

General Dental Practice Inspection Report (Announced)

Winchester House Dental practice,
Hywel Dda University Health Board

Inspection date: 16 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 Winchester House Dental Practice, Hywel Dda University Health Board on 16 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 34 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 patients were provided with a good level of service, being treated with dignity and respect by friendly and professional staff. Patients told us they were given suitable information to make informed decisions and that clinicians explained things a manner they could understand.

Patient feedback was positive with several supportive comments written in patient feedback forms. All patients rated the service as either very good or good and all patients said they were treated with dignity and respect.

We found a robust triage process in place to ensure patients had timely access to emergency care. We also saw that the appointment management system was suitable.

This is what the service did well:

- All patient feedback was positive
- A phone call answering service was in place to ensure no call from a patient went unanswered
- Additional and appropriate support was in place for nervous patients.

Delivery of Safe and Effective Care

Overall summary:

The practice was in a good state of repair externally, and was clean, tidy and organised internally. The layout was suitable and patient areas were finished to a satisfactory standard. Dental equipment was in good condition and enabled effective decontamination between uses. We saw suitable policies and procedures in place to ensure the health, safety and wellbeing of staff and patients were upheld.

We found infection control procedures were all robust, with Personal Protective Equipment (PPE) used appropriately and suitable hand hygiene arrangements in place. We saw all staff were suitably trained to use the practice equipment correctly and safely. Overall, the arrangements in place for managing medicines were suitable, however, we did find areas to improve regarding the disposal of controlled medicines.

We saw the safeguarding arrangements in place were suitable to protect children and adults. Staff told us they would feel confident raising any safeguarding concerns.

This is what we recommend the service can improve:

- The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs
- The registered manager must ensure the language and communication needs of patients are recorded.

This is what the service did well:

- Radiographic treatments were managed safely and in line with current guidance
- The overall environment, signage and safety procedures were all well-maintained and reviewed regularly.

Quality of Management and Leadership

Overall summary:

We found clear leadership and governance arrangements supported the effective running of the practice. The staff we engaged with were friendly and professional, and we saw polite and respectful care being provided to patients. Overall, we found good staff working relationships and noted a positive working environment at the practice which enabled a good level of care to be delivered for patients.

Staff told us they had confidence in their managers and practice leaders felt they had the correct training to undertake their roles effectively. We saw all staff had received suitable training to deliver care safely for patients.

We saw the practice maintained good working relationships with other primary care services, including the local GP and pharmacy.

This is what the service did well:

- The training records we reviewed showed staff were completing relevant training above the mandatory expectations for certain roles, especially nursing staff
- The arrangements for the collection of, and responses to, feedback were robust
- Quality improvement activities were routinely completed and additional non-mandatory areas for quality improvement were also undertaken.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on the care provided by Winchester Dental House. In total, we received 34 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 34 responses.

Overall, the responses were positive. All patients rated the service as either very good (31/33) or good (2/33). Patient comments included:

"Amazing customer service & treatment."

"They have a high standard of service in there. Always smiling and very helpful."

"Always a warm welcome, confident and competent staff in all areas. All staff are friendly and put you at your ease. Treatment is explained well and carried out efficiently."

"My children have always received great care at every appointment."

Person-centred

Health promotion and patient information

Suitable information was available to patients regarding Winchester House Dental within the patient information leaflet available at reception. Information on paediatric dental health and advice on tooth decay was displayed in reception. Digital screens were used to communicate messages to patients in the waiting area. We observed the fees for NHS and private services were clearly displayed alongside the names and General Dental Council (GDC) numbers of practitioners. We saw the opening hours and emergency contact details displayed on the front door.

All patients agreed they were given clear aftercare instructions on how to maintain good oral health. All respondents to the HIW patient questionnaire stated their oral health was explained to them in a manner they could understand.

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their patient journey. Each staff member had a signed agreement on file to ensure the privacy and confidentiality of patient information. The reception area was connected to the waiting area, however, reception staff informed us no private patient information was repeated over the telephone. We were told that private conversations between reception staff and patients would be held where they could not be overheard. Solid doors or those with obscured glass were used to protect patient privacy during treatments in surgeries. The windows for each surgery were also obscured to prevent any treatments being overlooked. We noted the GDC Codes of Practice were available on the screen at reception.

All of the patients who completed the HIW questionnaire said staff treated them with dignity and respect. Patients also said they felt listened to by staff during their appointment.

Individualised care

All respondents to the HIW questionnaire stated they were involved as much as they wanted to be in the decisions about their treatment. Patients also said they were given enough information to understand which treatment options were available, including information on the risks and benefits.

All patients also agreed they were given suitable information on what to do in the event of an infection or emergency, and how the setting would resolve any post-treatment concerns.

We saw measures in place to provide a relaxed setting and support nervous patients by removing the clinical smell of the waiting areas and surgeries. Patients told us:

“I informed staff I get very apprehensive when attending the dentist. They really put me at ease.”

“I have always been extremely well cared for here at Winchester House Dental Practice. Everyone is very friendly and put me at ease.”

Timely

Timely care

We found a suitable appointment process in place to manage and utilise the time of practitioners appropriately. Patients made appointments over the telephone or in person, after their appointments. Staff informed us they rarely ran behind with

appointments. Where appointments did extend beyond the scheduled time, clinicians called reception to inform patients of any delays.

Staff told us they triaged patients over the telephone to ensure those with the most urgent needs were prioritised. Reception staff would consult a clinician as part of the telephone triage process as required. Staff confirmed the practice took part in the NHS 111 service to treat emergency NHS appointments in the health board area. We also saw slots in the diary each day to accommodate emergency appointments, with staff informing us that no patient would wait over 24 hours to be seen in the event of an emergency. Patients told us:

“I contacted the practice on the chance I could have an emergency appointment, [a clinician] called me back and agreed to see me within the hour, he was very polite and professional in carrying out his work, I was glad he called me back today and agreed to treat me.”

“Long wait times for routine appointments - 2+months. However, emergency appointments are timely.”

Staff told us each clinician had different wait times between appointments but generally no patient waited longer than three weeks to be seen. Appointments were arranged in accordance with patient availability wherever possible. We were told the practice remained open in the evening one day a week to support patient needs.

The majority of patients (29/34) who responded to the HIW patient questionnaire said they would know how to access out of hours dental care if they had an urgent dental problem. Respondents also indicated they found it ‘very easy’ (25/34) or ‘fairly easy’ (9/34) to get an appointment when they needed one.

Equitable

Communication and language

We saw supportive arrangements in place to enable effective communication between clinicians and patients. Online translation tools and language line were both used, where needed, to communicate with patients. A poster at reception also assisted staff to establish the language of patients by using visual aids. Documents were available in different formats, with more specialised documents provided upon request by patients.

We found strong evidence the practice promoted the use of the Welsh language. Documentation was available in both English and Welsh, where possible. Staff also informed us the health board had been recently assisting them with the translation

of documentation. We saw ‘laith Gwaith’ badges were worn by staff who were able to speak Welsh and treatments could be offered through the medium of Welsh, if required.

Rights and equality

We found the rights and equality of both patients and staff to be actively supported and upheld at Winchester House Dental. The practice equality and diversity policy demonstrated a suitable approach to supporting the rights of individuals. Posters at reception outlined a zero-tolerance approach to any form of harassment or discrimination towards staff or patients.

We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns and names on their records, with a note placed on file to ensure all staff were aware of these preferences. All of the patients that responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service. One patient said:

“Never felt discrimination in this practice. They always ready to help for people.”

We saw a suitable means to support patients and staff with any reasonable adjustments required. The practice utilised a ramp to assist those with mobility difficulties, where needed. Nearly half of the patients who responded to our questionnaire (16/33) confirmed that the building was accessible, with eight saying it was partially accessible and nine patients saying they did not know.

We saw evidence the practice conducted workstation audits for staff on an annual basis. We noted that a recent workstation audit resulted in the procurement of new chairs for the reception team.

Delivery of Safe and Effective Care

Safe

Risk management

We found a visibly tidy practice which was in a good state of repair internally and externally. The practice was set over three floors of a four-storey building, with one surgery on the ground and two on the first floor, one of which had been recently refurbished. The reception area was appropriately sized to support the number of patients.

We heard telephone lines in working order and saw a robust system in place to ensure no call went un-answered, which included an external company providing a telephone answering service. We saw suitable staff changing areas with lockers available for staff. We saw the toilets for patients and staff were properly equipped and clean. Staff assisted patients to use the toilet due to its proximity to an outward opening door.

We saw dental equipment was in good condition and in sufficient numbers to enable effective decontamination between uses. We also saw that single use items were used where appropriate.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Recent risk assessments for fire safety and health and safety had been conducted, with a suitable policy for business continuity also in place. On review of the fire safety equipment and information, we found robust and comprehensive arrangements were in place in relation to fire safety. These included regular maintenance of fire safety equipment and clearly displayed fire safety and no smoking signs.

The practice employer liability insurance certificate and Health and Safety Executive poster were both on display.

Infection, prevention and control (IPC) and decontamination

We found appropriate Infection Prevention and Control (IPC) policies and procedures in place to maintain a good level of cleanliness and a safe working environment. Cleaning schedules were in place to promote regular and effective cleaning of the practice. Staff had sufficient access to Personal Protective Equipment (PPE) to support safe individual patient care. Appropriate hand hygiene arrangements and signage were in place within the practice. We observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination.

All of the patients who responded to the HIW questionnaire said they felt the practice was very clean (31/33) or fairly clean (2/33). All of the respondents indicated IPC measures were being appropriately followed.

We saw suitable arrangements in place to ensure the correct decontamination and sterilisation of reusable equipment within a designated room. We reviewed records of daily autoclave machine cycle checks and a routine schedule of maintenance. We noted one of the two autoclave machines, which was operated once a week, did not have a data logger to record each cycle. This process could not assure us that the sufficient amount of testing was taking place. We brought this to the attention of practice staff who advised they would now use an existing data-logger to monitor the autoclave. The other autoclave was being suitably operated and monitored, as required.

The staff we spoke with were clear about their individual responsibilities in relation to infection control measures and confirmed they had received appropriate training in their roles. The training records we reviewed confirmed all staff had appropriate training in place for the correct decontamination of equipment.

Medicines management

We saw a suitable policy for the obtaining, handling, use and safe keeping of medicines. We saw the practice prescription pad was stored securely and noted medicines were not routinely dispensed by staff, other than those used in an emergency. However, we found that expired emergency medicines were disposed of at a local pharmacy without a receipt, which included those scheduled as controlled drugs under misuse of drugs legislation. Receipting disposal would protect staff and prevent controlled drugs being lost, mislaid or subject to misuse.

The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.

We saw advice in patient records regarding medicines was clearly recorded. This was supported by what patients told us.

We saw a satisfactory policy in place for the management of medical emergencies which was reviewed annually. In staff records we noted that qualifications in cardiopulmonary resuscitation and first aid were all compliant. We saw evidence of weekly checks taking place on emergency medicines. On review of the emergency equipment, we found the first aid kit equipment was all in date and oxygen cylinders were regularly checked and serviced. However, we found the face masks for the self-inflating bag in sizes 0, 2, 3 and 4 were all missing.

Due to the potential impact on patient safety, these concerns were resolved during the inspection. Further information on the actions taken by the service in respect of this matter are outlined in Annex A.

Safeguarding of children and adults

Comprehensive and up to date safeguarding procedures were in place to protect children and adults. The procedures included contact details for local support services, identified an appointed safeguarding lead and incorporated the All-Wales Safeguarding Procedures.

The staff training records we reviewed indicated staff were suitably trained in the safeguarding of children and adults. The staff we spoke with during the inspection demonstrated a satisfactory understanding of safeguarding procedures and said they would feel supported if they were to raise a concern.

Management of medical devices and equipment

We saw the clinical equipment was safe, in good condition and fit for purpose. Reusable dental equipment was used in manner which promoted safe and effective care. The staff we spoke with were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles.

We saw the practice radiation protection folder was up to date and comprehensive. On review of patient records, we found the clinical notes for radiographic treatments to be fully complete. Clinicians indicated patients were suitably informed of the risks and benefits of radiation and we saw that radiation exposures were correctly captured within patient records. We noted the local rules were easily locatable in each surgery. The staff training records indicated all staff were trained to an appropriate level in radiography.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patient needs. The patient records we viewed evidenced treatments were being provided according to clinical need, and in accordance with professional, regulatory and statutory guidance.

The clinical staff we spoke to demonstrated clear understanding of their responsibilities whilst being aware of where to seek relevant professional advice, if necessary.

We saw appropriate use of clinical checklists such as the Local Safety Standards for Invasive Procedures (LocSSIPs).

Patient records

We reviewed a sample of ten patient records and found all records were being held in line with General Data Protection Regulations and overseen by a suitable records management policy. The records we reviewed provided a full picture of the care patients were being provided, including suitable recording of cancer screening, intra and extra oral checks, and base charting. However, we found the recording of patient language preferences and any actions taken in response to this preference were not recorded.

The registered manager must ensure language and communication needs of patients are recorded.

Respondents to the HIW patient questionnaire confirmed their medical history was checked prior to any treatment taking place. All patients agreed they provided informed consent, and their treatments were explained in a manner which they could understand. This was supported by the evidence we saw in patient records.

Efficient

Efficient

We found clinicians were delivering a satisfactory service for the needs of their patients in a suitable premises. Patients progressed through internal and external treatment pathways efficiently. We saw how these appointments were utilised effectively by an appropriate skill mix and a robust appointment and triage process.

Quality of Management and Leadership

Leadership

Governance and leadership

We found a clear management structure in place to support the effective running of the practice. Staff meetings were held monthly and attended by all staff. On review of staff meeting minutes, we noted suitable discussions around health and safety as well as patient feedback, audits and policy reviews.

The staff we spoke to were engaging, knowledgeable and supportive of one another. Staff told us they had confidence in managers and would know who to speak to, if they needed help or support. The practice owner and practice administrator explained they had the correct support and training to undertake their leadership roles effectively.

At the time of our inspection, the practice was in the process of undertaking their Maturity Matrix Dentistry (MMD) through Health Education and Improvement Wales (HEIW).

Workforce

Skilled and enabled workforce

We observed good staff working relationships and noted a positive working environment at the practice. We also found an appropriate system in place to ensure a suitable number of qualified staff were working at any one time.

We found comprehensive and supportive arrangements in place to ensure all staff remained trained to an appropriate level for their roles. We reviewed a total of 7 out of 14 staff records and found full compliance with all mandatory training requirements. We also saw examples of good practice, with individual staff members completing relevant additional training above the mandatory expectations. A robust digital system was used to monitor compliance with staff training and maintain staff records appropriately. From the records we reviewed and the staff we spoke with, we were assured staff were provided with time and support to complete training.

The staff we spoke with during the inspection explained they would know what to do and who to speak to in the event of a concern over service delivery, treatment or management. We saw the practice whistleblowing policy was also satisfactory.

Suitable arrangements were in place to monitor and maintain the professional obligations of those staff working at the practice from the commencement of their employment. All of the staff records we reviewed were fully complete, including up to date GDC registrations, Disclosure and Barring Service Enhanced checks and comprehensive pre-employment reference checks. Staff inductions were overseen by managers through an appropriate recruitment policy and a detailed induction checklist. We saw evidence that all appraisals took place annually and were up to date for all staff.

Culture

People engagement, feedback and learning

A robust system for the collection and review of patient feedback was in place. We saw feedback forms at reception and patients were also sent customer service reviews to complete online post-treatment. Annual patient surveys were also undertaken while verbal feedback was captured at reception and sent to managers. Feedback was routinely reviewed by the management team and the responses to feedback were publicised within the reception area and online.

The complaints policy aligned fully to the NHS Putting Things Right procedure. The complaints policy was available at reception and displayed on a digital screen, which included a named staff member for patients to contact. Verbal complaints were logged at reception through the practice telephone recording process, and communicated to the complaints point of contact in a timely manner for resolution. The means of escalating a complaint were outlined within the complaints policy, including contact details for HIW and the patient advocacy service, Llais. There was only one recorded complaint on file, which we saw was dealt with effectively and in line with the practice policy.

The staff we spoke with demonstrated a clear understanding of their professional responsibilities regarding the Duty of Candour. Whilst there were no records of any Duty of Candour incidents, we were assured the process in place was satisfactory.

Learning, improvement and research

Quality improvement activities

We found a proactive approach to quality improvement with all mandatory improvement activities taking place. These included routine and comprehensive audits on patient records, antimicrobial prescribing, healthcare waste as well as infection prevention and control audits. The practice also audited other non-mandatory areas to enable shared learning and improve service delivery.

Whole-systems approach

Partnership working and development

Staff outlined suitable means of communication with other health service providers and explained how they maintained good working relationships with other primary care services, including the local GP and pharmacy. We saw an appropriate process in place to follow up on any referrals made to other service providers.

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
The face masks for the self-inflating bag within the emergency kit in sizes 0, 2, 3 and 4 were all missing.	In the event of a medical emergency for those patients requiring that mask size, there being an immediate risk to their safety.	This was escalated to staff during the inspection.	All missing items were ordered and delivered within 2 working days.

Appendix B - Immediate improvement plan

Service: Winchester House Dental

Date of inspection: 16 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 additional immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Winchester House Dental

Date of inspection: 16 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. We found that expired emergency medicines were disposed of at a local pharmacy without a receipt, which included those scheduled as controlled drugs under misuse of drugs legislation. Receipting disposal would protect staff and prevent controlled drugs being lost, mislaid or subject to misuse.	The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.	Section 13(4)	We have visited and planned with one of the local pharmacists to have a signed receipt upon disposal of out-of-date medications. This will be uploaded to i-Comply emergency drug and equipment record log and the office computer as evidence.	Ahmed & Nicola	Completed

<p>2. We found the recording of patient language preferences and any actions taken in response to this preference were not recorded.</p>	<p>The registered manager must ensure language and communication needs of patients are recorded.</p>	<p>Section 13 (1) (A)</p>	<p>We have now added this as part of the medical questionnaire form, this is completed prior to each appointment - If patients state a preference we will pin an electronic note to their computer file. We are also seeking advice from Dentally to see if this can be added to the patient details screen.</p>	<p>Ahmed</p>	<p>Completed</p>
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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): Nicola Phillips

Job role: Practice Administrator

Date: 12/08/2024