

General Dental Practice Inspection Report (Announced)

Llandovery Dental practice, Hywel
Dda University Health Board

Inspection date: 10 September 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.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	12
• Quality of Management and Leadership	16
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection	20
Appendix B - Immediate improvement plan.....	21
Appendix C - Improvement plan	22

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Llandovery Dental Practice, Hywel Dda University Health Board on 10 September 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of nine questionnaires were completed by patients or their carers and six were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found patients being treated with dignity and respect by professional and friendly staff. All patients rated the service as either 'very good' or 'good' and all patients said they were treated with dignity and respect. We saw robust arrangements were in place to uphold the rights of patients who were treated at this setting. All of the patient feedback was positive with supportive comments written in patient feedback forms.

Patients told us they could access care when they needed to, and we found robust triage processes 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 we received was positive
- Supportive arrangements in place to enable effective communication between clinicians and patients.]

Delivery of Safe and Effective Care

Overall summary:

The practice was visibly tidy and organised and in a good state of repair internally and externally. Satisfactory policies and procedures were in place to support the health, safety and wellbeing of patients and staff as well as infection prevention and control (IPC) policies. 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.

We saw the arrangements in place for the management of medicines and medical emergencies were suitable. Overall, we found patient records to be maintained to a suitable standard but found records relating to smoking cessation advice and the communication needs of patients could be strengthened.]

This is what we recommend the service can improve:

- The registered manager must ensure smoking cessation advice, and the language and communication needs of patients are recorded.]

This is what the service did well:

- Comprehensive and up to date safeguarding procedures were in place to protect children and adults
- Radiographic treatments were managed appropriately, and records kept to a satisfactory standard
- Robust arrangements were in place to ensure the correct decontamination and sterilisation of reusable equipment. |

Quality of Management and Leadership

Overall summary:

We found a clear management structure in place to support the effective running of the practice. Staff told us they had confidence in their managers and would know who to speak to if they needed help or support. 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.

We found a suitable approach to quality improvement with all mandatory improvement activities taking place. We saw the practice maintained good working relationships with other primary care services, including the local health board, GP and pharmacy. |

This is what we recommend the service can improve:

- The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre-employment check records. |

This is what the service did well:

- The practice had supportive arrangements in place to implement the Duty of Candour
- A comprehensive system for the collection and review of patient feedback was in place
- All of the staff feedback we received was positive. |

3. What we found

Quality of Patient Experience

Patient feedback

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

Overall, the responses were positive. All patients rated the service as either ‘very good’ (8/9) or ‘good’ (1/9). Patient comments included:

“This practice has some of the friendliest people I’ve dealt with.”

“This practice is exceptional from first point of call to end of treatment. Reception staff are always friendly and accommodating. Fabulous practice.”

“Excellent service always.” |

Person-centred

Health promotion and patient information

Satisfactory information was available to patients to promote good oral health. Staff told us information was provided orally to patients following their appointments, particularly regarding smoking cessation and good brushing guidance. The practice statement of purpose and patient information leaflet were both available for patients to review upon request. We observed the fees for private and NHS services were clearly displayed at reception. The names and General Dental Council (GDC) numbers of all clinical staff were also noted at reception and included in the patient leaflet in the waiting area. We saw the opening hours and emergency contact details displayed on the exterior of the practice.

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

Dignified and respectful care

We found patients were provided with dignified and respectful care throughout their time at Llandovery Dental practice. We were told that patients wishing to speak confidentially to reception staff were offered a conversation where they could not be overheard. We noted the reception area was connected to the waiting area, however, reception staff informed us that no private patient information was repeated over the telephone to protect patient privacy. Signed confidentiality agreements were in place, which outlined the expectation on staff to ensure the privacy of patient information.

The practice had solid surgery doors, which were kept closed during appointments. We saw all treatment room windows were frosted to protect patient privacy in the surgeries. We noted the Nine Principles prepared by the GDC were on display at reception.

All staff responding to the HIW staff questionnaire stated the dignity and privacy of patients were always maintained. All patients who completed the HIW questionnaire said they felt listened to by staff during their appointment and that staff treated them with dignity and respect. One patient said:

“You are treated with dignity and respect.” |

Individualised care

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

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

Timely

Timely care

We found appropriate arrangements in place to utilise the time of practitioners through the effective management of appointments. Patients could make appointments online, over the telephone or in person. Where appointments extended beyond their scheduled time, clinicians could use practice systems to inform reception and in-turn update patients.

Staff told us patients were triaged over the telephone by clinicians to ensure those with the most urgent needs were prioritised. 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.

Staff told us that generally no patient waited longer than two weeks to be seen for a routine appointment. Appointments were arranged in accordance with patient availability wherever possible. The online appointment booking system also allowed patients to select a time and date of their choosing.

Patients responding to the HIW 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' (8/9) or 'fairly easy' (1/9) 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 were used, where needed, to communicate with patients whose first language was not English. 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 informed us they were aware of the 'Active Offer', and we saw evidence the use of the Welsh language was proactive at the practice. We saw 'Iaith 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 saw a suitable equality and diversity policy as well as a patient acceptance policy, both of which promoted the equal access to treatment for all patients. We saw good practice with some staff having undertaken specific training to protect the rights of patients, as well as the prevention of harassment or discrimination. We also saw a robust zero-tolerance to discrimination policy in place.

We found the rights of patients were further upheld by allowing patients to choose their preferred pronouns, names and gender on their records. All of the patients who responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service.

We saw a suitable means to support patients and staff with any reasonable adjustments required. This included a specialist chair at reception for patients with mobility issues. Desk-based assessments also took place for staff to ensure they were seated appropriately and safely, including changes to seating made as a result. All of the patients who responded to the HIW questionnaire said the building was accessible.]

Delivery of Safe and Effective Care

Safe

Risk management

We found a visibly tidy and organised practice which was in a good state of repair internally and externally. The practice was suitably set over two floors, with surgeries on the ground and first floor, one of which had been recently refurbished. The reception area was appropriately sized to support the number of patients, and all areas were all finished to a high standard. The lighting, heating, ventilation and signage were all satisfactory.

All of the respondents to the staff questionnaire said they had the appropriate facilities to carry out their roles. All staff also said the environment was appropriate in ensuring patients receive the care they require.

We heard telephone lines working effectively. There were clean and suitably equipped toilets for staff and patients, including a ground floor toilet for those with accessibility requirements. We saw suitable staff changing areas with lockers available for staff.

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. Loupes and re-sheathing devices were used to promote safe and effective care.

Satisfactory 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.

A suitable gas safety certificate, alongside portable appliance testing certificate and an electrical installation test report were all available for review. 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. All staff who responded to the questionnaire issued by HIW said cleaning schedules were in place to promote regular and effective cleaning of the practice. Respondents also said they had sufficient access to personal protective equipment (PPE) to support safe individual patient care. We saw appropriate hand hygiene arrangements and signage were also in place. We also observed all equipment and the environment being maintained to a satisfactory level to enable effective cleaning and decontamination. This was supported by staff survey respondents who told us the practice environment allowed for effective infection control. The training records we reviewed confirmed all staff had appropriate training in place for the correct process of decontamination.

All of the patients who responded to the HIW questionnaire said they felt the practice was very clean. All of the respondents also indicated IPC measures were being appropriately followed.

We saw robust arrangements in place to ensure the correct decontamination and sterilisation of reusable equipment within the practice decontamination room. We reviewed records of appropriate daily autoclave machine cycle checks and a routine schedule of maintenance.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory. All practice waste was stored and disposed of correctly through a suitable waste disposal contract. |

Medicines management

| We saw the arrangements in place for the management of medicines were suitable. We noted a satisfactory policy for the safe handling, storage, use and disposal of medicines. We saw a secure system in place for the storage of the practice prescription pad. The fridge designated for the storage of medicines was correctly managed, with temperature checks suitably logged.

We found comprehensive arrangements in place to ensure medical emergencies were safely and effectively managed. On inspection of the emergency equipment, we found all items were present, easily accessible and within their expiry dates. In staff records we noted that qualifications in cardiopulmonary resuscitation and first aid were all compliant. |

Safeguarding of children and adults

| Comprehensive and up to date safeguarding procedures were in place to protect children and adults. These included a child protection statement and a safeguarding children and adults policy. The procedures provided 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 medical devices and equipment were safe, in good condition and fit for purpose. All the reusable dental equipment used by the practice promoted safe and effective care.

Respondents to the staff questionnaire issued by HIW said they had adequate materials, supplies and equipment to do their work. The training records we inspected confirmed all staff 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. We saw a suitable records management policy was in place. The records we reviewed provided a full picture of the care patients were being provided, including suitable recording of intra and extra oral checks, base charting and soft tissue examinations. However, we found

the offer of smoking cessation advice was not always recorded nor patient language preferences and any actions taken in response to this preference.

The registered manager must ensure smoking cessation advice, and the 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. We saw policies were appropriately reviewed, with any changes communicated to staff. We noted the practice had recently completed the Maturity Matrix Dentistry to drive team development and promote good practice. Staff meetings were held monthly and attended by all staff. On review of staff meeting minutes, we noted discussions around health and safety as well as staffing, PPE and medical emergencies.

Staff told us they had confidence in their managers and would know who to speak to if they needed help or support. The practice manager explained they had the correct support and training to undertake their leadership role effectively. The staff we spoke to were knowledgeable, acted professionally and supported one another. |

Workforce

Skilled and enabled workforce

We saw arrangements in place to ensure appropriate numbers of suitably qualified staff were working at the practice at all times. The practice manager monitored the GDC registration for all clinicians using the suitable system. Robust arrangements were in place for inductions and appraisals, which were overseen by the practice manager in consultation with the principal dentist or area manager. All staff had a current and satisfactory appraisal on file.

We noted an appropriate whistleblowing policy was in place and all respondents to the staff questionnaire told us the practice encourages them to report errors or concerns. Staff also said they would be treated fairly should they report a concern and that the practice took action to ensure incidents did not occur again.

We reviewed a total of 6 out of the 15 staff records available and found comprehensive arrangements were in place to monitor staff compliance with training. We saw all training certificates were in place for all staff. The staff we spoke with felt they had the time to complete learning and development activity, with the practice manager explaining staff were given time to complete training on a routine basis. Respondents to the staff questionnaire issued by HIW said they had access to appropriate training to undertake their roles. One staff member said:

“I am free to discuss and encouraged to do various extended duties.”

Of the six staff records we reviewed, we saw good compliance with Disclosure and Barring Service checks and pre-employment checks. For new starters there was a robust system in place to check staff details prior to employment. However, we observed the following areas which required improvement:

- Two staff members only had one reference check on file. We saw records of the attempts made to obtain a second reference check from different employers
- One longer standing staff member did not have any reference checks on file. We were told this staff member was recruited prior to the current management team taking over, working at the practice for over 20 years.

A risk assessment was in place to account for the missing information for one of these staff members. The practice was encouraged to continue to make attempts to obtain references for the staff members or to complete risk assessments for the other two employees.

The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre-employment check records. |

Culture

People engagement, feedback and learning

We found a robust system for the collection and review of patient feedback was in place at Llandovery Dental practice. Patients were sent customer service reviews to complete online post-treatment. Feedback was routinely reviewed by the principal dentist and management team, with any responses to feedback being publicised within the reception area or online.

The complaints policy aligned fully to the NHS Putting Things Right procedure. The complaints policy was on display at reception, which included a named staff member for patients to contact. Verbal complaints were logged in the practice complaints folder. The means of escalating a complaint were outlined within the complaints policy, including contact details for HIW and the patient advocacy service, Llais. The Dental Complaints service and the GDC were also referenced for patients to raise a concern with. The recorded complaints on file were dealt with effectively and in line with the practice policy.

We saw an appropriate Duty of Candour policy in place at the practice. Respondents to the staff questionnaire issued by HIW said they knew and understood their role as part of the Duty of Candour. Respondents also said they understood their role in meeting the Duty and the organisation encouraged them to share with patients when something had gone. Whilst there were no records of any Duty of Candour incidents to review, we were assured the process in place was satisfactory. |

Learning, improvement and research

Quality improvement activities

|We found a suitable 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. |

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 health board, 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
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Llandovery Dental Practice

Date of inspection: 10 September 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 concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Llandovery Dental Practice

Date of inspection: 10 September 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
<p>1. We found the offer of smoking cessation advice was not always recorded nor patient language preferences and any actions taken in response to this preference.</p>	<p>The registered manager must ensure smoking cessation advice, and the language and communication needs of patients are recorded.</p>	<p>Section 20 (1) Section 13 (1) (A)</p>	<p>Re-iterate the importance of contemporaneously recording clinical matters, including smoking cessation advice, for all patients.</p>	<p>Susan Clarke</p>	<p>Informally actioned, but it will also form part of the minutes when the topic is formally discussed at our quarterly Practice Meeting on November 5th 2025.</p>

<p>2. Two staff members only had one reference check on file. We saw records of the attempts made to obtain a second reference check from different employers. One longer standing staff member did not have any reference checks on file. We were told this staff member was recruited prior to the current management team taking over, working at the practice for over 20 years.</p>	<p>The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.</p>	<p>Section 18 (2)</p>	<p>Complete risk assessments for staff with fewer than 2 references.</p>	<p>Susan Clarke</p>	<p>Already actioned. Risk assessments now held on file for relevant staff and are available on request.</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): Susan Clarke
Job role: Practice Manager
Date: 14/10/2024