

General Dental Practice Inspection Report (Announced)

Glenhaven Dental Care, Taff's Well

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 Glenhaven Dental Care on 25 July 2023.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 45 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:

Patients provided positive feedback about the service.

We found staff at the practice treated patients with kindness and respect and they involved patients in decisions about their dental care and treatment.

We were informed of good systems for keeping patients informed of waiting times and delays.

This is what the service did well:

- Patients provided positive feedback, rating the service they had received as 'very good'
- Lots of patient information available throughout patient areas
- The practice made efforts to provide patients with an appointment at a time suitable to them.

Delivery of Safe and Effective Care

Overall summary:

We saw the practice premises was well maintained, decorated and furnished to a high standard with all areas visibly clean.

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

Equipment and medicines for use in the event of an emergency were readily available at the practice. A new system was described that automated checking stocks and identifies when medicines need to be replaced.

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care.

We saw a suitable system was in place to help ensure records were safely managed, stored securely and retained for the appropriate period in line with the regulations.

This is what the service did well:

- The practice had a separate decontamination room and an effective process for the cleaning and decontamination of reusable dental instruments was described and demonstrated
- Regular clinical audits to ensure standards are maintained
- Policies regularly reviewed and updated as necessary.

Quality of Management and Leadership

Overall summary:

A dedicated and committed management team was in place and clear lines of reporting were described. Feedback from staff was positive in relation to the operation of the practice.

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

We found the practice to be well managed with good working processes implemented throughout, regular internal and external audits, a pro-active approach to adopting new technology, and regular team meetings and appraisals. We observed the management and staff had a very good working relationship and shared a common goal in providing patients with the best experience.

This is what the service did well:

- Staff had access to training on a range of topics relevant to their work
- Staff aware of feedback and whistleblowing process and comfortable with raising any issues
- Internal IT systems provided quick access to records, policies, and other documentation.

3. What we found

Quality of Patient Experience

Patient Feedback

All respondents who completed a HIW patient questionnaire rated the service provided by the practice as 'very good'.

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

"This is an excellent dental practice. Staff are welcoming and knowledgeable. I know I am in safe hands when visiting this practice."

"This is a very modern, upmarket practice, I have been exceptionally pleased to be able to be a patient here. The improvement in my dental health since I joined this practice has been amazing. I would not wish to be treated anywhere else."

"The service I have received has been first rate. All staff are very polite and extremely helpful. I have complete confidence in the treatment I have received. I would recommend the practice to anyone."

Person Centred

Health Promotion

We were told patients would be provided with relevant health promotion advice when seen by the dentists or other dental care professionals working at the practice. We were also told patients would be signposted to information available in the waiting areas.

All respondents who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand. They also told us staff had provided them with aftercare instructions on how to maintain good oral health.

We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises. This was in accordance with current legislation to help prevent disease caused by second-hand smoke.

Dignified and Respectful Care

During our inspection we found staff treated patients and their representatives with kindness and respect.

We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. We saw blinds on windows in the surgeries for privacy.

All respondents who completed a HIW patient questionnaire told us staff had treated them with dignity and respect.

The reception desk was in the waiting room. However, reception staff were mindful of the need to maintain patient confidentiality when speaking with patients, including conversations over the phone. A separate soundproof consultation room was available to discuss sensitive matters with practice staff.

The General Dental Council (GDC) core ethical principles of practice were displayed in the premises.

Individualised care

All respondents who completed a HIW patient questionnaire told us they were given enough information to understand the treatment options available to them, together with the risks and benefits of treatment.

Most respondents told us they had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We were told that the practice uses an instant messaging service that alerts reception of any delays. Reception staff would let patients know should there be a delay in them being seen at their appointment. We were also told nursing staff, if available, would discuss options with patients which could include rescheduling their appointment according to their wishes.

The practice is currently conducting trials of an online booking system for specific services. If successful, they will look to roll it out to other parts of the business.

Where patients required urgent dental treatment, we were told this would be arranged by telephone or as a walk-in patient. We were told the practice always schedules a dentist to be available for an hour for any such eventualities. Failing this they would still make efforts to fit patients in on the same day.

The practice's opening hours and emergency contact number were prominently displayed and could be seen from outside the premises. The NHS emergency contact number was also included for non-patients. We were told that the practice has an out-of-hours rota so that patients could be attended to outside of their usual opening times if necessary.

Most respondents (40/45) told us they had found it 'very easy' to get an appointment when they needed one. The other respondents told us they had found it 'fairly easy'. In addition, the majority (43/45) told us they would know how to access the out of hours dental service if they had an urgent dental problem.

We were told patients do not have to wait long between each treatment appointment.

Equitable

Communication and Language

We saw that written information displayed in the practice was available in English only. However, the practice is considering options for translating leaflets and already invested in easy read documents, had a hearing loop installed and have spare reading glasses if patients require them.

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. We were told that all patients are asked to identify their first language choice when they applied to become patients. We were told there were none that had requested Welsh as their preferred language.

All respondents who completed a HIW patient questionnaire told us their first language was English.

Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

We saw the practice had an up-to-date equality and diversity policy in place that all staff had read and agreed to.

There was level access to the practice premises and all treatment rooms were located on the ground floor together with a toilet with handwashing facilities, making the service accessible to patients. The premises has been fully redesigned with wide corridors and doorways enabling easy wheelchair access to the facilities.

Most respondents (43/45) who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice. One respondent told us they believed they had been discriminated against on grounds of age but gave no further details. The other respondent did not answer the question.

In addition, most respondents (41/45) told us they felt the premises was accessible.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the premises was well maintained with a good layout and appropriately sized rooms. Internally, the environment was decorated and furnished to a high standard.

All areas patients could access were uncluttered and free from hazards. We found the same for staff areas including a locker room where staff could change.

We found good arrangements were in place in relation to Control of Substances Hazardous to Health (COSHH). Every hazardous substance was securely locked away and had a suitable COSHH risk assessment in place.

We saw a comprehensive fire risk assessment had been completed within the last year. This showed appropriate arrangements were in place in relation to fire safety at the building with no recommendations being made. We saw that fire exits and evacuation signage were easily visible throughout the premises. A current fire equipment maintenance contract was in place and service checks had been conducted within the last 12 months. We saw fire safety equipment was located at several locations and was available for staff to use in the event of a fire. We found that a recent emergency lighting check had failed but saw evidence that remedial action was planned for early August 2023. We saw that fire drills were being conducted every six months.

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

We saw a health and safety risk assessment had been conducted within the last year. An approved Health and Safety poster was clearly displayed for staff to see.

Up-to-date policies and procedures were in place relating to risk management, health and safety and fitness of the premises. There was an emergency contingency policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to events such as equipment failure, flood, or a system failure. This included contact details for the designated emergency response team and a list of emergency contact numbers for contractors. This was linked to the business continuity plan.

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

Infection Prevention and Control (IPC) and Decontamination

We saw up-to-date written policies and procedures were in place in relation to infection prevention and control and decontamination.

We saw the waiting room and the dental surgeries were visibly clean and furnished to promote effective cleaning. Most respondents (43/45) who completed a HIW patient questionnaire told us, in their opinion, the practice environment was 'very clean'. The other respondents did not answer the question. Most (44/45) also felt infection prevention and control measures were being followed.

Suitable handwashing and drying facilities were available in each surgery and in the toilets. We saw posters displayed near the handwashing sinks advising staff and patients of the correct procedure to follow to ensure effective hand hygiene. Hand sanitiser was also readily available for both staff and patients to use. Personal protective equipment (PPE) was readily available for staff to use.

There was a designated decontamination room located away from the clinical facilities. A suitable system was in place to transport used instruments from surgeries to the decontamination room. Arrangements were described and demonstrated for the effective cleaning and decontamination of reusable dental instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been performed.

We saw waste produced by the practice was stored securely in appropriate containers while waiting to be collected for disposal. We also saw a current contract was in place to safely transfer waste from the practice.

We confirmed most 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. However, we found that IPC training was missing for one staff member but were assured that this training course was imminent. HIW was provided with evidence that this training had been completed on the day following the inspection (26 July 2023).

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. We also saw medicines were being stored securely and in accordance with the manufacturer's instructions, including those medicines requiring refrigeration.

We were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice. We were told this could be made available to patients on request.

Equipment and medicines for use in the event of an emergency were readily available at the practice. A new system was described that automated checking stocks and identifies when medicines need to be replaced. We also saw records of checks having been completed, and confirmed all medicines were within their expiry date.

We confirmed all staff working at the practice had completed resuscitation training within the last year. We saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

We saw written procedures were in place in relation to safeguarding and relevant contact details for local safeguarding teams were available for staff in the event of a concern.

We saw that all staff were appropriately trained and knowledgeable about safeguarding processes. We were told all staff had downloaded the All Wales safeguarding app on their phones.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

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 documentation showing the equipment had been subject to the required testing.

We confirmed all staff working at the practice who were involved in the use of X-rays had either completed, or were currently undertaking, relevant training on this subject and saw evidence of this within the sample of staff files we reviewed.

We saw information leaflets displayed for patients on the risks and benefits of having an X-ray in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

Effective

Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their work roles and responsibilities at the practice.

We were told the practice used recommended checklists to help minimise the risk of wrong tooth extraction.

We were told that staff obtained relevant professional advice where required. All respondents who completed a HIW patient questionnaire told us they had been given clear aftercare instructions to maintain good oral health, and all said they had received guidance on what to do and who to contact in the event of an infection or emergency, where it was applicable.

Patient Records

We reviewed the dental care records of ten patients. We saw a suitable system was in place to help ensure records were safely managed and stored securely. We were told records were retained for the appropriate period in line with The Private Dentistry (Wales) Regulations 2017.

All the records we reviewed had suitable patient identifiers, such as the name and date of birth of the patient, the reason for attending and the symptoms described by the patients had also been recorded.

All records reviewed contained the previous dental history including alcohol and tobacco use, and featured a system to ensure the medical history was checked at each consultation. All respondents who completed a HIW patient questionnaire confirmed this was the case.

We saw evidence of full base charting, baseline BPE, soft tissue examination, extra and intra oral examination and cancer screening. The records also showed patients had been given oral health promotion information, where appropriate.

The records also showed evidence of treatment planning, including options, and that informed consent was obtained from patients prior to their treatment. All respondents who completed a HIW patient questionnaire told us staff had explained to them what they were doing throughout their appointment and staff had answered their questions.

Recall was recorded in accordance with current NICE guidelines. Where X-rays were conducted, we saw justification and appropriate views had been noted and clinical findings had been recorded.

We noted that patient language choice was not recorded. However, we were advised that this information was obtained on initial patient registration at the practice.

Quality of Management and Leadership

Staff Feedback

Staff comments included the following:

“Great place to work.”

“...the staff are cared for...”

“...all the staff at Glenhaven work very well as a team...”

Leadership

Governance and Leadership

The practice is family owned and operated with four family members appointed as directors, one of whom being the principal dentist. A business manager was in post and responsible for the day-to-day management of the practice. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team. These included staff meetings and ad hoc communication with staff via email or face to face. We saw minutes of meetings were taken and provided to staff who were absent to ensure they remain up to date with work related matters.

We confirmed a range of written policies were readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to review within the last 12 months and had been signed by staff confirming they had been read and understood.

The practice had an up-to-date statement of purpose and patient information leaflet as required by The Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. Both documents had been reviewed within the last 12 months.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist and the manager, the practice team consisted of four associate dentists, a hygienist, dental nurses, and receptionists. We were told agency staff were not used.

The names of the dentist and dental care professionals working at the practice were clearly displayed along with their GDC registration numbers. These were displayed on information screens in patient waiting areas.

We were told the number and skill mix of staff were appropriate to deliver the dental services provided. All staff who completed a HIW questionnaire told us there were enough staff to allow them to do their job properly and that the skill mix at the practice was appropriate.

In addition, all staff who completed a HIW questionnaire told us the practice takes positive action on health and well-being matters and that in general, their job was not detrimental to their health. Most staff (7/8) were aware of the Occupational Health support available to them.

The practice had an up-to-date recruitment policy which set out all the information and documentation that must be available in respect of staff working at dental practices.

We reviewed the files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate and (where required) evidence of indemnity insurance, evidence of current registration with the General Dental Council (GDC) and evidence of immunisations. A suitable system was described for ongoing checks of the GDC registration of dentists and dental care professionals working at the practice.

We saw an induction process was in place for new staff to the practice. This helped ensure new staff were aware of the practice's policies, procedures and that they understood their roles and responsibilities.

We saw staff employed by the practice had regular work appraisals. All staff who completed a questionnaire told us they had received an appraisal in the last 12 months.

Within the sample of files we reviewed, we saw staff who worked at the practice had attended training on a range of topics relevant to their roles within the practice. Most staff (7/8) who completed a HIW questionnaire told us they had

received appropriate training to do their job, with the other respondent telling us they felt they partially agreed. Comments provided suggested more courses to progress roles would be beneficial.

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking feedback from patients about their experiences of using the practice. A Compliments, Concerns and Complaints Guidance leaflet was seen available in the patient waiting areas.

We were told patients could complete a feedback form available at the front main entrance. These were also available in easy-read format. We were told that feedback is analysed and discussed with staff via daily huddles, weekly nurse meetings and management meetings. Most staff (7/8) who completed a HIW questionnaire told us patient feedback is collected.

We saw an up-to-date written complaints procedure was in place for managing complaints about dental care provided at the practice. This was on display in the reception area as a bi-lingual poster and included the details of the complaints manager and stated the expected response timescale. Details of other organisations that patients could approach for help and support were also included as part of the information displayed and within the information leaflet.

The majority of respondents (43/45) who completed a HIW patient questionnaire told us they had been given information on how the practice would resolve any concerns / complaints post-treatment.

There was a digital system for recording complaints made to the practice, which all staff had access to. We were told the resolution process is documented throughout. We saw evidence of this process in relation to the most recent complaint received by the practice.

When asked about reporting incidents, near misses and concerns, all staff who completed a HIW questionnaire told us the practice encouraged reporting and that the practice takes action to ensure similar incidents do not happen again. All staff also told us the practice treats staff involved in incidents fairly and they are given feedback about changes made in response to incidents.

Learning, Improvement and Research

Quality Improvement Activities

We were told that the practice conducts regular audits, both in-house and via Denplan as part of the quality improvement activity of the practice.

We were also told the practice uses the Denplan Excel toolkit to assist in development activities.

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 were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Glenhaven Dental Care

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 assurances were identified on this inspection.					

Appendix C - Improvement plan

Service: Glenhaven Dental Care

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
There are no areas for improvement identified during this inspection. The practice is not required to complete an improvement plan.					