

General Dental Practice Inspection Report (Announced)

Woods Dental Practice, Swansea Bay
University Health Board

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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 Woods Dental Practice, Swansea Bay University Health Board on 24 October 2023.

Our team for the inspection comprised of two HIW Senior 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 21 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 Woods Dental Practice worked hard to provide a caring, professional and positive service to their patients. Patient responses received through HIW questionnaires were generally positive, with respondents rating the service as 'good' or 'very good'.

There was a range of information available to patients to assist them with improving their oral health and hygiene. However, this material was only available in English.

We found patient rights were being upheld and equality of access maintained. There was good access to facilities for patients requiring use of a wheelchair or those with reduced mobility. There was ramp access, a large reception area, accessible toilet and treatment room situated on the ground floor. There was also an area for children in the one waiting room.

It was clear the practice was committed to maintaining the privacy of patients. However, we noted that the main reception window was large but not frosted and there was not a privacy screen or curtain to prevent passers-by from being able to see patients in the downstairs waiting area. We considered this did not preserve the privacy and dignity of all patients.

This is what we recommend the service can improve:

- Take account of language needs of a patient when providing written information or leaflets
- Provide an effective 'Active offer' to patients
- Provide privacy glass or screen in reception to preserve the privacy and dignity of patients.

This is what the service did well:

- Confidentiality was effectively maintained
- Patients were seen in a timely manner
- Patients equality and rights were being upheld.

Delivery of Safe and Effective Care

Overall summary:

Overall, we found the staff team were dedicated and committed to providing patients with safe and effective care in an environment that was clean, tidy and free of visible hazards. Surgery rooms were of a good size and well equipped.

Infection, prevention and control (IPC) and decontamination were all found to be of an acceptable standard. Medications on site were being managed effectively and we found comprehensive medication management policies in place. All emergency medication was stored correctly and checked thoroughly on a regular basis.

Patient medical records were found to be generally of a good standard. However, whilst areas of good practice were noted, we did identify a number of issues in relation to recording language choice, radiograph clinical findings not always being recorded and treatment options not always being discussed.

Staff were aware of their responsibilities for the acceptance, assessment, diagnosis and treatment of patients.

This is what we recommend the service can improve:

- Undertake fire risk assessments using a professional body or assessment tool
- Display the safeguarding flowchart in prominent areas for staff
- Display risks and benefits of exposures in a prominent area
- Ensure comprehensive patient records are maintained.

This is what the service did well:

- Local safety standards for invasive procedures were being followed
- Clinical rooms contained appropriate equipment for the safety of patients
- Comprehensive safeguarding policies and procedures
- Compliance with infection control.

Quality of Management and Leadership

Overall summary:

Leadership and management at Woods Dental Practice was robust. We found staff had clear reporting lines and a dedicated practice management team who had a clear vision for the future of the practice. The staff team worked very well together and were committed to providing a high standard of care for their patients.

There was evidence of a comprehensive induction process, with good compliance to staff recruitment procedures.

Staff had access to training opportunities to fulfil their professional obligations and career advancement. Compliance with mandatory training and annual appraisals was very good. Team meetings were taking place with the relevant team leads. Whole practice meetings were also taking place regularly and feedback via minutes for those absent.

Staff facilities were adequate although some areas required updating. Flooring within staff only areas should be considered for replacement. The flooring was fraying and threadbare in places.

The practice was also required to display the results of patient feedback by way of a 'You Said, We Did' board in the patient waiting rooms to demonstrate changes to the practice as a result of ideas and suggestions from patients.

This is what we recommend the service can improve:

- Ensure all staff undertake Duty of Candour training
- Ensure patients understand how complaints will be resolved
- Implement a 'You said, We did' board to display outcomes of feedback.

This is what the service did well:

- Good leadership and clear lines of accountability
- Comprehensive induction programme
- Good compliance with mandatory training and annual appraisals
- Effective quality improvement activities.

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

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 21 completed questionnaires.

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

"Permanent professional doctors offer a highly effective service, temporary appointed doctors offer a mixed service (2016 and later)."

"I am out of area and had an emergency. They were able to see me when other practices were dismissive as post a bank holiday. They asked and ensured they had full understanding of my needs and history including being a nervous patient. The dentist I saw had taken note of this and put me at ease and explained each step of their actions. I was very impressed!"

"Excellent reception staff."

"Woods dental is an extremely well-run dental practice. Staff are friendly and courteous."

"It always feels a bit if a rush with my dentist. One dentist wasn't very relaxed and made me stressed then transferred me to another dentist who was much better."

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

"Very good as it is."

"Be more friendly."

"I was very happy with the service provided by the dentist."

“It was a great service.”

We recommend that the registered provider considers the comments received from patients to assist in improving patient experience.

Person Centred

Health Promotion

We saw a range of health promotion material available in the reception area and waiting areas across all floors. There was no bilingual health promotion material available, however there was a sign advising patients of this. We found that the patient information leaflet, complaints policy and NHS fees were available in Welsh. We were advised that patients were provided with relevant health promotion advice when seen by the dental care professionals at the practice.

The registered provider should consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.

All but one patient who completed the HIW questionnaire confirmed that the dental team discussed how to keep their mouth and teeth healthy. All patients stated that the dental team enquired about their medical history before undertaking treatments.

There was signage displayed advising patients, visitors and staff that smoking was not permitted on the premises. This showed the practice adhered to the smoke free premises legislation.

We found that emergency contact details were provided in the statement of purpose, on the website and on the pre-recorded phone message. Contact details were also displayed outside the premise.

Dignified and Respectful Care

It was clear the practice was committed to maintaining the privacy of patients. There was a large reception area with seating away from the main desk allowing for a degree of privacy. Staff were mindful of the need to maintain confidentiality when speaking with patients both in person and on the telephone. We were told if a patient needed to speak to a member of staff privately, an empty surgery room or the practice managers office could be used to facilitate that.

All surgeries had solid doors which were kept closed when the room was occupied and the surgery windows had frosted glass or were fitted with privacy blinds to preserve the dignity of patients. We noted that the main reception window was large, but was not frosted and there was not a privacy screen or curtain to prevent passers by from being able to see patients in the downstairs waiting area.

The registered provider must ensure that privacy and dignity is preserved as far as reasonably practicable. Privacy glass in the reception area windows must be considered in line with General Dental Council (GDC) recommendations.

We observed staff providing care in a respectful manner and the staff interactions with patients were seen to be kind and helpful. All patients who completed the questionnaire confirmed that staff treated them with dignity and respect.

Individualised care

All patients who completed the HIW questionnaire confirmed that the dental team always explained what they were doing throughout the appointment. They felt listened to and had all their questions answered where asked. All patients felt that treatment options were explained to them during their appointment in a way they could understand and most (18/21) felt that they participated in decisions about their care, thus enabling them to make an informed choice on their care and treatments. Comments included:

“It was friendly, nice and relaxed and everything was my choice.”

“Dentists and hygienists always explain treatment options. I would recommend the practice as the service is superb.”

Timely

Timely Care

During the inspection we observed dental care being provided in a timely manner. Staff advised us that every effort was made to ensure that waiting times did not exceed 10 minutes. If there were any known delays, patients were informed of this at reception on booking in. Where delays occurred post booking in, staff would update the patient accordingly.

We were shown the online booking system for new patients and there was a text message or email containing a link to book appointments to remind registered patients.

Responses from the completed questionnaires indicated that appointments were 'very easy' or 'fairly easy' to obtain. However, one answered that it was 'not at all easy' to get an appointment.

Staff advised us that there was daily access to emergency appointments, but slots were limited. Patients would be triaged and prioritised accordingly. Where patients contacted the surgery on a weekend, calls would be diverted to an emergency dentist covering the area.

Just over two thirds of patients who completed the questionnaire (16/21) knew how to access the 'out of hours' dental service if they had an urgent dental problem. We saw that out of hours information was available for patients in a range of places.

There was a system in place for patients to book a time slot convenient for them. We found noteworthy practice with the system flagging up patients who had mobility issues and required a ground floor surgery. If the patients' allocated dentist only worked in the ground floor surgery on a particular day, the system would advise the person booking that the appointment was being made on a day that was unsuitable, thus giving the option of booking an alternative day.

Equitable

Communication and Language

We were advised that should a patient wish to communicate in any language besides English the practice would aim to facilitate this, which included the use of language line and an online translation tool. Relatives were also able to act as interpreters if required. Staff understood the importance of speaking to patients in their preferred language to support good healthcare.

Whilst there were no Welsh speaking staff at the time of inspection, we were advised that Welsh language training was being investigated and would be offered to staff where possible. Staff told us they were aware of the 'Active Offer' however, we were not assured that patients knew that they could always choose the language they spoke during their appointment.

The registered provider must put arrangements in place to provide an effective 'Active Offer' to patients and provide HIW with details of the action taken to implement the 'Active Offer'.

We saw patient information was available in large print and easy read. Font size on the website could be adjusted to suit anyone with sight impairment.

To support patients without digital access, patients could book appointments over the telephone, or in person at the practice. We were told that letters were issued for follow-up appointments where no mobile phone number or email address was available.

Rights and Equality

We reviewed policies at the practice and noted there was a comprehensive equality and diversity policy, and equal opportunities policy in place, which referenced the Equality Act 2010. We were provided with examples of how the practice treated all patients and staff equally upholding their rights. Examples included accommodating patients who had mobility issues. The dental staff informed us that there was also a pop-up information box on the patient notes system to ensure that patients with any additional needs, protected characteristics, or gender/pronoun preferences were appropriately supported.

The practice was accessible via a ramp or steps, with an additional removable ramp for a small step at the door of the practice. Wheelchair users could access the reception, a spacious waiting area, surgeries and a disabled toilet on the ground floor.

Most of the patients who completed the questionnaires (19/21) indicated they were able to access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). One patient indicated that they could not and one respondent chose 'prefer not to say'.

Whilst nearly all patients who answered said they had not faced discrimination (20/21) when accessing or using this practice, unfortunately one patient indicated they had, choosing 'other' from the discrimination category list. The comment read:

“Being treated worse as an NHS patient”

The practice must consider the above comment alongside the other patient responses to ensure equal access to all.

Delivery of Safe and Effective Care

Safe

Risk Management

The practice was relatively spacious and set over four floors, three of which were accessible to the public. All patient areas were in an acceptable state of repair. There were carpet tiles on the stairways and laminated flooring in all surgeries and waiting areas.

The building was well lit, signage and heating were acceptable. Exterior windows could be opened and there was also adequate ventilation to the practice. We were advised that the paint work on the ground floor walls was due to be refreshed. Some carpets were noted to be frayed in the staff area. However overall, it was a clean, welcoming environment free from visible hazards.

The registered provider must repair or replace the frayed carpet in the staff area to ensure the health, wellbeing and safety of all staff is maintained.

We were provided with comprehensive risk assessments for fire safety, health and safety, and the environment. Whilst the fire risk assessments were carried out by a professional body in 2011, further risk assessments were carried out using an assessment tool in 2014. However, reference was made to a review in 2018 that was typed. The annual review of risk assessments stated that the risk assessment was reviewed and no changes since.

The registered provider must undertake an up-to-date fire risk assessment using an online tool or professional body and provide evidence of the same to HIW.

We found that annual checks of fire extinguishers were carried out by a professional company. Monthly checks of fire extinguishers and emergency lighting were undertaken by the practice and weekly checks of the fire alarms were being undertaken. All staff were sufficiently trained.

There was a business continuity plan in place and an emergency contingency policy listing procedures to be followed should the full range of services be inaccessible due to events such as equipment failure, flood, or a system failure. We found this contained all the required information.

We also saw the employer's and public liability insurance was in place with acceptable cover.

Infection, Prevention, Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place for IPC and decontamination. The dental team were able to describe the infection control arrangements in place at the practice and we viewed cleaning schedules to this effect, which were sufficiently completed.

All surgeries at the practice were inspected. These were well stocked, visibly clean and free from clutter. Sharps disposal bins were located in each surgery which were signed, dated and stored appropriately. We viewed contracts for the disposal of clinical waste through an external provider. General waste was organised through the local council.

The reception and waiting areas, including the children's waiting area were all fitted with wipe clean chairs and equipment, allowing for adequate cleaning.

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

There was a designated decontamination room with a suitable system in place to safely transport used instruments from surgeries to the decontamination room. Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments. Autoclaves were being used safely and effectively by the relevant staff. Logs were viewed and were fully completed. We viewed mandatory inspection certificates under the scheme of maintenance. All were present and in line with Welsh Health Technical Memorandum (WHTM) 01-05 guidelines. The most recent WHTM audit was also in place, with a relevant action plan, dated March 2023.

All patients who completed the HIW questionnaire felt that IPC measures were being followed, indicating no concerns over cleanliness.

Medicines Management

We saw evidence of a comprehensive medicines management policy in place at the practice. There were also procedures in place showing how to respond to medical emergencies, safe and effective handling, dispensing, administration and recording of medications.

We were informed that two contracted dentists at the practice carried out conscious sedation, however this was not investigated in depth as part of this

inspection. We were however assured that when medications for conscious sedation were removed, a log sheet was completed with the name and signature of the person removing the medication.

All emergency equipment and first aid kits were checked. All contained the appropriate equipment in line with current guidelines. Emergency drugs were being stored securely and in an easily accessible location for staff to access in the event of a medical emergency. There were systems 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). We saw records of these checks being completed.

We were shown evidence that all staff had recently completed training in Basic Life Support. However, staff were awaiting delivery of the certificates at the time of the inspection. These have since been provided to HIW.

Safeguarding of Children and Adults

The practice had an up-to-date safeguarding policy in place containing all the information expected to promote and protect the welfare and safety of children and adults who were vulnerable or at risk. There was a clear flow chart for staff to follow if any abuse or neglect was suspected. These documents also included contact details of the local safeguarding team.

There was a nominated safeguarding lead for the practice, which was outlined in the practice safeguarding policy. Whilst the flow chart existed, we did not see these in all surgeries or on display boards throughout the practice.

The registered provider must ensure that the safeguarding flowchart is displayed in a prominent position in each surgery and other staff areas.

The practice manager informed us that all staff had an enhanced disclosure and barring service (DBS) check and undertook the appropriate level of training in safeguarding. We saw evidence of up-to-date safeguarding training certificates for all staff and valid DBS certificates confirming enhanced disclosures.

Management of Medical Devices and Equipment

We saw that the clinical facilities contained all appropriate equipment for the safety of patients and the dental team. We also found the surgeries to be well organised, clean and tidy.

Staff had received training to ensure safe use of equipment and we confirmed this by viewing staff files. Our observations of the clinical equipment demonstrated that all were safe and in good condition.

We were given a demonstration on how equipment would be cleaned and disinfected in line with IPC guidelines between each patient use. We reviewed the arrangements in place to ensure the safe use of radiographic equipment and found this to be compliant with the requirements as set out in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (2017).

We found that information relating to communicating the benefits and risks of the exposures to the individual were not prominently displayed.

The registered manager must ensure that information on the benefits and risks of exposures is prominently displayed.

Documentation provided to us during our visit demonstrated that the practice had safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment. We also saw evidence of appropriate certified training for all staff members who conducted X-ray procedures.

We were advised that carers and comforters were not used during X-rays. However, the practice was able to advise on dose constraints and guidance for the exposure of carers and comforters should this be necessary.

Effective

Effective Care

From our discussions with staff members, it was clear they were aware of their responsibilities for the acceptance, assessment, diagnosis and treatment of patients.

The practice utilised the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong site tooth extractions and we saw that staff had professional advice and support through the British Dental Association (BDA) 'Pro Dental' to ensure patients received the right care and treatment.

Patient Records

We reviewed a total of eight patient records that were held digitally in the practice's secure records management system which were being stored and retained in line with the General Data Protection Regulation 2016 (GDPR). There was a 'cloud' back up system and off-site storage of records should these be required.

Of the records reviewed, some were contemporaneous and included dental history, attendance reason, cancer risk screening, record of alcohol consumption and

smoking amongst other criteria. However, we noted that patient's medical history was not always countersigned. Also, patient's language choice and preference was never recorded. We found that some radiograph clinical findings were also not being recorded and treatment options were not always discussed.

The registered manager must ensure accurate and comprehensive patient records are always kept.

The registered manager must ensure language and communication needs of patients are recorded.

Efficient

Efficient

We found that there were sufficient arrangements in place to ensure effective movement through treatment pathways. We viewed clear referral notes from the hygienist, therapists and dentists which were made via an online portal.

There was evidence of dedicated appointment slots each day for patients requiring urgent dental care. There was also a system in place to allow other patients to be offered appointments which had become available due to cancellations. We found that clinic sessions were being used efficiently and the number of clinicians available was sufficient for this service based on its patient numbers.

Quality of Management and Leadership

Leadership

Governance and Leadership

Woods Dental Practice had evidence of good leadership and there was a suitable management structure in place with clear lines of reporting. The day-to-day management of the practice was by the practice manager, supported by two principal dentists. In addition, there was a full dental team comprising of dental hygienists, dental nurses and administrative staff.

The names of the dentists working at the practice along with their GDC registration numbers were clearly displayed on entry to the practice.

From discussions held, we noted that staff were knowledgeable about their roles and responsibilities. All staff advised they worked within their scope of practice. There appeared to be a good rapport amongst the staff and we witnessed the team working well together.

We saw that formal whole practice meetings and individual team meetings took place on a regular basis. Comprehensive minutes, which followed a set agenda, were being recorded and shared with staff. This ensured those who were unable to attend had a full record of discussions held.

The policies we reviewed were comprehensive and updated regularly to ensure a safe and quality service for patients. We spoke to various staff members on their awareness of practice policies and where to locate these. All staff were able to confirm these were located on the electronic shared drive and hard copy documents in the practice managers' office. We were advised by the practice manager that a reminder was set a month before a policy review was required to ensure the timely review of all policies.

Workforce

Skilled and Enabled Workforce

We spoke to the practice manager to explore the process for the recruitment of new staff. We were shown policies that outlined the process used to recruit and support the employment and induction of staff.

The practice manager provided us with staff files for review. All documentation required was on file for each staff member. We saw evidence of compliance with the appropriate employment checks being undertaken. These included reference checks, professional indemnity, enhanced DBS and full employment history.

We viewed a comprehensive induction programme and we reviewed the practice training matrix confirming all staff were compliant with mandatory training. We also viewed certificates alongside this to confirm compliance.

We were told that all staff were encouraged to upskill and that all qualified staff had a continued professional development (CPD) cycle to ensure their skills and knowledge remained up to date. All staff had a training plan, irrespective of length of service. We also noted that training was a regular agenda item on monthly meetings.

We saw evidence that, where relevant, all staff were up-to-date with annual appraisals. We were advised that where staff have been in post for less than 12 months regular supervisions and check ins were completed in place of an annual appraisal, until such time that an annual appraisal was due.

Culture

People Engagement, Feedback and Learning

The practice manager described the arrangements for seeking feedback from patients about their experiences of using the practice and the procedure for dealing with complaints.

We were advised that patients could leave feedback verbally, in writing or online. All complaints were acknowledged within three days and the practice aimed to respond in full within 30 days, where possible.

We saw that a separate written complaints procedures was in place for both NHS and private patients. These were both on display on entry to the practice and stated expected timescales and details of other organisations available for help and support, for example the GDC and Public Service Ombudsman Service. However, we noted that HIW was only listed on the private patient complaints process and not listed for NHS patients. This was rectified during the inspection.

Of the respondents who completed a HIW patient questionnaire. many (17/20) agreed they had been given information on how the practice would resolve any concerns or complaints post-treatment. One did not agree nor disagree and one skipped the question. However, two 'disagreed' or 'strongly disagreed' with the statement.

The registered provider must ensure that all patients are provided with information on how the setting would resolve any concerns or complaints post-treatment.

We viewed the complaints file, which was being maintained by the practice manager. This contained all the information we would expect under the regulations. We were told that complaints would be analysed to identify common themes. However, as they were so few and far between, no conclusions could be drawn. Despite this, all learning from incidents was shared amongst staff and we saw evidence of this in meeting minutes.

We saw the practice had a Duty of Candour (DoC) policy in place which was regularly reviewed and in line with new guidance. All staff were aware of their duties and clinical staff were trained with the practice rolling out this training to all staff over the coming months. We saw two examples on file where DoC was required and the actions taken were appropriate and in line with expectations. Escalation from the practice manager to the principal dentists for awareness that DoC was triggered, was appropriate.

The registered provider must ensure that Duty of Candour training is completed by all staff and evidence of this must be provided to HIW.

Regarding feedback, the practice sought feedback at the end of the follow-up email. Patients were also encouraged to share their experience on various social media platforms. We did note that there were no suggestion boxes in the practice and we did not see evidence of outcomes from feedback being shared with patients.

The registered provider must implement a process similar to a ‘you said, we did’ board to inform patients of the results of the feedback and to encourage patients to continue to participate in practice improvements.

Information

Information Governance and Digital Technology

We saw systems in place that ensured the effective collection, sharing and reporting of data and information. There were various policies and procedures in place including on Freedom of Information and GDPR.

The practice had a system in place to record patient safety incidents, which were reported as necessary to external bodies such as the NHS and follow ups were actioned accordingly. Patient safety related information was shared with the team members appropriately and we were told that the practice would report all abusive behaviour and refusal to treat for NHS patients to the NHS.

Learning, Improvement and Research

Quality Improvement Activities

We found appropriate policies and procedures in place governing quality improvement activities. We saw evidence of regular clinical audits being undertaken. We saw that a record keeping audit, smoking cessation audit, WHTM-01-05 audit and a digital X-ray audit had all been completed in recent months. Actions from all of these were completed and changes and learning shared with staff.

We were told that the practice was a member of the British Dental Association Good Practice Scheme and utilises quality improvement training tools such as the Skills Optimiser Self Evaluation Tool (SOSET) through Health Education and Improvement Wales (HEIW). All learning was shared with staff during meetings and catch-up sessions.

Whole Systems Approach

Partnership Working and Development

We discussed the arrangements in place for the practice to engage with system partners, for example secondary care and external quality management systems that supported improvements in providing a quality service. We were informed of good arrangements between the practice and secondary care, and local authority services such as the safeguarding team. The practice manager informed us that the practice checks the NHS system of measurement on a regular basis to ensure the practice was meeting their NHS targets.

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: Woods Dental Practice

Date of inspection: 24 October 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 concerns were identified on 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: Woods Dental Practice

Date of inspection: 24 October 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
Patient feedback from the HIW survey.	We recommend that the registered provider considers the comments received from patients to assist in improving patient experience.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16(b)(ii)	We have only been given a small sample of the feedback collected by HIW. We always aim to analyse feedback from patients and make improvements where necessary and possible. If HIW can/will give us more of the patient feedback we can analyse and make changes accordingly.	Rachel Tetiu	completed

			We evidence learning from patient feedback positive and negative during practice meetings. The minutes of these meetings are documented and stored.		
Bi-lingual health promotion material was unavailable in the practice.	The registered provider should consider expanding the selection of information available, taking into consideration the communication needs and wishes of patients using the service.	The Welsh Language (Wales) Measure 2011 The Private Dentistry (Wales) Regulations 2017 - Regulation 13(1)(a) Health and Care Quality Standards - Person Centred - Equitable	We will endeavour to provide bi-lingual health promotion material where this is produced from the relevant bodies/ companies.	Rachel Tetiu	3 months
There were large clear glass windows in the reception area at the front of the building which allowed passers-by	The registered provider must ensure that privacy and dignity is preserved as far as reasonably practicable. Privacy glass in the reception	The Private Dentistry (Wales) Regulations 2017 - Regulation 15(1)	We understand the importance of preserving privacy and dignity. We have never received any negative	Rachel Tetiu	3 months

to see patients in the downstairs waiting area. This did not preserve patient privacy and dignity.	area windows must be considered in line with General Dental Council (GDC) recommendations.		<p>comments, in fact mostly that the patients enjoy a light and airy waiting area.</p> <p>As the inspectors have advised we must change this we will apply frosted film to the windows.</p>		
We were not assured that patients were being offered the choice of language in which to receive their treatments.	The registered provider must put arrangements in place to provide an effective 'Active Offer' to patients and provide HIW with details of the action taken to implement the 'Active Offer'.	<p>The Welsh Language (Wales) Measure 2011</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13(1)(a)</p>	<p>We will train our staff in the principles of active offer. We will offer our patients their choice of language and document in the notes.</p> <p>We have contacted language line and they can offer a translator for Welsh but by prior appointment only.</p>	Rachel Tetiu	2 Months
Patient feedback from the HIW survey regarding facing discrimination when accessing or using	The practice must consider the patient comment alongside the other patient	The Private Dentistry (Wales) Regulations	We always aim to analyse feedback from patients and make	Rachel Tetiu	Completed

<p>the practice. One patient indicated they had, choosing 'other' from the discrimination category list. The patient provided comments.</p>	<p>responses to ensure equal access to all.</p>	<p>2017 - Regulation 16(b)(ii)</p>	<p>improvements where necessary and possible.</p> <p>In this particular case, the feedback is anonymous, so it makes it difficult to gather more detail as to why the patient feels this way. The feedback contains several false claims which can be evidenced and which we have clarified with HIW.</p> <p>It is still important we try to understand why the patient has these opinions and see if it necessary that we change the way we communicate services to our patients.</p> <p>All feedback is taken seriously, and we continue to encourage</p>		
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			feedback to improve services.		
Frayed carpet was noted in the staff area. This could cause a trip hazard for staff.	The registered provider must repair or replace the frayed carpet in the staff area to ensure the health, wellbeing and safety of all staff is maintained.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22(2)(b)	We will replace the affected flooring.	Rachel Tetiu	Depends on contractor availability but will aim to have completed within 2-3 months
Fire assessments were in place, however the most recent versions were done by the practice and not using a professional body or online tool.	The registered provider must undertake an up-to-date fire risk assessment using an online tool or professional body and provide evidence of the same to HIW.	The Private Dentistry (Wales) Regulations 2017 - Regulation 22(4)(f)	Completed		Completed
A safeguarding flowchart was in place but not prominently displayed for staff access.	The registered provider must ensure that the safeguarding flowchart is displayed in a prominent position in each clinical room and other staff areas.	The Private Dentistry (Wales) Regulations 2017 - Regulation 14(1)(a), (e) and Regulation 14(2)	Safeguarding flowcharts are (and were at the time, of inspection) available to all staff members on the shared one drive that everyone has access to on the		Completed

			computer in each surgery/reception area has a paper form in a folder, within their workspace. Flowchart has also been placed in staff area since inspection.		
Risks and benefits of x-ray exposures were not prominently displayed.	The registered manager must ensure that information on the benefits and risks of exposures is more prominently displayed.	Regulation 13(9)(a) - Quality of treatment and other service provision The Ionising Radiation (Medical Exposure) Regulations 2017	Laminated and placed in both waiting areas. A paper version is also available in every surgery/reception area as well as the shared one drive.		Completed
Review of patient records indicated missing information.	The registered manager must ensure accurate and comprehensive patient records are always kept. The registered manager must ensure language and	The Private Dentistry (Wales) Regulations 2017 - Regulation 20(1)(a)(i)(ii) The Private Dentistry (Wales) Regulations	We will hold a meeting with clinicians to discuss this. We always aim to provide notes upholding FGDP standards. We will include language and communication needs.		2 months

	communication needs of patients are recorded.	2017 - Regulation 13(1)(a) Health and Care Quality Standards - Effective - Record Keeping	Regular audit will be administered to ensure standards are maintained.		
Patient feedback indicated that not all patients were familiar with the complaints process.	The registered provider must ensure that all patients are provided with information on how the setting would resolve any concerns or complaints post-treatment.	The Private Dentistry (Wales) Regulations 2017 - Regulation (21)(1) Schedule 1(10) Schedule 2(1)(f)	The practice complaints procedure is available on the main noticeboard for the practice, the practice website and is always emailed/posted to patients as applicable on receipt of a complaint	Rachel Tetiu	Completed
We were told that not all administrative staff had undertaken Duty of Candour training.	The registered provider must ensure that Duty of Candour training is completed by all staff and evidence of this must be provided to HIW.	Duty of Candour (Wales) Regulations 2023 - Regulation 8 (2)(a)(b) and (c) The Private Dentistry (Wales) Regulations	Staff are in the process of training, most have already completed. All certificates will be provided as evidence when completed		2 months

		2017 - Regulation 17(3)(a)			
Results of feedback and any improvements made as a result were not displayed at the practice.	The registered provider must implement a process similar to a 'you said, we did' board to inform patients of the results of the feedback and to encourage patients to continue to participate in practice improvements.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16	We will implement a 'you said, we did board' as suggested.		3 months

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Rachel Tetiu
Job role: Practice Manager
Date: 27 December 2023