

General Dental Practice Inspection Report (Announced)

Whitehouse Dental Clinic, Cwm Taf
Morgannwg University Health Board

Inspection date: 13 November 2023

Publication date: 13 February 2024



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83577-607-0

© Crown copyright 2024

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.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	14
• Quality of Management and Leadership	21
4. Next steps.....	25
Appendix A - Summary of concerns resolved during the inspection	26
Appendix B - Immediate improvement plan.....	27
Appendix C - Improvement plan	28

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 Whitehouse Dental Clinic, Cwm Taf Morgannwg University Health Board on 13 November 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 52 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 care and service provided by the dental practice.

We found that staff worked hard to treat their patients with kindness, dignity, and respect throughout the inspection. We found the staff took pride in the quality of service they provided and wanted to make attending the practice a pleasant experience. We found the practice provided comprehensive care acting in the patients' best interest.

We found the practice made efforts to accommodate unscheduled emergency treatment on the same day with emergency slots scheduled for the dentists in both mornings and afternoons. Patients said it was easy to get an appointment when needed.

There was a range of information throughout the practice including an up-to-date statement of purpose. However, the patient information leaflet had some omissions, notably information relating to dealing with complaints and seeking patient feedback.

We found a ramp had been installed at the rear for wheelchair access however the patient toilet facilities were not considered accessible due to a step, manoeuvring difficulties, lack of handrails and emergency call aids.

This is what we recommend the service can improve:

- Update the patient information leaflet to ensure compliance with the regulations
- Implement the 'Active Offer' of the Welsh language to patients and arrange an appropriate translation service
- Consider how information can be made available in other formats that considers the needs of patients with reading difficulties.

This is what the service did well:

- Positive action as a result of COVID-19 to change patient seating to enable better infection prevention and control
- Scheduling emergency slots in dentists' schedules gave easy access for patients requiring urgent treatment
- Ramp installed at rear to provide wheelchair access.

Delivery of Safe and Effective Care

Overall summary:

We found the dental practice to be well maintained with spacious, well lit, air-conditioned treatment rooms. Patient areas were decorated and furnished to a good standard. However, staff areas required some attention to resolve potential infection control and prevention risks.

Generally, we found suitable arrangements were in place at the practice to provide patients with safe and effective care and that staff were clear regarding their work roles and responsibilities.

We found appropriate procedures in place for dealing with waste produced by the practice, and suitable arrangements in relation to substances subject to Control of Substances Hazardous to Health (COSHH) regulations.

We found a suitable system for managing emergency medicines and equipment and all staff had completed resuscitation training within the last year.

We saw policies and procedures in place in relation to safeguarding children and adults with an appointed safeguarding lead in place. The practice had access to the All-Wales safeguarding app to ensure they had up-to-date guidance.

Dental records were detailed and easy to follow with some minor points for improvement.

This is what we recommend the service can improve:

- Portable Appliance Testing to be conducted as noted in the fire risk assessment
- Fire drills that are carried out are to be recorded in the fire safety logbook
- Clinical audit of X-rays to be conducted
- Greater consistency in recording the details in patient dental care records.

This is what the service did well:

- Designated staff changing area with lockers to store personal belongings
- Up to date infection control and prevention policy with an infection control lead appointed and cleaning schedules located throughout the practice
- Fire risk assessment conducted within the last year with fire equipment maintenance contract in place, and weekly checks conducted
- Good treatment options, with thorough investigations and discussions with patients.

Quality of Management and Leadership

Overall summary:

The registered manager was visible, and we found clear reporting lines for staff and an effectively run practice. Staff were found to be adequately supported within their roles with evidence of regular appraisals.

We saw a recruitment policy which set out all the documentation that must be available in respect of staff employed at the practice. However, we found no formal induction process in place.

We found various arrangements in place for seeking feedback from patients, which was analysed to identify areas for improvement.

We saw up-to-date complaints procedures in place for both private and NHS patients with the complaints manager details and timescales. However, there were no details signposting patients to advocacy services.

We found the Duty of Candour policy was brief and in need of development to ensure it provided sufficient guidance and set out staff responsibilities. We found staff had a fair understanding of Duty of Candour, but the team had not all completed training on the subject.

While we identified some improvements were needed, overall, we found the practice to be well managed.

This is what we recommend the service can improve:

- Policies to be consistently dated
- Include contact details for advocacy services in the complaints procedure
- To implement system for sharing patient safety incident information with other NHS bodies
- Conduct a records audit.

This is what the service did well:

- Good compliance with mandatory training, with some nurses trained for extended duties such as fluoride application and dental radiography
- A range of policies were readily available to staff to support them in their work roles with a good filing system making them easy to locate when required.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 52 respondents rated the service as 'very good.'

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

"Extremely efficient and caring practice."

"It's a lovely practice, very clean and tidy. All staff are very friendly."

"Polite, professional and efficient."

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 saw patient information available throughout the practice, including the complaints policy, a Putting Things Right poster and treatment charges for both NHS and private care were also on display.

All respondents who completed a HIW patient questionnaire told us staff had explained oral health in a way they could understand.

We were told the practice had changed the seating in the patient waiting area from fabric to plastic and had extractor fans installed because of COVID-19 to ensure better infection control and ventilation.

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.

Dignified and Respectful Care

During the inspection we found staff treated patients 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 additional privacy.

All 52 respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect.

The reception desk was separate from the downstairs patient waiting room providing a degree of privacy for patients. Another waiting area was on the first floor. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients, including conversations over the phone. We were told an unused surgery, or a small office behind reception would be used for confidential or sensitive discussions.

Individualised care

All respondents who completed a HIW patient questionnaire said that there was enough information given to understand the treatment options available and said they were given enough information to understand the risks/benefits associated with those treatment options.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment and that staff had explained to them what they were doing throughout their appointment.

Some comments we received about patient care are below:

“The care is of a high standard.”

“I have amazing confidence in the dentist I see.”

Timely

Timely Care

We were told dental nurses advise reception of any delays either in person or via the instant messaging system. The reception staff would let patients know should there be a delay in them being seen at their appointment.

The practice currently arranges appointments by telephone, or in person at reception thereby reducing the risk of digitally excluding some patients.

We were told urgent dental care is arranged by either telephoning reception directly or emailing the registered manager who would forward the message to reception to make the necessary arrangements. We were advised that blank

emergency appointment slots were kept available in both the morning and afternoon. We were told that efforts would still be made to accommodate patients if these times were not suitable.

We were told patients generally have to wait about two to three weeks between each treatment appointment depending on the urgency and dentist availability. However, if a patient wanted to see the principal dentist this wait could be up to six weeks.

We were told the practice keeps appointment slots available after school hours but tried to keep within the set business hours. The practice did not offer evenings or weekend appointments to maintain staff wellbeing.

The practice's opening hours were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should they require urgent dental care and treatment out of hours was also clearly visible.

All respondents who completed a HIW patient questionnaire said it was easy to get an appointment when they needed one. Most respondents who felt it was applicable said they would know what to do and who to contact in the event of an infection or emergency.

Equitable

Communication and Language

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. While the statement of purpose had been reviewed within the last 12 months, there was no review date on the patient information leaflet. Furthermore, arrangements for dealing with complaints and seeking patient views were missing.

The registered manager must update the patient information leaflet to ensure compliance with the regulations.

We found some written information displayed in the practice was available in Welsh and English including the HIW certificates and NHS treatment charges. However, we were told the practice was unaware of the Active Offer and did not fully understand the importance of speaking with patients in their preferred language as a necessary part of delivering good healthcare.

The registered manager must provide HIW with details of how the practice intends to implement the 'Active Offer' of Welsh language to patients.

Additionally, we saw there were no leaflets available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties.

The registered manager is required to provide HIW with details of how the practice can make information available to patients with reading difficulties.

We were told there were no Welsh speaking staff working at the practice but could use a family member as interpreter to provide care in Welsh if requested. However, this provision was reliant of an act of goodwill and availability, and only covered the practice for the provision of Welsh. We found there was no provision of a translation service.

We recommend the registered manager implements an appropriate translation service.

We found a hearing loop system in place to assist patients with hearing difficulties.

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 equal opportunities policy which covered equality and discrimination and bullying and harassment policy in place. We also saw a whistleblowing process in place to support staff who wanted to raise concerns. We found that all staff had signed to confirm that they had read and agreed to the contents of these policies.

Most respondents who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice.

We saw a ramp from the rear car park leading to level access direct into a surgery, providing patients with mobility issues access to treatment. However, we found access to the patient toilet located on the ground floor involved a small step and awkward angles to manoeuvre for a wheelchair. Furthermore, the toilet had no support handrails or emergency call aid installed. We considered the toilet to be unsuitable for patients with mobility issues.

We recommend the registered manager considers how the practice can best serve the needs of wheelchair users with regards to toilet facilities.

We recommend the registered manager update the patient information leaflet and statement of purpose to advise patients of the access issues for the toilets at the practice.

Additionally, we found the hand wash basin in the downstairs patient toilet only had a cold water tap available. The hot water feed had not been connected to the sink and there was no hot water tap fitted. We saw that another hand wash basin with hot water had been installed in the patient waiting area as a result of COVID-19. We were told if patients wanted hot water to wash their hands after using the toilet, then this was available to them. We considered this arrangement was inappropriate, as it did not respect patient's rights to privacy.

We recommend the registered manager installs a hot water tap in the downstairs patient toilet to enable patients to wash their hands in privacy.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the dental practice was in an old, terraced building which appeared to be in good condition. We found the surgeries and patient areas well maintained with spacious, well lit, air-conditioned treatment rooms. Surgeries were located on both the ground and first floor, were clearly marked with appropriate signage indicating the presence of X-ray equipment.

Internally, the patient environment was pleasant and comfortable, and decorated to a good standard. However, we found seating in the staff rest area to be worn and stained, and the lid of the waste bin in the adjacent kitchen area was damaged resulting in food and drink contamination. Furthermore, we saw a patch of black mould on the wall behind the staff toilet. We considered that these issues posed an infection control risk to staff working at the practice.

The registered manager must provide HIW with details of the action taken to address the issues found in the staff rest areas and staff toilet to improve infection prevention and control.

We saw an up-to-date health and safety risk assessment was in place. This identified that the Portable Appliance Testing (PAT) was last completed in 2015 and recommended renewal. Whilst the practice manager advised that he carried out visual checks, this does not cover internal faults. Such faults can only be reliably detected by a combined visual and PAT test in accordance with Health and Safety Executive guidelines. In addition, we could not see a PAT test sticker on a number of kitchen appliances.

The registered manager must provide HIW with details of arrangements for Portable Appliance Testing (PAT) of electrical equipment in the practice in accordance with Health and Safety Executive guidelines.

We saw an up-to-date buildings maintenance policy, which referred to a preventative maintenance plan and a fault reporting system. However, we were advised that neither of these were in place when asked for evidence.

The registered manager must ensure processes described within policies are implemented and provide HIW with evidence.

There was a business continuity 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. We saw contact details for the practice designated emergency response team were listed. However, we found no comprehensive list of emergency contact numbers for utility companies and other service providers.

The registered manager must update the business continuity plan to include a comprehensive list of contact details for relevant utilities companies and service providers.

Patient areas were uncluttered and free from hazards. We saw there were facilities for staff to change in privacy and individual lockers available to store their belongings.

We found a fire risk assessment had been completed within the last year and that all staff working had completed fire safety training. We saw a current fire equipment maintenance contract was in place and that the fire extinguishers had been serviced within the last year. Weekly checks of fire safety equipment were being conducted and recorded. We saw there were two fire wardens appointed and were told that regular fire drills were carried out. However, we found the fire drills were not being recorded in a fire safety logbook.

The registered manager must ensure regular fire drills are recorded in a fire safety logbook.

We found fire exits were clear of obstructions and evacuation signage was displayed throughout the premises.

We saw a health and safety policy was in place and an approved health and safety poster was clearly displayed in the kitchen area for staff to see. We confirmed current public liability insurance was in place and that employers' liability insurance was on display.

Infection Prevention and Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination. We found there was a dedicated infection control lead appointed and saw cleaning schedules throughout the practice to support cleaning routines. However, we saw unidentified stains on the patient toilet wall and on the light switch. Attempts to remove these at the time of the inspection were unsuccessful suggesting they were long standing in nature.

We recommend the registered manager reviews the cleaning process of the downstairs patient toilet. Alternatively, the registered manager may wish to consider redecorating the downstairs patient toilet.

We saw the waiting room and the dental surgeries were visibly clean and furnished to promote effective cleaning. Personal protective equipment (PPE) was readily available for staff. Suitable handwashing and drying facilities were available in each surgery. All respondents felt the setting was very clean and felt infection and prevention control measures were evident.

There was a designated decontamination room with a suitable system in place to safely transport used instruments from surgeries to the decontamination room. However, we found buckets and mops were being stored within the room presenting a trip hazard and potential contamination issue. These were moved to a more appropriate location on the day of the inspection.

Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been performed. However, we found that the routine audit of infection prevention and control and decontamination processes had not been carried out in line with Welsh Health Technical Memorandum (WHTM) 01-05.

The registered manager must conduct an audit of infection prevention and control and decontamination processes in line with Welsh Health Technical Memorandum (WHTM) 01-05.

We saw clinical waste produced by the practice was stored securely in appropriate containers while awaiting collection. We also saw a current contract was in place to safely transfer waste from the practice.

We found good arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH). Every hazardous substance had a suitable COSHH risk assessment in place.

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

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. We found suitable arrangements in place for the safe handling and

storage of medicines. We saw that any medicines administered were recorded in the patient notes.

We were told adverse incidents involving medicines would be reported 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.

We inspected equipment and medicines for use in the event of an emergency at the practice. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. A suitable system was in place for checking stocks and identifying when medicines need to be replaced. We also saw records of checks having been completed, and confirmed all medicines and resuscitation equipment were within their expiry date. We found the practice had a weekly contract in place to check their oxygen cylinders.

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 policy and 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 the practice had a safeguarding lead in place and that all staff were appropriately trained and knowledgeable about safeguarding. The lead had downloaded the All-Wales safeguarding app on their phones to ensure they had up-to-date guidance.

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 and suitable arrangements were in place to deal with any device or system failures.

We saw the required documentation was available to show appropriate arrangements were in place for the safe use of the X-ray equipment. We also saw documentation showing the equipment had been subject to the required maintenance and testing and that a radiation risk assessment was in place. However, we found that the practice had not completed a recent clinical audit of X-rays.

The registered manager must conduct a clinical audit of X-rays. We recommend registered manager considers implementing an audit of X-rays every six months in accordance with Faculty of General Dental Practice (UK) guidance.

We saw local rules in relation to the use of X-ray equipment was on display for easy access for staff. We confirmed all staff working at the practice who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed.

We found evidence of clinical evaluations and justifications for each X-ray exposure were noted in patient records. We found suitable arrangements to ensure patient radiation exposure was as low as reasonably practicable. However, we could not see written information explaining the risks and benefits of having an X-ray displayed for patients. This meant we could not be assured patients were being provided with this information as required by The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. We were told this information was provided verbally.

The registered manager must ensure information explaining the risks and benefits of having an X-ray is displayed for patients in waiting areas.

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 and that regulatory and statutory guidance was being followed.

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

All respondents who completed a HIW patient questionnaire told us they had been given aftercare instructions on how to maintain good oral health and most agreed they had been given information on how the practice would resolve any concerns or complaints post-treatment.

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 where applicable and oral hygiene and diet advice was recorded. We found the patient records featured a system to ensure the medical history was checked at each consultation.

We saw evidence of full base charting, soft tissue examination, extra and intra oral examination and cancer screening. We found all records indicated that informed consent was obtained prior to their treatment and recall was recorded and was in accordance with NICE guidelines.

However, we identified some omissions in the records. While the records showed an initial medical history had been obtained from the patient, this had not been consistently signed and dated by the patient nor countersigned by the dentist.

We found good patient treatment options had been noted with thorough investigations and tests, and that this information had been given to patients in a timely manner. However, we found that treatment planning evidence including costs were inconsistently recorded.

We also found that recording of Basic Periodontal Examination (BPE) and 6-point pocket charting was inconsistent and there was no record that smoking cessation advice was being provided.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

In addition, we saw that patient language choice was not recorded. This could inhibit effective and individualised patient care.

The registered manager must ensure patients preferred choice of language is recorded within the patient records.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided.

The practice benefitted from an electronic system to ensure that arrangements for referral to other healthcare services was effective and that relevant information is shared.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were used efficiently with urgent dental care being accommodated around routine pre-booked appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is family owned and operated with the principal dentist also acting as practice manager. This allowed for clear lines of reporting for staff.

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

We confirmed a good range of written policies were readily available to staff to support them in their roles. These were filed in good order, indexed, and signed by staff to confirm they had read and understood the contents. The sample of policies we saw showed some had been subject to review within the last 12 months. However, several policies did not contain a commencement date nor review dates. This makes it difficult to establish when the policy became active and when the next review is required.

The registered manager must ensure all practice policies are dated. This must include the date the policy commenced and of any reviews carried out.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist, the practice team consisted of four associate dentists, a hygienist, six dental nurses, and two receptionists.

We were told the number and skill mix of staff were appropriate to deliver the dental services provided. We were told agency staff were not used, and saw that additional staff were available to cover holidays and sickness.

The names of the dentist and dental care professionals working at the practice were clearly displayed along with their General Dental Council (GDC) registration numbers. We were told compliance with GDC registration requirements was monitored by one of the practice managers.

A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found the practice manager to be open and approachable to staff, although as a busy dentist we recognise that this availability would depend on the treatment schedule.

The practice had a 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 GDC and evidence of immunisations.

We were advised that new staff were shown around the practice and had to read and sign practice policies and procedures to confirm they understood their roles and responsibilities. However, we were told there was no formal induction policy or process in place for new staff to the practice.

The registered manager must ensure that an induction policy and structured procedure is put in place and provide HIW with evidence.

We saw staff employed by the practice had annual work appraisals and had attended training on a range of topics relevant to their roles within the practice. We found that some nurses had been trained for extended duties such as fluoride application and dental radiography for dental nurses. We also noted that another nurse was currently undergoing the dental radiography for dental nurses training.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including patient satisfaction questionnaires, email and via the practice website.

We were told that feedback is regularly assessed, analysed and discussed at team meetings. We were told the practice had identified cost of treatment and availability of magazines in the waiting area as the only common themes to date.

We recommend the registered persons considers implementing a suitable system to show patients the action taken by the practice in response to their feedback.

We saw Putting Things Right posters on display in patient waiting areas. We saw up-to-date written complaints procedures were in place for managing complaints about dental care provided at the practice. These were for both NHS and private patients. These were also on display in the waiting areas and included the details of the complaints manager and stated the expected response timescales. Details of other organisations that patients could approach, such as the ombudsman and HIW were also included. However, details of advocacy services that could provide advice and support when raising complaints were not provided.

We recommend the registered manager updates the complaints procedures to include details of advocacy services.

We were told that patient issues were recorded in the patient notes and that should they require a formal response, then the complaint would need to be submitted in writing. We were told the resolution process is documented throughout. However, we did not see any evidence of this as we were told there had been no formal complaints received over the last nine to ten years.

We saw the practice had a Duty of Candour policy. However, this was quite brief and failed to provide sufficient guidance and set out staff responsibilities. We were told that staff were in the process of undergoing Duty of Candour training and demonstrated a fair understanding when questioned. To date, there has been no incidents where Duty of Candour has been exercised.

The registered manager must ensure the Duty of Candour policy is updated in line with the Duty of Candour guidance.

We recommend the registered manager ensures staff complete Duty of Candour training and provide HIW with evidence.

Information

Information Governance and Digital Technology

Information about significant events and patient safety incidents would be recorded in the practice accident logbook and discussed at the monthly team meetings. A team discussion would inform and formulate action plans for improvement and implementation where necessary. However, we were told that there was no system currently in place for sharing patient safety incidents with other NHS bodies.

The registered manager must consider how best to share patient safety incident information with other NHS bodies and provide details to HIW.

Learning, Improvement and Research

Quality Improvement Activities

We were provided with examples of audits which were conducted as part of the practice's quality improvement activity. These included audits of waste, disability access and anti-microbials. We were also told the practice had completed antibiotic prescribing and smoking cessation audits as part of national projects. However, we found the practice had not conducted a recent records audit.

The registered manager must conduct a records audit and provide HIW with the results.

We saw the practice uses an appropriate online quality improvement training platform to help improve standards within the practice.

Whole Systems Approach

Partnership Working and Development

Suitable arrangements were described for engagement between the practice and other services.

We were told that an electronic system was used to refer patients, including those who require an urgent referral, to secondary healthcare services. While not part of a healthcare cluster, we were told the practice would write to GPs for medication reviews and refer patients to pharmacists to discuss medicine interactions. This ensures healthcare is better co-ordinated to promote the wellbeing of patients and the wider community.

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: Whitehouse Dental Clinic

Date of inspection: 13 November 2023

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate assurance concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Whitehouse Dental Clinic

Date of inspection: 13 November 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
We found there was no review date on the patient information leaflet. Furthermore, arrangements for dealing with complaints and seeking patient views were missing.	The registered manager must update the patient information leaflet to ensure compliance with the regulations.	Regulation 6(1) - The Private Dentistry (Wales) Regulations 2017	The patient information leaflet has been amended to include these details.	Rhys Griffiths	Completed
We were told the practice was unaware of the Active Offer and did not fully understand the importance of speaking with patients in their preferred language as a	The registered manager must provide HIW with details of how the practice intends to implement the 'Active Offer' of Welsh language to patients.	Quality Standard - Equitable	The Active Offer has now been implemented. We all fully understand the importance of speaking with patients in their preferred language as	Rhys Griffiths	Completed

<p>necessary part of delivering good healthcare.</p>			<p>a necessary part of delivering good healthcare. The poster that is visible on reception demonstrates this, but additional information has now been dispersed to the team.</p> <p><u>Active offer information pack – Social Services and Social Care part 2 english (gov.wales)</u></p>		
<p>We found there were no leaflets available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties.</p>	<p>The registered manager is required to provide HIW with details of how the practice can make information available to patients with reading difficulties.</p>	<p>Quality Standard - Equitable</p>	<p>Multiple posters & leaflets (Putting Things Right and Safeguarding information for example) have been downloaded in various formats (English, Welsh, easy read and child friendly) and we are actively exploring getting other literature (smoking cessation,</p>	<p>Rhys Griffiths</p>	<p>Completed</p>

			oral health care advice sheets etc) in similar formats.		
We found there was no provision of a translation service.	We recommend the registered manager implements an appropriate translation service.	Quality Standard - Equitable	We will use Language Line going forwards	Rhys Griffiths	Completed
We found access to the patient toilet located on the ground floor unsuitable for wheelchair users.	We recommend the registered manager: 1) considers how the practice can best serve the needs of wheelchair users with regards to toilet facilities. 2) update the patient information leaflet and statement of purpose to advise patients of the access issues for the toilets at the practice	Regulation 22(2)(c) - The Private Dentistry (Wales) Regulations 2017. Regulation 5 & 6 - The Private Dentistry (Wales) Regulations 2017.	Refurbishment of the patient toilet facilities are planned as part of wider improvements at the Clinic. In the meantime, we have amended the information that patients are sent regarding facilities at the Clinic to advise that the toilet facilities are not universally accessible to all	Rhys Griffiths	1. Building work will be planned by the future owners. Completed
We found the hand wash basin in the downstairs	We recommend the registered manager installs	Regulation 22(2)(c) - The Private Dentistry	Refurbishment of the patient toilet facilities	Rhys Griffiths	12 weeks

<p>patient toilet only had a cold water tap available.</p>	<p>a hot water tap in the downstairs patient toilet to enable patients to wash their hands in privacy.</p>	<p>(Wales) Regulations 2017.</p>	<p>are planned as part of wider improvements at the Clinic.</p>		
<p>We found seating in the staff rest area to be worn and stained, and the lid of the waste bin in the adjacent kitchen area was damaged resulting in food and drink contamination. Furthermore, we saw a patch of black mould on the wall behind the staff toilet.</p>	<p>The registered manager must provide HIW with details of the action taken to address the issues found in the staff rest areas and staff toilet to improve infection prevention and control.</p>	<p>Regulations 13(6)(b)(i) and 22 (a)&(c) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>The stained staff seating has been repaired, laundered and is clean. The bin has been replaced. The mould has been cleaned off.</p>	<p>Rhys Griffiths</p>	<p>Completed</p>
<p>We found the health and safety risk assessment identified that the Portable Appliance Testing (PAT) was last completed in 2015 and recommended renewal. In addition, we could not see a PAT test sticker on</p>	<p>The registered manager must provide HIW with details of arrangements for Portable Appliance Testing (PAT) of electrical equipment in the practice in accordance with Health and Safety Executive guidelines.</p>	<p>Regulation 22(2)(a) & (4)(a) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>An electrician has been contacted to arrange PAT testing. I am waiting for a date for this to be completed but once completed, an updated list of tested appliances (format to</p>	<p>Rhys Griffiths</p>	<p>TBC but less than 6 weeks hopefully.</p>

<p>a couple of kitchen appliances.</p>			<p>be confirmed pending the electrician attending) will be uploaded to the portal.</p>		
<p>We saw the buildings maintenance policy referred to a preventative maintenance plan and a fault reporting system. However, we were advised that neither of these were in place when asked for evidence.</p>	<p>The registered manager must ensure processes described within policies are implemented and provide HIW with evidence.</p>	<p>Regulation 8(1)(c) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Fault reporting is now logged, with remedial work also noted. Reference to a 'Preventive maintenance plan' has been removed as this will come under wider refurbishment plans.</p>	<p>Rhys Griffiths</p>	<p>Completed</p>
<p>We found no comprehensive list of emergency contact numbers for utility companies and other service providers.</p>	<p>The registered manager must update the business continuity plan to include a comprehensive list of contact details for relevant utilities companies and service providers.</p>	<p>Regulation 8(1)(o) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>This has been updated with details of utility providers and the contact details of contractors such as the dental engineer, intruder alarm company, drainage company and air</p>	<p>Rhys Griffiths</p>	<p>Completed</p>

			conditioning company (amongst others).		
We found the fire drills were not being recorded in a fire safety logbook.	The registered manager must ensure regular fire drills are recorded in a fire safety logbook.	Regulation 22(4)(d) - The Private Dentistry (Wales) Regulations 2017.	These will now be recorded in a signed log book.	Rhys Griffiths	Completed
We saw unidentified stains on the patient toilet wall and on the light switch.	We recommend the registered manager reviews the cleaning process of the downstairs patient toilet. Alternatively, the registered manager may wish to consider redecorating the downstairs patient toilet.	Regulation 13(6)(b)(i) - The Private Dentistry (Wales) Regulations 2017.	Refurbishment of the patient toilet facilities are planned as part of wider improvements at the Clinic, but this wall is planned to be painted as an interim measure.	Rhys Griffiths	4 weeks
We found that the routine audit of infection prevention and control and decontamination processes had not been carried out.	The registered manager must conduct an audit of infection prevention and control and decontamination processes in line with Welsh Health Technical Memorandum (WHTM) 01-05.	WHTM 01-05 Paragraph 2.23	An audit of infection prevention and control and decontamination processes is provisionally planned as part of WG requirements for two audits to be conducted by YE 2023-24	Rhys Griffiths	12 weeks

<p>We found that the practice had not completed a recent clinical audit of X-rays.</p>	<p>We recommend the registered manager considers implementing an audit of X-rays every six months in accordance with Faculty of General Dental Practice (UK) guidance.</p>	<p>Regulation 7 - The Ionising Radiation (Medical Exposure) Regulations 2017</p>	<p>An audit of dental radiographs is provisionally planned as part of WG requirements for two audits to be conducted by YE 2023-24</p>	<p>Rhys Griffiths</p>	<p>12 weeks</p>
<p>We could not see written information explaining the risks and benefits of having an X-ray displayed for patients.</p>	<p>We recommend the registered manager ensures information explaining the risks and benefits of having an X-ray is displayed for patients in the waiting area.</p>	<p>Regulation 13(9)(a) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>A poster explaining the risks and benefits has been designed and is displayed in both waiting rooms for patients to read at their leisure.</p>	<p>Rhys Griffiths</p>	<p>Completed</p>
<p>We identified some omissions in the records including inconsistent recording of Basic Periodontal Examination (BPE), 6-point pocket charting and evidence of treatment planning.</p>	<p>The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.</p>	<p>Regulation 20(1) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Clinicians have been directed to the BDA and GDC websites which have detailed information on the contemporaneous completion of dental records. CPD topics have also been recommended.</p>	<p>Rhys Griffiths</p>	<p>Completed</p>

<p>We found patient language preference were not recorded within patient records, which could inhibit effective and individualised care.</p>	<p>The registered manager must ensure patients preferred choice of language is recorded within the patient records</p>	<p>Regulation 13(1)(a) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>If a language other than English is chosen as the patients preferred language in which to communicate, it is recorded in the clinical notes.</p>	<p>Rhys Griffiths</p>	<p>Completed</p>
<p>We found several policies did not contain a commencement date nor review dates. This makes it difficult to establish when the policy became active and when the next review is required.</p>	<p>The registered manager must ensure all practice policies are dated. This must include the date the policy commenced and of any reviews carried out.</p>	<p>Regulation 8- The Private Dentistry (Wales) Regulations 2017.</p>	<p>A log sheet has been added to each policy which details the commencement date, the date it was most recently reviewed and the person who reviewed it.</p>	<p>Rhys Griffiths</p>	<p>Completed</p>
<p>We found no formal induction policy or process in place for new staff to the practice.</p>	<p>The registered manager must ensure that an induction policy and structured procedure is put in place and provide HIW with evidence</p>	<p>Regulation 8(1)(h) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>An induction policy is being developed and will be sent to HIW once completed.</p>	<p>Rhys Griffiths</p>	<p>Completed (attached)</p>
<p>We found no system in place to show patients</p>	<p>We recommend the registered persons considers</p>	<p>Regulation 16 (2)(c) - The Private Dentistry</p>	<p>‘You said, we did’ posters developed and</p>	<p>Rhys Griffiths</p>	<p>Completed</p>

<p>what action has been taken by the practice in response to feedback.</p>	<p>implementing a suitable system to show patients the action taken by the practice in response to their feedback.</p>	<p>(Wales) Regulations 2017.</p>	<p>will be displayed in waiting rooms following feedback and actions taken. This will be in addition to a log of feedback and changes implemented as a result of this feedback.</p>		
<p>We found details of advocacy services that could provide advice and support when raising complaints were not provided within the complaint procedures.</p>	<p>We recommend the registered manager updates the complaint procedures to include details of advocacy services.</p>	<p>Regulation 21(1) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Details of the Llais Complaints Advocacy Service has been added to the Complaints policies.</p>	<p>Rhys Griffiths</p>	<p>Completed</p>
<p>We saw the practice Duty of Candour policy was brief and failed to provide sufficient guidance and set out staff responsibilities.</p>	<p>The registered manager must ensure the Duty of Candour policy is updated in line with the Duty of Candour guidance.</p>	<p>Quality Standard - Culture</p>	<p>The Duty of Candour policy now follows BDA guidance.</p>	<p>Rhys Griffiths</p>	<p>Completed</p>

We were told that staff were in the process of undergoing Duty of Candour training.	We recommend the registered manager ensures staff complete Duty of Candour training and provide HIW with evidence	Regulation 8(1) & (2)(a) - Training and Support - Duty of Candour Procedure (Wales) Regulations 2023	All staff have now completed Duty of Candour CPD.	Rhys Griffiths	
We were told that there was no system currently in place for sharing patient safety incidents with other NHS bodies.	The registered manager must consider how best to share patient safety incident information with other NHS bodies and provide details to HIW.	Quality Standard - Information	Patient safety incidents would be shared with the LHB, (NRLS), the HSE, the police, the MHRA and HIW. This has been updated in the Duty of Candour policy as well.	Rhys Griffiths	Completed
We found the practice had not conducted a recent records audit.	The registered manager must conduct a records audit and provide HIW with the results.	Regulation 8(1)(n) - The Private Dentistry (Wales) Regulations 2017.	An audit of clinical records is provisionally planned as part of WG requirements for two audits to be conducted by YE 2023-24	Rhys Griffiths	12 weeks

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): Rhys Griffiths
Job role: Principal dentist and registered manager
Date: 18/01/2024