Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Valley Dental, Anglesey, Betsi Cadwaladr University Health Board

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

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 Valley Dental, Anglesey, Betsi Cadwaladr University Health Board on 19 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 24 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found Valley Dental, Anglesey was committed to providing a positive experience for patients.

The vast majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as very good (17/24) or good (7/24).

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

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

This is what we recommend the service can improve:

- Action should be taken to seek suitable help and advice on implementing the 'Active Offer'.

This is what the service did well:

- Arrangements were in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff

- Bilingual service

- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:
We found that Valley Dental, Anglesey was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

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

All areas were clean and free from any visible hazards.

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

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

This is what we recommend the service can improve:

- Undertake audit of clinical records
- Undertake quarterly X-ray equipment quality assurance audits and complete the Health Education Improvement Wales's (HEIW) quality improvement tool for ionising radiation
- Ensure that references are acquired for all new staff members.

This is what the service did well:

- The practice was designed and finished to a high standard
- Surgeries were clean, well equipped and fit for purpose
- Designated decontamination room
- Two members of staff trained in safeguarding level 3.

Quality of Management and Leadership

Overall summary:
We found Valley Dental, Anglesey to have very good leadership and clear lines of accountability.

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

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

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

This is what we recommend the service can improve:

- Policies and procedures should be version controlled
- Develop a training matrix
- All staff to receive Duty of Candour training.

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
- Well maintained staff files
- All clinical staff had completed training relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements.

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

The vast majority of patients who completed a HIW questionnaire rated the service provided by the dental practice as very good (17/24) or good (7/24).

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

> *"Staff were amazing, so thankful for your help."*

> *"Very good with nervous patients."*

Person-centred

Health promotion
Health promotion material was on display and some of this information was available in English and Welsh. In addition, the practice had a display in the waiting room raising patients' awareness of how much sugar is contained in some food and drink products. This means patients had access to information which could support them in caring for their own oral hygiene.

'No Smoking' signs were displayed confirming that the practice adhered to the smoke free premises legislation.

Price lists were also clearly on display in both waiting areas and reception. All patients who completed a questionnaire told us that the dental team had given them aftercare instructions on how to maintain good oral health.

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

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

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

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

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

In response to the HIW questionnaire, all but two patients told us that they were given enough information to understand which treatment options were available and said they were given enough information to understand the risks and benefits associated with those treatment options. There were television screens in each surgery which enabled the clinicians to show patients a video or pictograms of oral health treatment ensuring patients were provided with enough information about their treatment.

All patients told us that their medical histories were checked before treatment.

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

Timely

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

The majority of patients (19/24) who completed the questionnaire said it was very easy or fairly easy to get an appointment when they needed one with the remaining five patients stating it was not or not at all easy to get an appointment.

The majority of patients (19/24) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and five told us they did not know. We saw clear signage that indicated how to contact the practice out of hours. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance, given on the answer phone message, website and patient information leaflet.

Equitable

Communication and language

We were told there were Welsh speaking members of staff working at the practice and a bilingual reception team. However, this was not advertised to patients. The practice manager immediately ordered some Iaith Gwaith badges for staff to wear. The Iaith Gwaith brand is an easy way of promoting Welsh services by identifying Welsh speakers.

We were also told that, if required, staff could access translation services to help communicate with patients whose first language is not English.

The practice had a range of patient information available, including a patient information leaflet and complaints policy. All information was available in English, with some information available in Welsh. Staff informed us that they could make the information available in alternative formats if requested.

The majority of patients (18/24) who completed a questionnaire told us their preferred language was English with five patients preferring Welsh and one Spanish. We recommended the practice contact the local health board for advice and support to implement the 'Active Offer' in accordance with Welsh language standards[1].

The registered manager is required to provide HIW with details of the action taken to seek suitable advice and support to implement the 'Active Offer'.

Rights and equality

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

All patients (24/24) who completed the questionnaire confirmed they had not faced discrimination when accessing or using the service and one patient preferred not to say.

Some patients (14/24) who completed the questionnaire told us the premises were accessible with five patients telling us the premises were only partially accessible. Five patients also told us they were unsure if the premises were accessible. However, we found there was good access to the building. Wheelchair users and patients with mobility issues could access the reception, waiting area, toilet facility and two surgeries located on the ground floor.

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[1] https://www.gov.wales/welsh-language-primary-care#31537

Delivery of Safe and Effective Care

Safe

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

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

There were no concerns expressed by patients over the cleanliness of the practice. All patients who completed the questionnaire felt that the practice was very clean (19/24) or fairly clean (5/24).

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training. However, four members of staff were due to renew their training in the near future.

The registered manager is required to ensure all staff receive fire training.

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

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

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

There was a business continuity plan in place to ensure continuity of service provision and safe care for patients.

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

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

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated
- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

The procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines.

We saw that the majority of staff had received infection control training. However, no certificate was on file for one member of the clinical team. We were verbally assured by the registered manager that training had been completed.

The registered manager is required to provide HIW with a copy of the infection control training certificate.

Infection control audit had been completed using the Health Education and Improvement Wales (HEIW) audit tool, which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance.

There was a daily maintenance programme in place for checking the sterilisation equipment. A logbook was in place to record the autoclave start and end of the day safety checks.

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

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

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

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

Medicines management
There were procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training and plans were in place for new staff to attend training as part of their induction programme. The practice had two trained first aiders.

The emergency drugs were stored securely, and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. However, we found some out-of-date equipment stored in the emergency kit. The registered manager arranged for the expired items to be removed and a more robust checklist was put in place during the inspection to ensure items would be checked and replaced as needed.

We also found that the emergency kit did not contain any soluble/dispersible aspirin nor did the kit contain size 0,1,2,3,4 or 5 clear masks. This issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.

We saw that prescription pads were being stored securely.

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

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

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults. One clinician and the practice manager had been trained in safeguarding level 3. The practice manager was nominated as safeguarding lead. Staff were able to discuss with us, in detail, the policies and procedures and also various scenarios.

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

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

The registered manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a DBS check in place. However, we found two members of staff with no references on file. We were informed by the registered manager that references had been requested for these members of staff but not received. We recommended that the references should be chased and / or ask the member of staff to provide an alternative contact.

The registered manager must ensure all references are acquired for all members of staff working at the 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. However, we found that no regular image quality assurance audits of X-rays had been completed, no three monthly quality assurance checks on the radiographic equipment completed, nor had the practice used the HEIW's Quality Improvement Tool for Ionising Radiation.

The registered manager must ensure the practice undertakes quarterly X-ray equipment quality assurance audits, three monthly quality assurance checks on radiographic equipment and completes the HEIW's quality Improvement Tool for Ionising Radiation and provide HIW with a copy of the audits.

We saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective

Effective care
There were satisfactory 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. Overall, there was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

The majority of records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality. However, the following gaps were identified in some records:

- No smoking cessation advice given (1/3)
- No updated medical history (2/10)
- No baseline Basic Periodontal Examination (BPE) recorded (2/10)
- No soft tissue examination (1/10)
- No cancer screening (1/10)
- No risk assessment completed (1/10)
- No radiograph taken (1/10)
- No justification, reporting or grading (1/10)

We discussed our findings with the practice manager, and we were told that a record keeping audit is scheduled to take place.

The registered manager is required to undertake a record keeping audit and provide HIW with a copy of the audit and resulting action plan.

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.

All staff we spoke with told us 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.

We were told that referrals to other healthcare professionals were made electronically, which enabled efficient information sharing. We were also told that practice staff would follow up any referrals considered urgent, such as suspected oral cancer, to ensure patients are given a timely appointment.

Wherever possible, patients requiring urgent care and treatment were seen at the practice within normal opening hours to avoid patients having to attend urgent care or out of hours services.

Quality of Management and Leadership

Leadership

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

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

Staff told us that they were confident in raising any issues or concerns directly with the practice manager and / or registered manager and felt well supported in their roles.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. However, we noted that the policies and procedures did not contain date of issue and/or review date to ensure these were being reviewed regularly nor did they capture staff signatures to evidence these policies and procedures had been read and understood.

The Registered Manager must ensure all policies and procedures are version controlled and capture staff signatures.

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

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

Workforce

Skilled and enabled workforce
All staff working at the practice had a contract of employment and there was an induction programme in place, which covered training and relevant policies and procedures. Staff appraisals had been completed or plan in place.

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

the Continuing Professional Development (CPD) requirements. However, no training matrix was in place.

The registered manager should develop a training matrix to monitor staff compliance.

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

Culture

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

We discussed the mechanism for actively seeking patient feedback. Patients are also able to give feedback verbally or via social media. The practice manager informed us that plans are in place to introduce a more formal process for seeking patients' feedback. We advised the practice manager to display or publish patients' feedback analysis to demonstrate to patients that their individual feedback had been captured and acted upon to enhance learning and service improvements.

A Duty of Candour policy was in place. All staff who we spoke with told us they knew and understood their responsibilities under the Duty of Candour. We were informed by the practice manager that plans were in place for staff to complete Duty of Candor training.

The registered manager must ensure all staff receive Duty of Candour training.

Information

Information governance and digital technology
Suitable communication systems were in place to support the operation of the practice.

The storage of patient information was appropriate, ensuring the safety and security of personal data.

All paper records were kept secure and electronic files were being backed up regularly. Access to computer screens was secure and discreet. A data protection policy was in place to inform staff about what was required of them.

Learning, improvement and research

Quality improvement activities

Staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of infection prevention and control and decontamination (compliance with WHTM 01-05), smoking cessation, antibiotics, clinical waste and Maturity Matrix completed.

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

Whole-systems approach

Partnership working and development

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

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 summarises 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 size 0, 1, 2, 3, 4 or 5 clear masks were included in the contents of the emergency equipment. We found some needles and syringes out of date in the contents of the emergency equipment. We also found some out of date items in the first aid box.	This could significantly increase the risk to patient safety in the event of a medical emergency.	We escalated the concern to the registered manager during our visit.	The practice immediately arranged for the missing items to be ordered for next day delivery during the inspection.
We found that the glucose gel had expired and no soluble / dispersible aspirin was available.			The practice immediately arranged for these items to be replaced during the inspection.

Appendix B - Immediate improvement plan

Service: Valley Dental, Anglesey

Date of inspection: 19 March 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
1.	No immediate improvement plan was required for this inspection.					

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Valley Dental, Anglesey

Date of inspection: 19 March 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
1.	The practice was not supporting the 'Active Offer' in accordance with Welsh language standards and patients would have to ask for the service through the medium of Welsh.	The registered manager is required to provide HIW with details of the action taken to seek suitable advice and support to implement the 'Active Offer'.	Quality Standard - Equitable	Training for staff at next staff meeting, this will be to explain what the active offer means and what is expected. laith Gwaith badges are to be worn by all Welsh speakers to identify them (I have chased these up and they now out for delivery), also posters are now displayed in and around the building	Practice manager	26/06/24

2.	Not all staff had received fire training.	The registered manager is required to ensure all staff receive fire training.	PDR 22(c)	All staff have now done the fire awareness training	Registered manager/Practice manager	Done
3.	Infection Control training certificate was missing for one member of staff	The registered manager is required to provide HIW with a copy of the infection control training certificate.	Quality Standard - Safe	The member of staff has now done all the relevant training	Registered manager/Practice manager	Done
4.	References had not been acquired for all members of staff working at the practice.	The registered manager must ensure all references are acquired for all members of staff working at the practice.	PDR 18 (e) (Part 1 of Schedule 3 / Section 3)	2 references for each member of staff have now been received	Registered manager/Practice manager	Done
5.	The practice had not undertaken any quarterly X-ray equipment quality assurance audits, no three monthly quality checks on radiographic equipment or completed the HEIW's Quality Improvement Tool for Ionising Radiation.	The registered manager must ensure the practice undertakes quarterly X-ray equipment quality assurance audits every 6 months, three monthly quality assurance checks on radiographic equipment and completes the HEIW's quality Improvement Tool for Ionising Radiation and provide HIW with a copy of the audits.	IR(ME)R 2017	QI toolkit has been done and all QAS/Audit have been done	Lourens Bester (principal dentist) Catrin Franklin (Associate Dentist)	Done

6.	Several gaps were identified in patients' clinical records which could have an impact on patient care.	The registered manager must undertake a record keeping audit and provide HIW with a copy of the audit and resulting action plan.	Quality Standard – Effective PDR 20	Record keeping audit has been done	Registered manager/practice manager	Done
8.	We found that policies and procedures were not version controlled.	The Registered Manager must ensure all policies and procedures are version controlled and capture staff signatures.	PDR 8 (6)(8)	This will be done as ongoing thing from now on. We have already made new version to updated policies	Registered manager/Practice manager	Ongoing
9.	No training matrix was in place to monitor staff compliance.	The registered manager should develop a training matrix to monitor staff compliance.	PDR 17 (3) (a)	This has already been started. Still adding relevant information	Registered manager/Practice manager	28/08/24
10.	We found that staff had not received Duty of Candour training.	The registered manager must ensure all staff receives Duty of Candour training.	Enabler – Culture	Training is booked	Registered manager/Practice manager	02/07/24

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): Samantha Jones

Job role: Practice Manager

Date: 15/05/24