents (47/49) told us that they had never faced discrimination at The Whites Dental Centre. The remaining two patients noted that they felt discriminated against on the grounds of age, however they provided no additional information around this.

Delivery of Safe and Effective Care

Safe

Risk Management

It was evident that the premises was maintained to a high standard, both internally and externally. The practice also had a spacious waiting area, suitable for the number of surgeries and sufficient changing and storage facilities for staff.

We saw evidence of a comprehensive health and safety policy in place at the practice, as well as a building maintenance policy and business continuity plan. All documents were kept up to date.

Although the business continuity plan contained the contact details for all contactable services in the event of emergencies, we recommended that a list of these contacts be kept on the staff notice board, to allow for easy access in the event of an emergency.

The registered manager should develop a list of all emergency contact details to keep in communal staff area, in order to allow for easy access in the event of an emergency.

During our tour of the practice, we noted that the decontamination room was not lockable, and therefore did not prevent patient access.

The registered manager must ensure a lock is placed on the decontamination room to prevent patient access.

Staff provided us with an up-to-date fire safety risk assessment for the practice. Fire exits were clearly signposted, and 'no smoking' signs were displayed in communal areas of the practice. We also saw fire safety equipment was available for staff to use in the event of a fire. A current fire equipment maintenance contract was in place. Our review of staff training also confirmed that all staff were up to date with fire safety training.

During our tour of the premises, we saw sharps boxes being stored on the floor in surgeries, in reach of any children visiting the practice. We require these to be stored securely and out of reach and recommend securing them to the walls with brackets.

The registered manager must ensure sharps boxes are stored securely and out of reach of children.

Staff informed us that the practice had effective internal communication. We witnessed calls being made between the reception desk and the dental surgeries.

We confirmed employer's and public liability insurance was in place.

Infection, Prevention, Control (IPC) and Decontamination

We saw evidence of up-to-date policies and procedures in place in relation to infection prevention and control (IPC) and decontamination.

Of the 49 HIW questionnaire respondents, 48 told us that, in their opinion, the practice environment was 'very clean', with one respondent claiming it was 'fairly clean'. In addition, the majority of respondents (46/49) felt that infection prevention and control measures were followed at the practice, two respondents felt that IPC measures were followed 'sometimes' and one patient did not provide a response.

We saw evidence of a cleaning contract in place, as well as a cleaning schedule. Although all flooring, soft furnishings, blinds and landing were outlined in the cleaning schedule, there was no reference to the decontamination room.

The registered manager must arrange for the decontamination room to be included in the cleaning schedule for the practice.

During our tour of the practice, we also noted that the wooden flooring in the decontamination room had several cracks in it, thus effecting the ability to thoroughly clean the room. We recommend all cracks are sealed in order to allow effective cleaning.

The registered manager must ensure all cracks in the floor of the decontamination room are sealed to allow effective cleaning.

Our findings highlighted that the autoclave data logger records for the practice were only being viewed weekly and not daily.

The registered manager must ensure autoclave data logger records are reviewed daily to ensure the equipment is working effectively.

When reviewing the practice COSHH file, we noted that it did not include a list of individual materials and products located at the practice, as well as the process to follow if an incident or accident occurs. We raised this with staff and asked that the file be updated to include this.

The registered manager must ensure the COSHH file is updated to include a list of individual materials and products located at the practice, as well as the process to follow if an incident or accident occurs.

The practice had suitable hand hygiene facilities in place. We also witnessed personal protective equipment (PPE) that was readily available for staff to use.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

Medicines Management

Staff confirmed that no medicines are dispensed at The Whites Dental Centre.

The practice had a comprehensive policy and arrangements in place for managing medical emergencies. The policy was based on current national guidelines for resuscitation.

We reviewed the emergency drugs and equipment. All emergency drugs were in date; however, the child and adult masks and one airway was out of date. Staff confirmed that these items have been ordered, however they had experience delays in getting them delivered.

The registered manager must provide evidence to HIW of receipt of the required emergency equipment once received.

There was a first aid kit available and designated first aiders at the practice. All first aiders were up to date with the relevant first aid training.

Safeguarding of Children and Adults

We reviewed the safeguarding policies and procedures at the practice. All were up-to-date and including all relevant information, including the local contact details to report any concerns.

Our review of staff training highlighted that, although all staff had completed safeguarding training, many had only completed Level 1. We require all staff to complete a minimum of Level 2 safeguarding training as soon as possible.

The registered manager must arrange for all clinical staff to complete Level 2 safeguarding training.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment.

It was clear that the dental equipment at the practice was well maintained and in good condition. However, the re-sheathing needle device was not being routinely used. Instead, the dental nurses would dismantle and discard the needles in the contamination room.

The registered manager should arrange for staff to use the re-sheathing device routinely to maximise safe and effective care.

The practice has a decontamination pod installed in the decontamination room. However, due to the positioning of this, access to the 'dirty' side of the pod was limited, thus making it a safety hazard for staff. Staff told us that the pod is designed to rotate, however this feature was not functional during the inspection.

The registered manager must arrange for the sterilisation unit to be repositioned to allow for easy access to both clean and dirty side.

X-rays were performed at the practice. We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment used. We also saw evidence of a maintenance record in place and an up-to-date inventory of equipment which included all relevant information. This included the name of the manufacturer, serial number, model number and quality assurance documentation for image processing.

Effective

Effective Care

We found staff were clear regarding their work roles and responsibilities at the practice. There was also evidence of clear management structures in place.

Patient Records

We reviewed the dental care records of seven patients. We saw a suitable system was in place to help ensure records were safely managed and stored securely.

All the records we reviewed had suitable patient identifiers, such as the patient's name and date of birth. In addition, the reason why the patients were attending and, where applicable, the symptoms described by the patients had been recorded.

All records reviewed also included updated medical history, full base charting, and a recording of baseline basic periodontal examination (BPE).

Quality of Management and Leadership

Leadership

Governance and Leadership

The Whites Dental Centre was owned by the principal dentist who, along with other senior dental staff, had oversight of the day-to-day running of the services provided.

Staff told us about the arrangements in place for sharing relevant information with the practice staff team. These included staff meetings and ad hoc communication with staff. We saw evidence of meeting minutes being recorded.

We reviewed a range of written policies, which were readily available to staff to support them in the work roles. All policies were up to date and were annually reviewed.

The practice had an up-to-date statement of purpose and patient information leaflet. Both contained all relevant information, as outlined in The Private Dentistry (Wales) Regulations 2017.

The registered manager confirmed that they are yet to produce a Regulation 16 report for the practice.

The registered manager for The Whites Dental Centre must arrange for a Regulation 16 report to be produced as soon as possible.

Workforce

Skilled and Enabled Workforce

We were told of the process used to recruit new staff and there were policies in place to support the employment and induction of staff.

We reviewed a sample of staff files. All reviewed contained evidence of the staff member's GDC registration, Hepatitis B immunity, Disclosure and Barring Service (DBS) check and professional indemnity insurance. We also saw evidence of training certificates being kept in staff files. Staff were compliant with mandatory training.

We spoke to staff about the process in place for them to be able to raise concerns. Staff told us that they felt able to raise concerns and would either speak to the practice manager or a senior dentist. The practice had an up-to-date whistleblowing policy in place.

Culture

People Engagement, Feedback and Learning

Staff informed us of the arrangements in place for seeking patient feedback. Questionnaires were available at reception for patients to complete. Online reviews were also encouraged and a suggestion box was available if patients wanted to submit comments anonymously.

The practice complaints procedure was clearly displayed in the reception area. The document contained all relevant information, including the name of the person responsible for handling complaints at the practice, timescales for dealing with complaints and contact details for HIW.

Of the 49 questionnaire respondents, 44 told us that they were given information on how the practice would resolve any concerns or complaints post-treatment. The remaining five patients answered with 'not applicable'.

Learning, Improvement and Research

Quality Improvement Activities

We were provided with examples of various audits being completed at the practice, including audits of X-rays and clinical records. However, we noted that the practice had not yet completed a smoking cessation audit nor a CAPRO audit of antibiotic prescribing. We raised this with staff and asked that both be completed as soon as possible.

The registered manager must ensure a smoking cessation audit and CAPRO antibiotic prescribing audit are completed imminently.

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 concerns identified			

Appendix B - Immediate improvement plan

Service: The Whites Dental Centre

Date of inspection: 24/04/23

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.

Risk/finding/issue	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: The Whites Dental Centre

Date of inspection: 24/04/2023

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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
A list of emergency contact details was available in the business continuity plan, however this list was not readily available in a communal area, should an emergency occur.	The registered manager should develop a list of all emergency contact details to keep in communal staff area, in order to allow for easy access in the event of an emergency.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (2) (b)	New List of Emergency Continuity business plan has been updated and placed in communal area for staff.	Sandra Evans	17/07/23
The decontamination room at the practice was not lockable.	The registered manager must ensure that a lock is placed on the decontamination room to prevent patient access.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (1) (a)	Locksmith Contacted 12/07/23- waiting for fitting week commencing 24/07/23	Sandra Evans	24/07/23

During our visit, sharps boxes were being stored on the floor of the surgeries, in reach of children.	The registered manager must ensure sharps boxes are stored securely and out of reach of children.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (1) (a)	Boxes removed from floor, placed out of reach of children/patients and stored safely	Sandra Evans	12/07/23
We reviewed the cleaning schedule for the practice, however the decontamination room was not included in the document.	The registered manager must arrange for the decontamination room to be included in the cleaning schedule for the practice.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (1) (a)	New cleaning protocol for decontamination room has been implemented and used	Sandra Evans	12/07/23
During our tour of the practice, we noticed several cracks in the wooden flooring in the decontamination room, thus preventing thorough cleaning.	The registered manager must ensure all cracks in the floor of the decontamination room are sealed to allow effective cleaning.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (1) (a)	New vinyl safety flooring has been placed by CS Flooring	Sandra Evans	26/05/23
Our findings highlighted that the autoclave data logger records for the practice were only being viewed weekly.	The registered manager must ensure autoclave data logger records are reviewed daily to ensure the equipment is working effectively.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	New book with pressure timing updated and printed as requested and reviewed daily	Sandra Evans	26/04/23

When reviewing the practice COSHH file, we noted that it did not include a list of individual materials and products located at the surgery, as well as the process to follow if an incident or accident occurs.	The registered manager must ensure the COSHH file is updated to include a list of individual materials and products located at the practice, as well as the process to follow if an incident or accident occurs.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22 (1) (a)	Process started in recording all materials and products located in the surgeries as well as the process to follow if an incident/accident occurs.	Sandra Evans	01/08/23
When reviewing the emergency equipment at the practice, we noted some equipment was out of date. Staff confirmed these were on order but there had been several delays in delivery.	The registered manager must provide evidence to HIW of receipt of the required emergency equipment once received.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	New AED pads have been delivered and fitted on 01/06/23 Replaced with new masks and stored with oxygen bottle and medical bag on 27/04/23	Debbie Gould Debbie Gould	01/06/23 27/04/23
Although all staff had completed safeguarding training, the required level of training was not obtained by all staff.	The registered manager must arrange for all clinical staff to complete Level 2 safeguarding training.	The Private Dentistry (Wales) Regulations 2017 - Regulation 14 (1) (b)	Staff have commenced courses of safeguarding level 2	All Staff	28/07/23

The re-sheathing needle device was not being routinely used at the practice	The registered manager should arrange for staff to use the re-sheathing device routinely to maximise safe and effective care.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	Three re-sheathing needle devices have been placed in the decontamination room and used routinely	Debbie Gould	25/04/23
During our visit, the positioning of the decontamination pod made access to the dirty side limited, thus making it a safety hazard for staff.	The registered manager must arrange for the sterilisation unit to be repositioned to allow for easy access to both clean and dirty side.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13 (2) (a)	Decontamination pod is fully operative as of 05/23	Sandra Evans	05/23
The practice did not have a regulation 16 report in place at the time of our inspection	The registered manager for The Whites Dental Centre must arrange for a Regulation 16 report to be produced as soon as possible.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1)	Regulation 16 in place	Yasmin Wright Sandra Evans	18/07/23
When reviewing audits carried out at the practice, we noted that the practice was yet to complete a smoking	The registered manager must ensure a smoking cessation audit and CAPRO antibiotic prescribing audit are completed imminently.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16 (1) (a)	Smoking Cessation Audit in place CAPRO Audit in place	Yasmin Wright Sandra Evans	18/07/23

cessation audit and a CAPRO antibiotic prescribing audit.					
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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): SANDRA EVANS

Job role: DENTAL NURSE

Date: 20/07/23