

# General Dental Practice Inspection Report (Announced)

Wilton House Dental Surgery, Cardiff  
& Vale University Health Board

Inspection date: 18 March 2024

Publication date: 18 June 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 978-1-83625-183-5

© 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.....	11
• Quality of Management and Leadership .....	15
4. Next steps.....	18
Appendix A - Summary of concerns resolved during the inspection .....	19
Appendix B - Immediate improvement plan.....	20
Appendix C - Improvement plan .....	21

# 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 Wilton House Dental Surgery, Cardiff and Vale University Health Board on 18 March 2024.

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 13 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 report describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

Staff at Wilton House Dental Surgery were clearly committed to providing a positive experience for patients.

All 13 patients who completed a HIW questionnaire rated the service provided by the dental practice as very good or good. We also observed staff greeting patients in a polite and friendly manner, both in person and on the telephone.

This is what the service did well:

- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity
- The practice premises was fully accessible, offering ground floor surgeries and a fully accessible patient toilet.

### Delivery of Safe and Effective Care

Overall summary:

The practice was well maintained, both internally and externally. The surgery and reception areas were also kept clean and tidy, and all patients who completed the questionnaire agreed that the dental practice was very clean.

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:

- The practice is required to develop and implement a risk management policy as soon as possible
- The practice manager must ensure surgery checklists are signed daily by a designated nurse

This is what the service did well:

- Surgeries were clean, well equipped and fit for purpose.

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

## Quality of Management and Leadership

Overall summary:

We saw evidence of good leadership and clear lines of accountability in place at Wilton House Dental Surgery.

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 that we reviewed, were up to date and 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

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

*“As I am getting older, I am becoming more nervous when visiting the dentist. However, I am always made to feel relaxed, calm and reassured by all staff.”*

*“I have always had excellent service and treatment. All of the staff are friendly, efficient, caring and dedicated.”*

#### Person Centred

##### Health Promotion

All 13 patients who completed HIW questionnaires agreed that staff explained their oral health to them in a way they could understand. All respondents also informed us that they were given aftercare instructions on how to maintain good oral health.

All respondents confirmed that the dental team enquired about their medical history before undertaking any treatment. Of the 13 respondents, 12 agreed that they were given clear guidance on what to do and who to contact in the event of an infection or emergency. The remaining patient answered with ‘not applicable.’

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

Smoking cessation information was available in the waiting area and ‘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.



All respondents who completed a HIW patient questionnaire told us staff had treated them with dignity and respect. Questionnaire respondents also agreed that staff listened to them and answered all their questions during their appointment.

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**

All 13 questionnaire respondents said that there was enough information provided to understand the treatment options available to them.

All patients who completed questionnaires told us they had been involved as much as they had wanted to be in decisions about their treatment.

## **Timely**

### **Timely Care**

Patients were informed of appointment delays either via telephone or in person, depending how far in advance the delay had occurred. Staff confirmed that patients were offered the chance to rebook the appointment if needed.

The practice manager confirmed that there was no online booking system in place at the practice. Appointments, including emergency appointments, could be booked over the phone or in person if visiting the practice.

We were told that each dentist was given allocated slots daily to be used only for emergency appointments.

12 patients who completed HIW questionnaires told us that they found it 'very easy' to get an appointment when they need one. The remaining respondent told us that they found it 'fairly easy' to get appointments. In addition, all 13 patients told us they would know how to access the out of hours dental service if they had an urgent dental problem.

## **Equitable**

### **Communication and Language**

12 patients who completed a questionnaire told us their preferred language was English. The remaining respondent told us that their preferred language was Welsh.

The practice manager confirmed that there were no fluent Welsh speaking staff working at Wilton House Dental Surgery. They also told us no current patients wished to communicate in Welsh whilst at their appointment. However, it was clear staff were aware of the importance of speaking with patients in their preferred language and delivering the active offer.

The practice had access to a translation service through the local health board, should a patient wish to communicate in Welsh or another language. During our inspection, we saw a lack of patient information available bilingually in English and Welsh. However, since our visit, we have seen evidence of a range of patient information having been translated and displayed bilingually in communal areas.

The practice manager told us that large print documents could be made available on request.

An up-to-date staff list was clearly displayed in the waiting area and copies of the patient information leaflet were available at the reception desk. During the inspection, the patient information leaflet was missing information regarding dealing with violent or abusive patients and the appropriate development and training of employees. However, since our visit we have seen evidence that this document now contains all required information as outlined in the Private Dentistry (Wales) Regulations 2017.

### **Rights and Equality**

We saw a comprehensive equality and diversity policy in place at the practice. During the inspection staff had not yet completed equality and diversity training. Since our visit we have seen evidence of equality and diversity training certificates for all practice staff.

We confirmed that the setting offered full disabled access. A fully accessible patient toilet was available as well as ground floor surgeries for any patients with mobility issues.

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

On attendance at the practice, HIW saw that the premises was maintained to a high standard, both internally and externally. The practice had two waiting rooms, one on each floor of the practice. Both were a suitable size for the number of surgeries.

The practice had sufficient changing facilities and storage facilities available. There was a designated staff room and changing and locker facilities for staff situated in the attic of the building.

During the inspection, the practice did not have a business continuity plan in place. However, since our visit, we have seen evidence of a comprehensive plan having been written and implemented for the practice.

Whilst reviewing practice policies, we noted that there was not a risk management policy in place at Wilton House Dental Surgery.

**We require the practice to develop and implement a risk management policy as soon as possible.**

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 told us that they felt that infection prevention and control measures were followed at the practice.

We reviewed appropriate arrangements in place for decontamination of equipment. The equipment used for the cleaning and sterilisation of instruments was in good condition and we found instruments to be dated and stored appropriately.

Although each dental surgery contained a daily surgery checklist, these were not being signed. **We raised this with staff during our visit and asked that a designated nurse ensure these are signed daily going forward.**

The registered manager must ensure arrangements are in place for daily surgery checklists to be completed and signed.

During our inspection, we did not see evidence of cleaning schedules being completed. However, following the visit we were sent copies of cleaning schedules which had been implemented for daily completion.

Whilst visiting the practice, staff confirmed that there was no specific bin used for Gypsum disposal. However, since our inspection we have seen evidence of a specific bin having been ordered and implemented for this.

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.

### **Medicines Management**

During our visit to the practice, staff confirmed that there was no medicines management policy in place. We have since seen evidence of staff having developed a suitable medicines management policy for the practice.

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).

A first aid kit was available at the practice, however during our visit we found some bandages and face masks to be out of date. The practice manager placed an order for replacement bandages and face masks whilst we were at the practice. Since the inspection we have seen evidence of receipt of these items.

During our inspection, we noted that no logs were in place in surgeries to record NHS prescriptions numbers. We raised this with staff and, by the end of the inspection, logs had been set up in every surgery for completion going forward.

Our review of staff records confirmed that all were up to date with Cardio Pulmonary Resuscitation (CPR) training.

On the day of our inspection, staff confirmed that there was only one first aider at the practice. We recommended that another individual complete the training in order to ensure there is always a first aider present. Training was booked for another member of staff during our visit and we have since seen evidence of course completion.

### **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.

### **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. During our visit, there were no posters displayed in the surgeries outlining the risks and benefits of x-rays. Since the inspection the practice manager has provided photographic evidence of appropriate posters being displayed.

The practice had CCTV cameras situated in the reception area and the front of the building, however there was no CCTV policy in place. Since our visit we have seen evidence of a relevant policy having been developed and implemented.

## **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. However, we identified inconsistencies in the recording of the below information:

- No oral cancer screening recorded
- Choice of preferred language

- Risk assessment based on caries, perio and toothwear
- Signing of initial medical history
- Smoking cessation advice
- Treatment plans provided

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

Our review of patient records also highlighted improvements required in the frequency of radiographs taken.

**The registered manager must ensure that radiographs are taken more frequently as and when indicated.**

## **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.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

We reviewed evidence of clear management structures in place at Wilton House Dental Surgery.

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 policies and procedures in place to support staff. All policies were up to date and subject to annual review.

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

During our visit, we reviewed current policies and procedures in place covering recruitment, induction and retention of employees. All were in date and contained the relevant information.

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. The practice manager told us that questionnaires for patients to complete. Feedback could also be obtained through social media and google reviews.

The practice complaints procedure was clearly displayed at the reception desk and in the waiting 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 13 questionnaire respondents, 10 told us that they were given information on how the practice would resolve any concerns or complaints post-treatment. The remaining three patients answered with 'not applicable.'

## Information

### Information Governance and Digital Technology

We confirmed that the practice had adequate systems in place to record patient safety incidents. The practice manager informed us that any patient safety related information was shared with team members during staff meeting and would be escalated to the health board when necessary.

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

We saw evidence of a smoking cessation audit and WHTM01-05 audit having been recently completed at the practice. At the time of inspection, the practice had not yet completed a record card audit. However, since our visit we have seen evidence of this audit being completed. During our inspection, the practice was also in the process of completing anti-microbial prescribing audit.



The registered manager informed us that the practice had not yet implemented any team development tools. We suggested that the practice 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 monthly checks are conducted, in order to check the required matrix as part of the contract reform with an external quality management system.

## 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
During our inspection, we noted that no logs were in place in surgeries to record NHS prescriptions numbers.	Not having these logs in place could result in the loss of prescriptions not being identified.	We raised this with the practice manager and lead dentist. We informed them that sufficient logs needed to be implemented in each surgery before the end of the day.	By the end of the inspection, logs had been set up in every surgery for completion going forward.

## Appendix B - Immediate improvement plan

**Service:** Wilton House Dental Surgery

**Date of inspection:** 18/03/24

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 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:** Wilton House Dental Surgery

**Date of inspection:** 18/04/24

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
Whilst reviewing practice policies, we noted that there was not a risk management policy in place at Wilton House Dental Surgery.	The practice is required to develop and implement a risk management policy as soon as possible.	PDR 19	Risk Management Policy implemented.  (copy sent to HIW)	Lisa Ford	Completed  21-05-2024
Although each dental surgery contained a daily surgery checklist, these were not being signed.	The practice manager must ensure surgery checklists are signed daily by a designated nurse.	PDR 13	Surgery checklists implemented.  (copy sent to HIW)	Lisa Ford	Completed  21-05-2024

<p>Whilst reviewing patient records, we identified inconsistencies in the recording of the below information:</p> <ul style="list-style-type: none"> <li>• No oral cancer screening recorded</li> <li>• Choice of preferred language</li> <li>• Risk assessment based on caries, perio and toothwear</li> <li>• Signing of initial medical history</li> <li>• Smoking cessation advice</li> <li>• Treatment plans provided</li> </ul>	<p>The registered manager must ensure that the information listed is always recorded in patient records consistently.</p>	<p>PDR 20</p>	<p>Clinal note template updated as per recommendation.</p> <p>To be checked by Principal Dentist quarterly.</p>	<p>Dr Neal Benford</p>	<p>21-05-2024</p>
<p>Our review of patient records highlighted improvements required in the frequency of radiographs taken.</p>	<p>The registered manager must ensure that radiographs are taken more frequently as and when indicated.</p>	<p>PDR 20</p>	<p>Latest guidelines to be reviewed, all recommendations to be implemented.</p> <p>Annual peer review discussion to be held.</p>	<p>Dr Neal Benford</p>	<p>20-05-2024</p>

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):** Lisa Ford

**Job role:** Practice Manager

**Date:** 22-05-2024