

General Dental Practice Inspection Report (Announced)

Honeyfields Dental

Inspection date: 22 August 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 Honeyfields Dental on 22 August 2023.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of eight 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 Honeyfields Dental was committed to providing a positive experience for patients.

All the patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

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

There were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what the service did well:

- Arrangements were in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity
- The practice premises was accessible.

Delivery of Safe and Effective Care

Overall summary:

We found that Honeyfields Dental was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

The practice was well maintained and equipped to provide the services and treatments they are registered to deliver.

All areas were clean and free from any visible hazards.

There were satisfactory arrangements in place to ensure that X-ray equipment was used appropriately and safely.

The dental team were very knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

This is what we recommend the service can improve:

- Ensure the Radiation Protection folder is reviewed and updated
- Ensure quarterly X-ray equipment quality assurance audits and Quality Improvement Tool for Ionising Radiation audits are completed
- Ensure that patients' preferred language choice is recorded within their clinical records.

This is what the service did well:

- The practice had been designed and finished to a high standard
- Surgeries were clean, well equipped and fit for purpose
- Dedicated decontamination room
- Excellent clinical records maintained.

Quality of Management and Leadership

Overall summary:

We found Honeyfields Dental to have very good leadership and clear lines of accountability.

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

We saw that the staff team worked very well together and were committed to providing a high standard of care for patients.

Staff had access to appropriate training opportunities in order to fulfil their roles.

This is what we recommend the service can improve:

- Ensure that Clinical Audit and Peer Review (CAPRO) of antibiotic prescribing and smoking cessation audits are completed as part of the practice annual programme of audits.

This is what the service did well:

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

- Staff, both clinical and non clinical, worked very well together as part of a team
- Very well maintained staff files
- All clinical staff had attended training relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements.

3. What we found

Quality of Patient Experience

Patient Feedback

Majority of patients who completed a HIW questionnaire (7/8) rated the service provided by the dental practice as very good and one patient rated the service as good.

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

" Appointments but once seen service is great."

"Just hard to get an appointment. Appointments cancelled for understandable reasons but net outcome is long gaps in appointments."

Person Centred

Health Promotion

Health promotion material was on display and some of this information was available in English and Welsh. This means patients had access to information which could support them in caring for their own oral hygiene.

We saw 'No Smoking' signs within the practice confirming that the practice adhered to the smoke free premises legislation.

Price lists were also clearly on display in the waiting area and reception. All patients who completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw clear signage that indicated how to contact the practice out of hours.

Dignified and Respectful Care

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff.

All patients who completed a questionnaire stated that they felt that staff at the practice treated them with dignity and respect.

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. All patients also told us that things are always explained to them during their appointment in a way they can understand.

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way. Door to the surgery was kept closed during treatments.

We found that the 9 Principles, as set out by the General Dental Council (GDC), was displayed by the main entrance.

Individualised care

The practice has a patient information leaflet which contained all the information required by the regulations.

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available, and that their medical history was checked before treatment.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment.

We found that treatment planning and options were recorded within the sample of patient records viewed. This meant that patients were provided with information which enabled them to make an informed decision about their treatment.

Timely

Timely Care

We saw that staff made every effort to ensure that dental care was always provided in a timely way. Staff described a process for keeping patients informed about any delays to their appointment times.

The majority of patients (7/8) who completed the questionnaire said it was very easy to get an appointment when they needed one with the remaining patient stating it was not very easy.

The majority of patients (6/8) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and two told us they did not know. An emergency number was available should patients require urgent out of hours dental treatment. Contact information

was displayed by the main entrance, given on the answer phone message and patient information leaflet.

Equitable

Communication and Language

All patients who completed a questionnaire told us their preferred language was English.

We were told there was one Welsh speaking member of staff working at the practice. We were also told that, if required, 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, with some information available in Welsh. Staff informed us that they could make the information available in alternative formats if requested.

Rights and Equality

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

There was good access to the building. Wheelchair users could access the waiting area, reception, toilet facility and one surgery located on the ground floor.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service. In addition, all told us they felt the premises was accessible.

Delivery of Safe and Effective Care

Safe

Risk Management

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice.

The building appeared to be very well maintained internally and externally. We saw that all areas were very clean, tidy and free from obvious hazards.

There were no concerns expressed by patients over the cleanliness of the dental practice. All patients who completed the questionnaire felt that the dental practice was very clean.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training. However, we noted that one member of staff was due to renew their training. We were assured by the registered manager that plans were already in place for the staff member to renew their training.

Emergency exits were visible and a Health and Safety poster was displayed.

The practice had a range of policies and procedures, as well as risk assessments in place, such as, fire and health and safety. All risk assessments were current and regularly reviewed.

We were assured that the premises were fit for purpose, and we saw ample documentation which showed that all risks, both internally and externally, to staff, visitors and patients had been considered.

We saw that the practice had a business continuity plan in place to ensure continuity of service provision and safe care for patients.

Infection, Prevention, Control (IPC) and Decontamination

The practice had designated space for the cleaning and sterilisation (decontamination) of dental instruments. The facility was clean, well organised, well equipped and uncluttered.

The decontamination arrangements were good. Staff demonstrated the decontamination process and we found that:

- The equipment used for the cleaning and sterilisation of instruments was in good condition

- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

We found that the procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

Infection control audit had been completed using the Infection Prevention Society audit tool. However, we recommend that the practice should use the Health Education and Improvement Wales (HEIW) audit tool, which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance, for future audits. We immediately received notification following the inspection that the practice has registered with HEIW.

There was a daily maintenance programme in place for checking the sterilisation equipment. The practice had two autoclaves and a logbook was in place to record the start and end of the day safety checks. However, we noted that no pressure vessel inspection certificate or a written scheme of examination was available for one of the autoclaves. The issue regarding this was dealt with immediately during the inspection and is referred to in Appendix A of this report.

Each surgery had a cleaning checklist, and we saw that these had been regularly completed.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

There were appropriate arrangements in place to deal with sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff. This meant that appropriate measures were being taken to ensure that patients and staff were protected from blood borne viruses.

There was a system in place to manage waste appropriately and safely. Contract documentation was in place for the disposal of hazardous (clinical) and non-hazardous (household) waste. We saw that all waste had been segregated into the designated bags / containers in accordance with the correct method of disposal.

Medicines Management

The practice had procedures in place showing how to respond to patient medical emergencies. All clinical staff had undertaken, and recently renewed their cardiopulmonary resuscitation (CPR) training online. We were also informed by the registered manager that plans are in place for all staff to receive face to face training at the practice. The practice had one trained first aider.

The emergency drugs were stored securely, and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we found some out-of-date equipment stored in the emergency kit. The registered manager arranged for the expired items to be removed and a more robust checklist was put in place during the inspection to ensure items would be checked and replaced as needed.

We also found that the emergency kit did not contain a 'size 0' nor 'size 1' clear mask. The issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.

We saw that the practice had two portable oxygen cylinders available which we deemed good practice.

We saw that prescription pads being stored securely.

There was a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Staff demonstrated their knowledge of the procedures to follow in the event of a medical emergency or if they had to report a medication related incident.

Safeguarding of Children and Adults

There were policies and procedures in place to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. The policies contained the contact details for the local safeguarding team, along with detailed flowcharts that informed staff of the actions required should a safeguarding issue arise.

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults.

Staff told us that they felt able to raise any work related concerns directly with the registered manager and/or the principal dentist and were very confident that concerns would be acted upon.

We saw that the practice had a whistleblowing policy in place.

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

Management of Medical Devices and Equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy and had been finished to a high standard.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment. We saw evidence of up-to-date ionising radiation training for all clinical staff.

We saw that there was a Radiation Protection folder in place. However, the folder has not been reviewed or updated since 2017. The folder and policies should be updated every 3 years.

The registered manager must ensure the Radiation Protection folder is reviewed and updated.

We found that the practice had not undertaken any quarterly X-ray equipment quality assurance audit nor have they used the HEIW's quality Improvement Tool for Ionising Radiation.

The registered manager must ensure the practice undertakes quarterly X-ray equipment quality assurance audits and completes the HEIW's quality Improvement Tool for Ionising Radiation.

Effective

Effective Care

The practice had arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Patient Records

A sample of ten patient records were reviewed. There was evidence that excellent clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

All the records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were

clear, legible and of good quality. We also noted good use of photographs being utilized to explain treatment options to patients. However, we did note that patients' language choice was not recorded within the clinical notes.

We recommend that patients' preferred language choice is recorded within their clinical records.

Quality of Management and Leadership

Leadership

Governance and Leadership

We found good leadership and clear lines of accountability in place.

The day to day management of the practice was the responsibility of the registered manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the registered manager and felt well supported in their roles.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. We saw that staff had signed the policies to confirm they had read and understood them. All policies and procedures contained an issue and review date ensuring that they were reviewed regularly and that practices were up to date.

There were appropriate arrangements for the sharing of information through practice wide team meetings. A breadth of relevant topics covered during these meetings and minutes maintained.

All clinical staff were registered with the General Dental Council and had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

Workforce

Skilled and Enabled Workforce

All staff working at the practice had a contract of employment. We also saw that there was an induction programme in place, which covered training and relevant policies and procedures. We saw plans were in place for staff appraisals to be undertaken.

Staff files contained the necessary information to confirm their on-going suitability for their roles. Training certificates were retained on file as required. All clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements.

The registered manager confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

Culture

People Engagement, Feedback and Learning

There was a written complaints procedure in place. This was available to all patients in the waiting area. Details were also included within the patient information leaflet and statement of purpose.

We discussed the mechanism for actively seeking patient feedback, which is done by providing patients with hard copy questionnaires. A comments box is also located in the waiting room. Patients are also able to give feedback via social media. However, the practice owners have not received any feedback from patients since they took the practice over in December 2022. The registered manager is currently reviewing the process with a view to providing patients with a quick response (QR) code that can be shared with patients following their appointment. We advised the practice manager to display or publish patients' feedback analysis in order to demonstrate to patients that their individual feedback had been captured and acted upon to enhance learning and service improvements.

Learning, Improvement and Research

Quality Improvement Activities

It was evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of X-ray grading quality, infection prevention and control, hand hygiene and disability audits. However, we recommended that the practice should also include the Clinical Audit and Peer Review (CAPRO) of antibiotic prescribing and smoking cessation audits to their planned programme of audits which they agreed to do.

The registered manager should ensure that CAPRO of antibiotic prescribing and smoking cessation audits are completed as part of the practice annual programme of audits.

We were informed by the registered manager that the practice had not yet implemented any team development tools. We suggested that the practice might wish to consider using the Welsh Dental Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool

that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a team.

We found the dental team to be proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

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 pressure vessel inspection certificate or a Written Scheme of Examination was available to evidence the autoclave is fully certified.	It is important to ensure autoclaves are regularly inspected to prevent the possibility of leaks or explosions, and to protect staff and patients from serious harm.	We escalated the concern to the registered manager and principal dentist during our visit.	The principal dentist immediately took the autoclave out of service. We received notification immediately after the inspection to confirm that an engineer is scheduled for 7 September 2023 and the autoclave is decommissioned until it is deemed valid by the engineer.
No 'size 0' nor a 'size 1' clear mask was included in the contents of the emergency equipment.	This could significantly increase the risk to patient safety in the event of a medical emergency.	We escalated the concern to the registered manager and principal dentist during our visit.	The registered manager immediately arranged for the missing items to be ordered for next day delivery during the inspection.

Appendix B - Immediate improvement plan

Service: Honeyfields Dental

Date of inspection: 22 August 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 improvement plan was required for this 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: Honeyfields Dental

Date of inspection: 22 August 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
Our findings show that the Radiation Protection folder had not been reviewed since 2017.	The registered manager must ensure the Radiation Protection folder is reviewed and updated.	IR(ME)R 2017	RPF reviewed and update both online and in hard copy	Amber Rupra	Completed
Our findings show that the practice have not undertaken any quarterly X-ray equipment quality assurance audits or completed the HEIW's Quality Improvement Tool for Ionising Radiation.	The registered manager must ensure the practice undertakes quarterly X-ray equipment quality assurance audits and completes the HEIW's Quality Improvement Tool for Ionising Radiation.	IR(ME)R 2017	Wedge step was ordered, and quarterly test were carried out and scheduled for every 3 months, along with equipment & quality assurance Audits	Amber Rupra	Completed

Our findings show that the practice is not capturing patients' preferred language choices.	The registered manager must ensure that patients' preferred language choice is recorded within their clinical records.	PDR 20	Preferred language now added as a pop-up note on patients file	Amber Rupra	Completed
Our findings show that the practice have not completed the CAPRO of antibiotic prescribing or the smoking cessation audits.	The registered manager should ensure that CAPRO of antibiotic prescribing and smoking cessation audits are completed as part of the practice annual programme of audits.	PDR 16	Smoking cessation and antibiotic prescribing audits completed	Amber Rupra	Completed

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): Amber Rupra

Job role: Practice Manager

Date: 30/10/2023