

# General Dental Practice Inspection Report (Announced)

Woodfield Street Dental Practice,  
Swansea Bay University Health Board

Inspection date: 27 November 2023

Publication date: 27 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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-83577-630-8

© 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 .....	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care .....	12
• Quality of Management and Leadership .....	16
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection .....	20
Appendix B - Immediate improvement plan.....	21
Appendix C - Improvement plan .....	22

# 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 Woodfield Street Dental Practice, Swansea Bay University Health Board on 27 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 35 questionnaires were completed by patients or their carers and five were completed by staff. 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:

It was clear that staff at Woodfield Street Dental were committed to giving patients a positive experience when visiting the practice.

All 35 patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good.

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

This is what we recommend the service can improve:

- Practice manager to enquire with health board regarding accessing the translation service for use in the practice
- The practice should provide more patient information bilingually in the waiting area.

This is what the service did well:

- Patients were treated in a caring and friendly manner
- Patients provided very positive feedback, informing us that staff treated them with dignity and respect.

### Delivery of Safe and Effective Care

Overall summary:

We saw the practice premises was well maintained, both internally and externally.

Both communal and clinical areas were also kept clean and tidy, and we saw evidence of various policies and procedures in place for infection control at the practice.

HIW reviewed effective arrangements in place to ensure that X-ray equipment was used appropriately and safely.

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

This is what we recommend the service can improve:

- Practice to provide evidence of actions taken in order to ensure teeth whitening products are stored separate to staff food and drink

This is what the service did well:

- Posters on the back of the door in patient toilets, listing contact details for victim support, mental health support and to report safeguarding concerns
- Surgeries were clean, well equipped and fit for purpose.

## Quality of Management and Leadership

Overall summary:

We saw evidence of good leadership and clear lines of accountability in place at Woodfield Street Dental Practice.

The practice had a range of written policies in place, which were readily available to staff to support them in the work roles. All policies were up to date and were annually reviewed.

This is what the service did well:

- A range of policies were readily available to staff to support them in their work roles.
- Staff, both clinical and non-clinical, worked very well together as part of a team.

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

All 35 patients who completed a HIW questionnaire rated the service provided by the dental practice as 'good' or 'very good'.

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

*"Have been attending here for over 30 years. Never had any problems."*

*"I find this dental practice both friendly and efficient."*

#### Person Centred

##### Health Promotion

All 35 patients who completed HIW questionnaires agreed that staff explained their oral health to them in a way they could understand. Most respondents also informed us that they were given aftercare instructions on how to maintain good oral health (33/35). One patient answered with 'not applicable', and one skipped this question.

All respondents confirmed that the dental team enquired about their medical history before undertaking any treatment. Of the 35 respondents, 30 agreed that they were given clear guidance on what to do and who to contact in the event of an infection or emergency. One patient disagreed with this, two answered with 'not applicable' and the remaining patients skipped this question.

The practice name was clearly visible on the outside of the practice, as well as the practice opening times and emergency contact details.

'No smoking' signs were also clearly displayed in the practice.

##### Dignified and Respectful Care

We saw evidence of arrangements in place at the practice to protect patient's privacy. All surgery doors were kept closed during appointments and provided sufficient privacy for confidential conversations. However, during our tour of the practice, we viewed the upstairs surgery, which did not have a blind or frosted



glass obstructing view from the street. Since our visit, we have seen evidence of appropriate action taken to obstruct the street view, thus ensuring the privacy and dignity of patients is maintained.

Staff informed us that the staff room could be used for confidential conversations if necessary, or one of the waiting areas if empty.

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

We saw staff providing care to patients in a dignified and respectful manner and patients were spoken with in a friendly and helpful way.

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

### **Individualised care**

The majority of questionnaire respondents said that there was enough information given to understand the treatment options available (33/35). These respondents also said they were given enough information to understand the risks/benefits associated with those treatment options. In both cases, the remaining respondents skipped these questions.

All 35 questionnaire respondents told us they had been involved as much as they had wanted to be in decisions about their treatment.

## **Timely**

### **Timely Care**

Staff informed us that, when appointment delays occur, they usually happen last minute, when the next patient is already in the waiting area. Staff would inform patients of such delays in person, offering the chance to rebook the appointment if needed.

We were told that there was no online booking system used at the practice. Patients could book appointments either over the phone or in person at the practice.

Emergency appointments could be obtained over the phone. Reception staff told us that there were allocated slots available daily used for emergency appointments only.

29 patients who completed HIW questionnaires told us that they found it 'very easy' to get an appointment when they need one. The remaining 6 respondents told us that they found it 'fairly easy' to get appointments. In addition, 29 patients told us they would know how to access the out of hours dental service if they had an urgent dental problem. The remaining six respondents told us they didn't know how to access this service.

## **Equitable**

### **Communication and Language**

The majority of patients who completed a questionnaire told us their preferred language was English (34/35).

Although reception staff told us that they can say a few basic words in Welsh, we confirmed that there were no fluent Welsh speaking staff working at Woodfield Street Dental Practice.

Staff told us that they currently do not access a translation service through the local health board.

**We recommend the registered manager consider ways to improve communication with patients whose preferred language is not English.**

We saw various pieces of information displayed in the reception area of the practice, including a patient information leaflet, containing all required information, and the practice complaints policy. The patient information leaflet was available bilingually, however besides this, we noted a lack of patient information available bilingually.

**We require the practice manager to ensure more patient information is made available bilingually going forward.**

We were told that patient information could be made available in alternative formats upon request.

### **Rights and Equality**

The practice had an equal opportunities policy and an equality, diversity and human rights policy in place. We saw evidence that staff had also completed equality and diversity training.

Due to the layout of the building, the practice was not able to offer disabled access. Senior staff informed us that they would sign post any patients requiring such access to nearby dental practices.

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

It was evident that the premises was maintained to a high standard, both internally and externally. The practice had spacious waiting areas on both floors, suitable for the number of surgeries. There were also sufficient changing and storage facilities for staff.

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

HIW reviewed a business continuity plan in place for the practice. This was up to date and contained all relevant information. We also saw evidence of a comprehensive health and safety policy in place.

Staff provided us with an up-to-date fire safety risk assessment for the practice. We saw fire safety equipment available for staff to use in the event of a fire. A current fire equipment maintenance contract was in place. Our review of staff training also confirmed that all staff were up to date with fire safety training.

Emergency exits were clearly sign posted and no smoking signs were displayed in the reception area of the practice.

### Infection, Prevention, Control (IPC) and Decontamination

We saw evidence of up-to-date policies and procedures in place in relation to infection prevention and control (IPC) and decontamination.

All patients who completed questionnaires majority of respondents (46/49) felt that infection prevention and control measures were followed at the practice.

It was clear that the practice had appropriate arrangement in place for decontamination. The equipment used for the cleaning and sterilisation of instruments was in good condition and we found instruments to be dated and stored appropriately.

We saw evidence of effective hand hygiene facilities in place and personal protective equipment (PPE) was also readily available for staff to use.

Our review of staff training confirmed that all staff members had completed infection prevention and control training.

During our tour of the practice, we noted that the fridge in the staff room was being used to store both staff food and drink, as well as teeth whitening products for patients. We immediately raised this with a senior staff member who agreed to obtain another fridge as soon as possible in order to keep these items separately. **We require the practice to provide evidence of receipt of a new fridge or any other actions taken in order to ensure teeth whitening products are stored separate to staff food and drink.**

### **Medicines Management**

Staff confirmed that no medicines are stored in the practice, apart from emergency medication. We saw that practice had an up-to-date medicines management policy in place.

We reviewed the emergency drugs and equipment. There was an effective system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK).

All emergency drugs were in date; however, oxygen masks were not available in sizes 0, 1, 2 and 4. We spoke to staff about this and we saw evidence that the relevant sizes were ordered during our visit. Since our inspection we have seen evidence of receipt of these masks.

Our review of staff records confirmed that all were up to date with CPR training. There was a first aid kit available and three designated first aiders at the practice. All first aiders were up to date with the relevant first aid training.

### **Safeguarding of Children and Adults**

We reviewed the safeguarding policies and procedures at the practice. All were up-to-date and included all relevant information, including the local contact details to report any concerns.

We reviewed training records which showed that all staff were up to date with safeguarding training and all trained to the appropriate level.

During our tour of the practice, we noticed a poster on the back of the door in both toilets, listing contact details for victim support, mental health support and to report safeguarding concerns. **We noted this as an area of good practice.**

## **Management of Medical Devices and Equipment**

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

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

## **Effective**

### **Effective Care**

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

### **Patient Records**

A sample of ten patient records were reviewed. We saw a suitable system was in place to help ensure records were safely managed and stored securely. The records were clear, legible and of good quality. However, the following gaps were identified:

- No oral cancer screening recorded
- Consent not consistently recorded
- Social history including alcohol consumption not recorded
- Choice of language not recorded
- Risk assessment based on caries, perio and toothwear not currently recorded at each course of treatment
- Written and signed treatment plans not currently provided to patients as required at each course of treatment.

**The registered manager must ensure that the information listed above is recorded in patient records.**

## **Efficient**

### **Efficient**

We found that the facilities were appropriate for dental services to be provided and there were processes in place for the efficient operation of the practice.

Staff told us that they felt the facilities at the practice were suitable for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

The practice has access to an effective electronic system to refer patients to other healthcare professionals when needed.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

We saw evidence of clear management structures in place at Woodfield Street Dental Practice.

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

Staff that we met during inspection, were knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients. We saw evidence of a comprehensive register of policy and procedures in place to support staff. All policies were up to date and subject to annual review and review dates were recorded on a log sheet in the policy folder.

We were provided with evidence of GDC registration for all clinical staff and confirmed that they also had appropriate indemnity insurance cover in place. The practice also had current public liability insurance cover.

The practice had an up-to-date statement of purpose which contained all relevant information, as outlined in The Private Dentistry (Wales) Regulations 2017.

## Workforce

### Skilled and Enabled Workforce

HIW reviewed current policies and procedures in place covering recruitment, induction and retention of employees.

We saw evidence of annual appraisals and supervisions taking place for staff. Our review of staff files also confirmed that relevant staff had received Hepatitis B vaccinations and had up to date Disclosure and Barring Service (DBS) checks in place. We also reviewed staff training records and confirmed that all staff were compliant with mandatory training.



The practice had an up to date whistleblowing policy in place.

## Culture

### People Engagement, Feedback and Learning

We reviewed the arrangements in place for seeking patient feedback. There was a comments and compliments box in the waiting area of the practice and patients could also provide feedback through the practice Facebook page.

The practice complaints procedure was clearly displayed in the reception area. The document included all relevant information, such as the name of the person responsible for handling complaints at the practice, timescales for dealing with complaints and contact details for HIW.

Of the 35 questionnaire respondents, 28 told us that they were given information on how the practice would resolve any concerns or complaints post-treatment. Five patients answered with 'not applicable' and the remaining two patients skipped this question.

## Information

### Information Governance and Digital Technology

The practice had suitable communication systems in place to support the operation of the practice.

We saw evidence of patient information being stored appropriately, ensuring the safety and security of personal data. Patient records were stored electronically, using secure, password protected systems.

## Learning, Improvement and Research

### Quality Improvement Activities

Staff told us that the practice were seeking to continuously improve the service provided. We saw that the practice has completed a record card audit and a CAPRO antibiotic prescribing audit. However, a smoking cessation audit had not yet been completed.

**The registered manager is required to carry out a smoking cessation audit as soon as possible.**

The registered manager informed us that the practice had not yet implemented any team development tools. We suggested that the practice might wish to

consider using the Welsh Dental Deanery Maturity Matrix Dentistry practice development tool. The Maturity Matrix is a dental practice team development tool that encourages the team to focus on best practice, quality and safety, legislative requirements and on how they work as a team.

## **Whole Systems Approach**

### **Partnership Working and Development**

The practice manager described the arrangements in place for engagement with other services.

We were told that the practice uses eDEN, an online quality management system, to check NHS metrics and the quality of service.

## 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 concerns identified			

# Appendix B - Immediate improvement plan

**Service:** Woodfield Street Dental Practice

**Date of inspection:** 27/11/2024

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 concerns identified					

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:** Woodfield Street Dental Practice

**Date of inspection:** 27/11/2024

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
Staff told us that they currently do not access a translation service through the local health board.	Staff to look into this in order to improve communication with patients whose preferred language is not English.	PDR 13 Health & Care Standards - 3.2 Communicating effectively	To look into local/online translation services and implement	Jenna Thomas	1 month
Although there was a variety of patient information available in the waiting area, we noticed a lack of information available bilingually.	Senior staff to provide patient information bilingually going forward	PDR 13 Health & Care Standards - 3.2 Communicating effectively	To translate more information into Welsh	J Rice	1 month

<p>The fridge in the staff room was being used to store both staff food and drink, as well as teeth whitening products for patients.</p>	<p>Practice to provide evidence of receipt of a new fridge or any other actions taken in order to ensure teeth whitening products are stored separate to staff food and drink.</p>	<p>PDR 19</p>	<p>Member of staff had a surplus fridge at home. Brought in and now in use for food</p>	<p>J Rice/ G Pearson</p>	<p>Completed</p>
<p>We identified the following issues in regard to patient records:</p> <ul style="list-style-type: none"> <li>• No oral cancer screening recorded.</li> <li>• Consent not consistently recorded.</li> <li>• Social history including alcohol consumption not recorded.</li> <li>• Choice of language not recorded.</li> <li>• Risk assessment based on caries, perio and toothwear not</li> </ul>	<p>Senior staff to ensure these details to be recorded in patient records going forward.</p>	<p>PDR 20</p>	<p>Both dentists and all staff now aware of changes to written noted. This has been implemented and used moving forward</p>	<p>J Rice/ G Pearson</p>	<p>Completed/ ongoing</p>

currently recorded at each course of treatment.

- Written and signed treatment plans not currently provided to patients as required at each course of treatment.

A smoking cessation audit had not yet been completed at the practice.	Senior staff to carry out a smoking cessation audit as soon as possible.	PDR 16	HEIW smoking cessation audit has commenced and is ongoing	J Rice/ G Pearson	Ongoing, due to be completed early March24



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):** James Rice  
**Job role:** Partner Dentist  
**Date:** 1/2/24