

General Dental Practice Inspection Report (Announced)

Freeman and Rosser Dental and
Implant Clinic, Carmarthen

Inspection date: 25 July 2023

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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 Freeman and Rosser Dental and Implant Clinic, Carmarthen on 25 July 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a Dental Peer Reviewer. The inspection was led by a HIW Healthcare Inspector.

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 18 questionnaires 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 that Freeman and Rosser Dental and Implant Clinic was committed to providing a positive experience for their patients.

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

All respondents to the HIW questionnaire rated the service as ‘very good’ or ‘good’. Comments included:

“Very professional, first rate”

This is what we recommend the service can improve:

- Display Welsh versions of HIW Registration Certificates.

This is what the service did well:

- Bright, clean and well-maintained practice environment
- Reasonable adjustments were in place to make the practice accessible to people with mobility impairments
- We saw good arrangements in place for the maintenance of patients’ privacy and dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that the practice was well maintained and organised. Dental surgeries were clean, well equipped and fit for purpose.

We found that staff followed clear procedures to ensure that dental instruments were decontaminated, medical equipment was checked and tested regularly and that cleaning regimes were followed.

All areas were seen to be clean, tidy and free from any visible hazards.

This is what we recommend the service can improve:

- More consistent capture of information in patient records.

This is what the service did well:

- Clinical areas were clean, well equipped and fit for purpose
- A range of clinical audits were carried out on a regular basis
- A comprehensive range of policies and procedures were in place to ensure the safe and effective care of patients.

Quality of Management and Leadership

Overall summary:

We found that Freeman and Rosser Dental and Implant Clinic had good leadership and clear lines of accountability. There was a practice manager, who was also the registered manager for the practice. We also saw that effective support was provided by the practice's parent group, Portman Dental Care.

We found that the practice manager was committed to providing a high standard of service, for both patients and staff.

We saw evidence of regular team meetings being held to share information, and that performance management of staff was done regularly.

This is what we recommend the service can improve:

- Update the complaints procedure to include contact details for the practice
- Consider how to gather feedback from patients without internet access.

This is what the service did well:

- Policies and procedures were up to date, regularly reviewed and available to all staff
- Staff records and training compliance were complete and well managed
- The service made effective use of support from the practice's corporate group.

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

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

“Always caring, professional and effective, very efficient”

“Politeness and friendliness of reception staff is excellent - Always welcome with a smile”

We asked what could be done to improve the service. Comments included the following:

“Difficult to arrange appt with dentist as I do not work locally and last appt is 4.10pm”

Person Centred

Health Promotion

A small amount of health promotion material was displayed, about smoking cessation and signs of oral cancer. Posters were also displayed about the benefits and risks of dental X-rays and asking patients to notify staff of any change in medical history or medication. In addition, a small selection of leaflets was seen in the hygienist’s room.

No smoking signs were displayed, which confirmed the practice adhered to the smoke free premises legislation.

All respondents to the HIW questionnaire agreed that they were given aftercare instructions on how to maintain good oral health and that this was explained clearly.

Dignified and Respectful Care

We witnessed surgery doors being kept closed when in use and we were assured that patient dignity was preserved.

The reception desk was located in the waiting room and staff were observed being mindful of privacy when answering telephone calls. Staff told us that surgeries and the Practice Manager's office were available for confidential conversations with patients.

The practice did not have a copy of the General Dental Council (GDC) Code of Ethics on display. We raised this with the Practice Manager and a copy was put on display during the inspection.

HIW Certificates of Registration were displayed in the patient waiting area, but in English only.

The practice must display HIW Registration Certificates in both English and Welsh as required by legislation that applies to private dental practices.

We saw that treatment prices were clearly displayed in the patient waiting area. There was a poster showing pictures of the clinical staff, their names and their GDC registration numbers.

Respondents to the HIW questionnaire all agreed that staff treated them with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and confirmed that information to correctly identify the patients was recorded on all notes and inserts.

All respondents to the HIW questionnaire agreed that they were given enough information about treatment options, risk and benefits of these options and that the cost was made clear to them before treatment.

Timely

Timely Care

Staff told us that an instant messaging system was in place for those working in surgeries to update reception staff about any delays, and that patients were updated verbally.

Surgery opening hours were clearly displayed outside the practice, as well as a phone number to use out of hours or in an emergency. The practice did not use an online booking system. Patients were able to book an appointment in person, on the phone or request a call-back via email. We were told that text messages, emails and phone calls were used to remind patients about appointments.

Staff told us that emergency appointments were made available daily and, further to agreement with the dentist, patients were offered a 'sit and wait' appointment. We noted that normal opening hours for the practice meant that appointments outside the 9-5 working day were available.

Equitable

Communication and Language

Staff told us that they had access to translation services, when required for responding to non-English speaking patients.

There was information displayed at the practice and on their website about the availability of Welsh speaking staff. At the time of inspection this included two dentists and a hygienist.

Rights and Equality

The practice had an Equality and Diversity Policy in place, which had been signed by all staff as being read and understood.

We saw that provision had been made to help people with mobility difficulties access the practice and services. We observed steps with a handrail and safety strips, a ramp for wheelchair users, a hearing loop in the reception area and an accessible toilet. All clinical areas were on the ground floor.

Staff told us that patients were asked for their preferred pronouns when joining the practice and that these were recorded and used.

Delivery of Safe and Effective Care

Safe

Risk Management

We found that the premises were clean, well maintained, and free from obvious hazards. The clinical facilities and public areas were all on the ground floor and suitable for the number of patients and services provided. There were four surgeries and seating for approximately 11 patients. Chairs with high backs and armrests were provided along with sofas.

The mixed gender patient toilet was easily accessible, visibly clean and tidy with handwashing and drying facilities and a sanitary disposal unit. A poster was displayed providing instructions on effective handwashing, in both English and Welsh.

We found a fire risk assessment had been carried out, dated 29 September 2022 and reviewed annually, with no outstanding actions noted. Fire routes were clear, and the fire exit was clearly signposted with an illuminated sign. Fire instructions were clearly displayed, and an assembly point indicated in the car park. Fire extinguishers of various types were located at key locations within the practice premises, with evidence of servicing.

We saw records of staff fire safety training, with 100% compliance at the time of inspection. An electronic system was used to record local fire safety checks, including fire drills. Fire drill records showed the number of staff taking part, but not their names. This meant it was not possible to identify staff members who had not taken part in the drills and need additional instruction.

We recommend that records of fire drills include the names of those taking part.

We observed that an Employer's Liability Insurance certificate and a Health and Safety at Work poster were displayed.

Staff were provided with a lockable changing area and storage boxes in the staff-only room.

We saw that various policies and procedures were in place to ensure the premises were fit for purpose, and that an effective electronic system was in place to ensure they were reviewed regularly. The documents seen included a Business Continuity policy, Risk Management policy and a Health and Safety risk assessment.

The Health and Safety risk assessment seen was the most recent and specified any actions to be taken but did not clearly show what mitigation measures were already in place from previous assessments. This meant that it was not possible to review whether existing mitigation measures were still in place and appropriate.

We recommend that when reviewing the Health and Safety risk assessment, additional details be included to show what risks have been considered and mitigation measures applied.

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 and having a designated infection control lead. Additionally, there was an effective cleaning schedule in place and cleaning logs completed.

We saw that one of the sofas in the patient waiting area was worn in places, making it more difficult to keep clean. This could increase the risk of infection to patients.

We recommend that the worn seating in the patient waiting area be repaired or replaced, to help maintain infection control.

All respondents to the HIW questionnaire rated the dental practice as 'very clean'.

The procedures for processing, decontamination and sterilising of dental instruments were appropriate and well understood. We saw that equipment checks were carried out and recorded, and that clinical audits of infection control were carried out.

The practice did not have a dedicated room for the decontamination of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. The practice manager told us that this was under consideration for the future.

We recommend that having a dedicated decontamination room be included in any improvement plans for the premises.

We saw that substances that were subject to Control of Substances Hazardous to Health (COSHH) were stored appropriately in a locked cupboard. There were appropriate measures being taken to manage clinical waste, with a lockable storage area outside the premises and a waste disposal contract in place.

Medicines Management

We found that the practice had appropriate and safe arrangements in place for medicines management. This included secure storage of medicines, having relevant information available and logging medication prescribed to patients.

It was noted that some medicines being stored had a requirement to be stored below 25 °C in accordance with the manufacturer's instructions.

We recommend that temperature logging be used to check if relevant medicines are subjected to temperatures above recommended storage conditions so appropriate action can be taken should the temperature be exceeded.

We found that there were appropriate arrangements and equipment in place to manage medical emergencies. We reviewed a sample of five staff training records and saw that all had up-to-date training in cardiopulmonary resuscitation (CPR). There were two appointed first aiders.

Safeguarding of Children and Adults

We saw that safeguarding policies and procedures were in place and available to all staff. The policies made reference to guidelines from 2008, which have since been updated. This could increase the risk of safeguarding issues being managed contrary to current guidelines.

We advised that policies and procedures be updated to make reference to the All Wales National Safeguarding procedures.

We reviewed a sample of five staff records and saw evidence of appropriate and up-to-date training in the safeguarding of children and adults. Staff were aware of the procedures and how to report concerns. Staff told us that resources were available to support colleagues if required, including counselling services.

Management of Medical Devices and Equipment

Clinical equipment was seen to be safe, in good condition and fit for purpose.

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. We reviewed a sample of five staff records and saw evidence of up-to-date training on IR(ME)R (Ionising Radiation (Medical Exposure) Regulations). We saw that an appropriate radiation risk assessment was in place.

Effective

Effective Care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were outlined in the statement of purpose and patient information leaflet.

We saw evidence that staff would obtain and follow professional guidance and advice when necessary.

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 contained appropriate patient identifiers, medical history and reason for attendance.

However, we noted some inconsistencies in the recording of information. Tooth surface loss and oral cancer assessments were not always recorded, some treatment plans were not signed by the patients and verbal consent was not always recorded. In addition, current guidelines advise that fluoride varnish be applied as a preventative in certain circumstances, and there was no evidence that this was being done.

We recommend that the practice ensures all relevant information is recorded consistently, including tooth surface loss, oral cancer assessments, verbal consent and agreement to treatment plans.

We advise that the practice reviews and implements current guidelines with regards to application of fluoride varnish.

Quality of Management and Leadership

Leadership

Governance and Leadership

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 saw that good support was also provided by the practice's parent group.

We saw that effective systems were in place to ensure compliance with regulatory requirements. All the policies and procedures reviewed included an issue and review date and were signed by staff to indicate they had read and understood the document.

Staff explained that any patient safety incidents were recorded using an electronic system and reviewed by a Regulatory Team at the parent group, who would notify relevant authorities as appropriate.

We were told that regular team meetings took place and saw evidence of minutes, with these being signed as read by staff. We were provided with examples of staff performance reviews and saw that these were carried out regularly.

All clinical staff were registered with the GDC and had appropriate indemnity insurance in place.

Workforce

Skilled and Enabled Workforce

We saw that a recruitment and selection policy was in place to support the recruitment and induction of new staff. There was a disclosure policy that included carrying out checks through the Disclosure and Barring Service (DBS) and we saw evidence of DBS certificates being kept as part of staff records.

We reviewed a sample of staff records and saw evidence of GDC registrations, Hepatitis B immunity, and professional indemnity insurance.

The practice used an electronic system to maintain staff records and monitor compliance with training requirements. This was found to be effective and at the time of inspection a training matrix showed staff as having 100% compliance with their required training.

We were told that practice's parent group gave staff access to in-house clinical training courses, as well as providing training via a Regional Clinical Lead.

Culture

People Engagement, Feedback and Learning

Staff told us that patients were sent a link by email after any appointment, asking them to leave feedback via an electronic portal. Feedback was then notified to the practice on an individual basis but also as a 'word cloud' so that common themes could be identified. There was a QR code displayed in the patient waiting area, encouraging patients to leave an online review. We found that feedback was only sought using electronic means, and no provision was made for patients without access to the internet.

We advised that the practice consider how patients without access to the internet could provide feedback.

The practice had recently received guidance from their parent group to display feedback, and actions taken as a result, in the patient waiting area. This was yet to be implemented at the time of inspection.

We saw that there was a policy in place for dealing with complaints, which included timescales, sources of support for patients and how to escalate the complaint to external bodies if no resolution could be agreed. This was supported by a staff handbook for dealing with complaints.

Complaints were recorded electronically. All staff had access to the system and could use it to capture verbal and informal complaints. Staff told us that the practice's parent group reviewed and analysed any complaints, to identify any actions or recurring themes.

We saw that a poster was displayed in Welsh and English informing patients how to raise a complaint. This detailed different ways to raise a complaint but did not have contact details specific to the practice. This could discourage patients from making a complaint.

We recommend that the complaints procedure be made clearer to patients and include contact details specific to the practice.

Learning, Improvement and Research

Quality Improvement Activities

We found that the practice carried out appropriate quality improvement activities. Peer reviews were carried out as part of practice meetings and in designated meetings for specific topics. We saw evidence of clinical audits taking place, including implant success, periodontal, antimicrobial, referral, clinical record keeping and radiograph quality. All audits were recorded electronically, scored and compared to the previous year.

We were told that staff views were sought through an annual survey and a shorter bi-annual questionnaire, which could be submitted anonymously.

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
The General Dental Council (GDC) Code of Ethics was not displayed.	The GDC Code of Ethics sets out what patients should expect from a dental professional.	The Practice Manager was informed.	A copy of the GDC Code of Ethics was printed and put on display in the patient waiting area during the inspection.

Appendix B - Immediate improvement plan

Service: Freeman and Rosser Dental and Implant Clinic

Date of inspection: 25 July 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during the inspection					

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: Freeman & Rosser Dental and Implant Clinic

Date of inspection: 25 July 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 HIW Certificate of Registration was displayed in English only.	HIW Registration Certificates must be displayed in both English and Welsh.	Care Standards Act 2000, Regulation 28(1)	Certificates were pending as there was an oversight with HIW administration team following an update in December 2022. Certificates were received via post and displayed in practice on 11-09-23.	Kylie James Practice Manager	Completed 11-09-23
Fire drill records showed the number of staff taking part, but not their names.	Records of fire drills must include the names of those taking part, to help identify if any staff members have not been adequately trained.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Fire evacuation/drill template on our electronic system has been updated as per improvement request.	Quality & Safety Team	Completed 11-09-23

<p>The Health and Safety risk assessment showed actions to be taken but did not include existing issues and mitigation measures.</p>	<p>A record should be kept identifying Health and Safety risks that have been considered and mitigation measures applied.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(k)</p>	<p>The H&S Risk assessment is completed by accredited assessors & follows the regulations required. The assessment shows all risks identified and how these are managed or risks removed</p>	<p>Kylie James Practice Manager</p>	<p>Completed prior inspection 25-07-23</p>
<p>One of the sofas in the patient waiting area was worn in places, making it more difficult to ensure it was clean.</p>	<p>The worn seating in the patient waiting area must be repaired or replaced, to help maintain infection control.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)</p>	<p>Awaiting Delivery of new sofa approx.30-10-23</p>	<p>Kylie James Practice Manager</p>	<p>Ongoing - approx. 30-10-23</p>
<p>The practice did not have a dedicated room for the decontamination of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05.</p>	<p>The Registered Manager must confirm that a separate decontamination room will be considered as part of any future renovation plans</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(3)</p>	<p>Plans in place and approved. Project currently pending.</p>	<p>Kylie James Practice Manager</p>	<p>Completed prior inspection 25-07-23</p>

<p>Some medicines being stored had a requirement to be stored below 25 °C.</p>	<p>Temperature logging must be used to check if relevant medicines have been subjected to temperatures above their recommended storage conditions.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)</p>	<p>Task/Log was created on our electronic system RADAR, to record temperature of our drugs storage cabinet.</p>	<p>Kylie James Practice Manager</p>	<p>Completed 11-09-23</p>
<p>Safeguarding policies and procedures referred to guidelines from 2008, which have since been updated.</p>	<p>Relevant policies and procedures must be updated to refer to the All Wales national procedures.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)</p>	<p>References made to our Safeguarding Handbook. PM also saved All-Wales National procedures to favourites in her search engine.</p>	<p>Kylie James Practice Manager</p>	<p>Completed 26-07-23</p>
<p>There were some inconsistencies in the recording of information in patient records.</p>	<p>The Registered Manager must advise clinical staff that all relevant information should be recorded consistently in patient records, including tooth surface loss, oral cancer assessments, verbal consent, and agreement to treatment plans.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)(a)</p>	<p>PM completed a Team Meeting on 26-07-23 outlining HIW feedback regarding the improvements recommended. PM will also review this during clinical audits throughout 2024.</p>	<p>Kylie James Practice Manager & Shilla Talati RCL</p>	<p>Completed 26-07-23</p>

Current guidance advises that fluoride varnish be applied to teeth as a preventative in certain circumstances.	The Registered Manager must review the guidance ('Delivering better oral health: an evidence-based toolkit for prevention') and ensure it is applied appropriately	Standard: Effective	New code and fee for Fluoride Varnish application has been set up on our PMS system. Clinicians are all now aware of the guidance and requirements	Kylie James Practice Manager	Completed 18-09-23
Feedback from patients was gathered by electronic means only.	The Registered Manager must consider how to enable patients without internet access to provide feedback.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	Manual feedback forms available for patients	Kylie James Practice Manager	Completed 18-09-23
The complaints procedure displayed to patients did not include contact details specific to the practice.	The Registered Manager must update the complaints procedure available to patients to include contact details specific to the practice.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(b)	The complaints leaflet is on display which has all contact details in English and Welsh Pending - Bespoke details to be added	Kylie James Practice Manager	Ongoing

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): **Kylie James**

Job role: **Practice Manager**

Date: **18 September 2023**