

General Dental Practice Inspection Report (Announced)

Rosehill Dental Practice, Betsi
Cadwaladr University Health Board

Inspection date: 11 July 2024

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Rosehill Dental Practice, Betsi Cadwaladr University Health Board on 11 July 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 45 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 the staff at Rosehill Dental Practice were committed to providing a positive experience for their patients.

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

All respondents to the HIW questionnaire who provided an opinion rated the service as 'very good or 'good. Comments included:

“Excellent staff, very easy to get an appointment, high standard of cleanliness.”

“The reception staff are delightful, ready with a smile upon greeting and know our names, excellent.”

This is what we recommend the service can improve:

- Implement the 'Active Offer' of Welsh
- Provide more information for patients to promote physical and oral health.

This is what the service did well:

- Pleasant, well-maintained environment
- Arrangements in place to maintain patient privacy and dignity
- Adjustments made to assist wheelchair users and patients with mobility difficulties
- Patient feedback encouraged and acted upon.

Delivery of Safe and Effective Care

Overall summary:

The practice was well-maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

All areas were seen to be clean, tidy and free from any visible hazards.

This is what we recommend the service can improve:

- Carry out regular fire evacuation drills.

This is what the service did well:

- The practice was clean, well equipped and fit for purpose
- Clinical equipment was safe and maintained appropriately
- Robust measures were in place to ensure high standards of infection control
- Policies and procedures were in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

We found that Rosehill Dental Practice had good leadership and clear lines of accountability. The owners and the practice manager demonstrated commitment to providing a high standard of care.

Staff records were well maintained, with evidence of up-to-date training in line with regulatory requirements. We also saw evidence of regular staff meetings and appraisals.

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

This is what we recommend the service can improve:

- Put a policy in place about ensuring the premises are fit for purpose
- Improve the logging of complaints to identify themes more easily.

This is what the service did well:

- The management team showed a positive attitude towards improving the service provided
- Comprehensive range of policies and procedures in place
- Robust systems and records for the recruitment and employment of staff.

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:

“Staff always pleasant, I am made to feel at ease.”

“Always excellent very helpful and understanding!”

Person-centred

Health promotion and patient information

There was a good range of useful information for patients on display throughout the practice. There was some health information provided, especially in surgeries. However, we recommended that more information could be provided in patient waiting areas.

We recommend that additional information promoting physical and oral health is displayed in the patient waiting areas.

A ‘no smoking’ sign was clearly displayed, showing that the practice complied with the smoke-free premises legislation.

All respondents to the HIW questionnaire who provided an opinion said that staff explained their oral health clearly and provided aftercare instructions on how to maintain good oral health.

Dignified and respectful care

Surgery doors were kept closed during treatment, and music was played in the reception area, to preserve patient privacy and dignity. Surgeries with external windows were fitted with either obscured glass or blinds, to maintain privacy.

Treatment prices for both NHS and private care were clearly displayed. Registration certificates issued by HIW and copies of the GDC Code of Ethics were displayed in both English and Welsh. An up-to-date certificate of Employer’s Liability Insurance was also on display.

The names and General Dental Council (GDC) registration numbers of some clinical staff were included in the patient information leaflet. We advised that the names and GDC registration numbers of all clinical staff should be available to patients. This was resolved during the inspection with an appropriate poster put on display in the patient waiting area.

All respondents to the HIW questionnaire who provided an opinion 'strongly agreed' that staff treated them with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire said that staff gave them enough information to understand which treatment options were available, and the risks and benefits of these.

Timely

Timely care

Staff told us that an instant messaging system was in place for those working in surgeries to update reception staff about any delays. Patients would then be updated verbally and given the option to re-book their appointment if desired.

The practice opening hours were clearly displayed at the rear entrance. However, there was no information about opening hours or how to access emergency treatment at the front of the practice. This was resolved during the inspection with an appropriate poster put on display, including opening hours and telephone numbers to use out of hours or in an emergency.

The practice did not use an online booking system, but patients were able to book appointments by phone or in person.

Staff told us that emergency appointments were made available daily and the practice participated in NHS Direct scheme to regularly provide emergency appointments to unregistered patients. Reception staff included trained dental nurses and emergency appointments were prioritised based on patient symptoms and clinical need.

Most respondents to the HIW questionnaire (40 out of 45) said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and language

Staff told us that they had access to translation services via the local Health Board, when required for non-English speaking patients.

The patient information leaflet was available in both English and Welsh and a poster advised patients that a Welsh language service could be provided by prior arrangement. However, staff were not aware of the 'Active Offer' of Welsh.

We recommend that the registered manager seek advice and support from the Health Board and implement the 'Active Offer' of Welsh.

Rights and equality

The practice had an 'Equality, Dignity and Human Rights' policy in place, which included definitions of protected characteristics under the Equality Act and addressed the rights of both patients and staff.

Staff told us that they were conscious of treating transgender patients with dignity and their systems had an option for 'Mx' as an alternative to a gender specific title. We advised that preferred names and/or pronouns were also recorded.

We recommend that notes regarding preferred names and pronouns be added to patient records, where appropriate.

We saw that provision had been made to accommodate wheelchair users and patients with mobility difficulties, including grab handles in the ground level patient toilet. A sign outside the premises directed wheelchair users to the accessible rear door. However, this was not clearly visible from the front door. This was resolved during the inspection with an appropriate sign being put up.

Staff told us that 'lean boards' were provided for patients having to sign documents but unable to access the reception desk. There was no hearing loop provided. One chair in the waiting room had arms to assist those with mobility issues.

Delivery of Safe and Effective Care

Safe

Risk management

We saw that the premises were clean, well-maintained, and free from obvious hazards.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment, and records of regular checks and servicing of fire safety equipment. Escape routes were clearly signposted, and fire extinguishers were stored correctly. We saw no evidence of regular fire drills having taken place.

The registered manager must ensure that regular fire evacuation drills are carried out.

We reviewed a sample of staff records and found that one member of staff did not have up-to-date training in fire safety. This was resolved during the inspection with an appropriate online course being completed.

We saw that the practice had an appropriate Health and Safety policy and risk assessment. The premises were in a good state of repair and clearly maintained to a good standard. However, there was no policy in place about ensuring the premises were fit for purpose.

The registered manager must ensure that appropriate policies and procedures are in place for ensuring the premises are fit for purpose.

The practice had an up to date 'Disaster Planning and Business Continuity' policy in place. A poster showing emergency contacts was on display.

We saw evidence that Portable Appliance Testing (PAT) had been carried out in the last six months, and an up-to-date electrical installation report was available.

Staff had access to lockable changing facilities and storage for personal items in the staff room.

The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

Infection, prevention and control (IPC) and decontamination

There were arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures, a designated infection control lead and an effective cleaning regime.

All but one of the chairs in the waiting room were of wipe-clean material and in good repair. One chair had fabric coverings which can pose an increased risk of cross-infection.

We recommend that the fabric-covered chair in the waiting room is either replaced, re-covered or addressed as a specific item in the cleaning regime.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood.

All respondents to the HIW questionnaire who provided an opinion said that the practice was 'very clean' or 'fairly clean' and that infection prevention and control measures were evident.

Medicines management

We found that the practice had appropriate and safe arrangements for medicines management, supported by a Medicines Management policy.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory with all required items present and in date, and appropriate logs being kept.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR).

Safeguarding of children and adults

We found that safeguarding policies and procedures were in place. Flow charts were displayed and available to all staff and there was a designated safeguarding lead. There was no reference to the All Wales national safeguarding procedures.

The registered manager must ensure that staff are aware of the All Wales national safeguarding procedures.

We reviewed staff training records and found staff to have up-to-date training in the safeguarding of children and vulnerable adults.

Management of medical devices and equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose.

We saw that the practice had an inventory of X-ray equipment, records of maintenance and local rules in place. We reviewed staff training records and saw that all staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

Effective

Effective care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. Staff explained to us how they would obtain and follow professional guidance and advice when necessary.

The practice made use of Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction.

Patient records

Patient records were held electronically and in line with a Records Management policy.

We reviewed a sample of 10 patient records and found evidence of very good and consistent recording of clinical information.

Efficient

Efficient

The premises and facilities were appropriate for the services being provided. Staff told us that patients requiring urgent care were prioritised where possible.

Quality of Management and Leadership

Leadership

Governance and leadership

There were clear management structures in place, with the practice under the direction of the principal dentists, who were also the owners, and a practice manager. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of team meetings taking place, with minutes circulated and signed to ensure all staff were kept up to date. We were told staff had regular appraisals and saw evidence to this effect.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw a recruitment policy, detailing the recruitment process and checks made on prospective employees. A checklist was used, that included proof of identity and checks using the Disclosure and Barring Service (DBS).

We reviewed a sample of staff records and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance, and had appropriate vaccination against Hepatitis B. We also saw that appropriate DBS checks had been carried out.

There was good compliance with mandatory training requirements. However, there did not appear to be robust systems in place to track and ensure compliance. We advised that a training matrix be used to ensure that all staff training requirements were identified and monitored.

We recommend the registered manager implements a training matrix or similar system to ensure all staff training requirements are identified and kept up to date.

Culture

People engagement, feedback and learning

Staff told us that patient feedback was typically verbal. There was a suggestion box in the reception area and some patients used online platforms to leave reviews. There was a 'you said, we did' poster in the waiting area to show that actions were taken on as a result of feedback.

There was a clear and comprehensive complaints procedure in place. This was clearly displayed, included contact details, timescales for response and how to escalate the issue if required. The procedure included contact details for the GDC, HIW and the Ombudsman. There was reference to the Community Health Councils (CHCs) as a source of advocacy. However, CHCs have been replaced by LLAIS.

The registered manager must ensure the complaint procedure is updated to provide details about LLAIS rather than Community Health Councils.

Staff told us that both verbal and written complaints were logged and reviewed regularly, with any issues and actions discussed in team meetings. Verbal complaints were logged in individual patient records. We advised that a separate log or summary should be kept, so that any recurring issues or themes would be more easily identified.

The registered manager must ensure that verbal complaints are captured in a log, and not only in individual patient records.

There was a Duty of Candour policy in place and staff told us they had received appropriate training on this.

Information

Information governance and digital technology

The practice used electronic systems to manage patient records, policies and procedures, and staff training records.

Learning, improvement and research

Quality improvement activities

We found evidence of a variety of clinical audits being carried out, such as radiography, clinical records, antibiotic prescribing and smoking cessation. We also found that there were audits for healthcare waste, health and safety and disability access.

Staff told us the practice used the Improving Quality Together (IQT) approach and other auditing tools based on their electronic systems.

Whole-systems approach

Partnership working and development

Staff told us that interaction with system partners was typically by phone or email. Electronic systems used for referral of patients, and to access and monitor metrics (eDEN 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 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
The names and General Dental Council (GDC) registration numbers of some clinical staff were included in the patient information leaflet, but not all.	The names and GDC registration numbers of all clinical staff should be available to patients.	This was discussed with the practice manager.	An appropriate poster put on display in the patient waiting area, during the inspection.
There was no information about opening hours or how to access emergency treatment at the front entrance of the practice.	Patients requiring emergency treatment would not easily know how to access this.	This was discussed with the practice manager.	An appropriate poster including opening hours and telephone numbers was put on display, during the inspection.
A sign outside the premises directed wheelchair users to the accessible rear door. However, this	Patients with mobility issues or wheelchair users might not know how to access the premises.	This was discussed with the practice manager.	An appropriate sign was put up during the inspection.

was not clearly visible from the front door.			
We found that one member of staff did not have up-to-date training in fire safety.	All staff are required to have appropriate training in fire safety.	This was discussed with the practice manager and member of staff.	This was resolved during the inspection with an appropriate online course being completed.

Appendix B - Immediate improvement plan

Service: Rosehill Dental Practice

Date of inspection: 11 July 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 issues were identified during 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): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: Rosehill Dental Practice

Date of inspection: 11 July 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. Some health promotion information was provided but mostly in clinical areas.	We recommend that additional information promoting physical and oral health is displayed in the patient waiting areas.	Health and Care Standards, Standard 4.2 (Patient Information)	To source and display promotional posters to include healthy eating, healthy weight, wellbeing, exercise, alcohol awareness and relaxation.	Kirsty Hughes Practice Manager	Complete
2. Staff were not aware of the 'Active Offer' of Welsh.	We recommend that the Registered Manager seek advice and support from the Health Board and implement the 'Active Offer' of Welsh.	The Welsh Language (Wales) Measure 2011	As a team we were aware of the "Active offer" and as we explained at the inspection the preferred language of patients was already starting to be	The whole team led by Paul, Jeremy and Kirsty.	Ensured awareness through practice training/meeting immediately. This will be something we reflect on and

recorded in the patient's clinical notes by way of a pop up on the front screen of our software. All signage, posters and patient information is and was already available in Welsh. Recent loss of staff comfortable speaking fluently in Welsh has hampered our ability to provide more than a basic greeting at present. We have sourced the "More than just words" information pack from Welsh Government which has been very useful especially around how technology can help us through this period and how training is available to help existing staff improve

consider as a team at future meetings. Staff are aware of the opportunities to improve their Welsh language skills. We are endeavouring to recruit front line staff whose first language is Welsh and to encourage staff with basic Welsh skills to feel more confident using them and seek to improve them where they wish to.

				their ability and confidence in communicating in Welsh.		
3.	Processes could be updated to ensure transgender patients were treated with dignity and respect.	We recommend patients preferred names and pronouns be recorded where appropriate.	The Private Dentistry (Wales) Regulations 2017, Regulation 15(1)	This already happens - a pop up style note on the patients record if they have disclosed to us a preferred name / pronoun. We will contact SOE to ask whether amendments can be made to the patient details page rather than rely on a pop-up.	Kirsty/Jeremy and Paul	Completed immediately
4.	We saw no evidence of regular fire drills having taken place.	The registered manager must ensure that regular fire evacuation drills are carried out.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Fire drills to be added to staff meeting schedule every quarter or sooner if new staff or any changes	Kirsty Hughes PM	Completed with the first fire drill carried out
5.	The premises were in a good state of repair and clearly	The registered manager must ensure that appropriate policies and	The Private Dentistry (Wales)	Addition of a buildings	Paul Jenkins Practice owner	completed

	maintained to a good standard. However, there was no policy in place about ensuring the premises were fit for purpose.	procedures are in place for ensuring the premises are fit for purpose.	Regulations 2017, Regulation 8(1)(c)	maintenance policy has been done.		
6.	One chair in the waiting room had fabric coverings which can pose an increased risk of cross-infection.	We recommend that the fabric-covered chair in the waiting room is either replaced, re-covered or addressed as a specific item in the cleaning regime.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Policy written and added to the domestic cleaning file. When chairs are due for renewal or re-covering, we will ensure they are not fabric. All staff to be made aware of additional policy in next staff meeting.	Kirsty Hughes PM	completed
7.	The safeguarding policy did not refer to the All Wales national safeguarding procedures.	The registered manager must ensure that staff are aware of the All Wales national safeguarding procedures.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)	Change literature to include the website address to All Wales national safeguarding - roll out in next staff	Kirsty Hughes PM	completed

				meeting to make all staff aware.		
8.	There was no system in place to track and ensure compliance with mandatory training requirements.	We recommend the registered manager implements a training matrix or similar system to ensure all staff training requirements are identified and kept up to date.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)	PM to add dates completed of dates due of mandatory training courses and iComply to be prompted a month before due.	Kirsty Hughes	completed
9.	The complaints procedure included reference to the Community Health Councils (CHCs) as a source of advocacy. However, CHCs have been replaced by LLAIS.	The registered manager must ensure the complaint procedure is updated to provide details about LLAIS rather than Community Health Councils.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)	Change literature and policy - remove CHS and add Llais and their contact details	Kirsty Hughes	completed
10.	Verbal complaints were logged in individual patient records. A separate log or summary should be kept, so that any recurring issues or themes can	The registered manager must ensure that verbal complaints are captured in a log, and not only in individual patient records.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(5)	There was perhaps a misunderstanding here. All complaints are logged within the complaints file and reviewed annually.	Kirsty Hughes	Already being done.

be more easily identified.

Additionally, they are recorded on individual patient records. Your report indicates they were only recorded in the patient notes. An events form is completed for any complaint.

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): Kirsty Hughes
Job role: Practice Manager
Date: 19 August 2024