Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Crown Cottage Dental Care, Aneurin Bevan University Health Board

Inspection date: 24 September 2024

Publication date: 30 December 2024

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83715-048-9

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Crown Cottage Dental Care, Aneurin Bevan University Health Board on 24 September 2024.

Our team for the inspection comprised of an 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 10 questionnaires were completed by patients or their carers and 10 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:
Patients provided positive feedback about the care and service provided by the practice. We found staff were friendly and polite and treated patients with courtesy and respect.

There was a limited amount of healthcare information available in the patient areas although most patients said they were given enough information to understand the treatment options available and the associated risks and benefits.

We were told patients wait approximately two weeks between each treatment appointment. Appointments could be made by phone, email, or in person, but there was no online booking and limited special arrangements for NHS patients.

There was an up-to-date equality and diversity policy in place, and all patients said they had not encountered any discrimination when accessing services. The practice had wheelchair-friendly facilities, but the entrance ramp was challenging for some users.

This is what we recommend the service can improve:

- Make information available in Welsh and other formats that consider people with reading difficulties
- Put in place an appropriate translation service for patients requiring other languages
- Amend the statement of purpose and patient information leaflet to communicate the access situation more accurately for wheelchair and pushchair users.

This is what the service did well:

- Patient dignity was upheld with surgery doors closed and blinds on windows
- Up-to-date confidentiality policy signed by all staff
- Patients said it was easy to get an appointment when they needed one.

Delivery of Safe and Effective Care

Overall summary:
Overall, we found suitable arrangements at the practice to provide patients with safe and effective care. Staff were clear regarding their roles and responsibilities.

Infection control policies were in place but some seating needed reupholstering to enable effective cleaning.

There was a dedicated decontamination area with suitable systems for cleaning reusable dental instruments and to safely transport instruments about the practice.

Appropriate safeguarding procedures were in place with a safeguarding lead appointed. However, two staff members needed up-to-date safeguarding training.

Dental records that we reviewed were of good quality but preferred language choices should be consistently recorded.

Immediate assurances:

- Pressure vessel testing for one autoclave was required.

This is what we recommend the service can improve:

- Develop a buildings maintenance policy to ensure the premises remain fit for purpose
- Fire risk assessment to be carried out by a fire safety expert and any recommendations raised to be actioned
- Oxygen cylinder training to be completed by staff
- Put in place a system to check and record fridge temperatures
- Conduct an up-to-date clinical audit of X-rays.

This is what the service did well:

- Clean and comfortable areas for both staff and patients
- Needlestick procedures were readily available in each surgery
- There were suitable arrangements for the separation and storage of clinical waste with an appropriate contract for its safe disposal.

Quality of Management and Leadership

Overall summary:
The practice had a clear management structure who appeared approachable for staff. There were regular meetings and information sharing to keep staff informed.

We found a good range of up-to-date policies and procedures in place although version control and staff acknowledgement of the policies was inconsistent.

We saw appropriate arrangements for staff recruitment and induction with appropriate job description and contract of employment in place.

The practice had a quality assurance policy in place and we saw evidence of clinical audits the results of which contributed to staff discussions. However, several audits were out-of-date and needed to be completed again.
This is what we recommend the service can improve:

- All staff to have an enhanced DBS check renewed every three years to help ensure staff remain fit to work at the practice
- Consider a more pro-active approach to obtaining patient feedback
- Inform patients of changes made as a result of their feedback.

This is what the service did well:

- Good compliance with professional obligations with annual disclaimers to confirm any changes that may affect staff's DBS status
- Well documented complaints file
- Suitable duty of candour policy in place and all staff trained on the subject
- Up-to-date data security policy to ensure appropriate handling and storage of patient information.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 10 respondents rated the service as 'very good'.

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

> *"I have always received great treatment from the staff and dentist."*

> *"Costs are high but service is fine."*

Person Centred

Health Promotion
The practice had a statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Both documents provided useful information about the services offered at the practice. Information about charges for both NHS and private treatments were clearly on display for patients to see. This information was also available on the practice website.

We were told patients would be provided with relevant health promotion advice when seen by the dentists and other dental care professionals working at the practice. Other patient information was held within a folder in the practice managers office. However, there was limited healthcare information available in the patient waiting areas. We suggested that information such as smoking cessation, oral cancer and healthy eating should be more readily available.

All respondents to the HIW questionnaire confirmed that staff had explained their oral health to them in way they could understand and agreed that staff had provided them with aftercare instructions on how to maintain good oral health.

The names and General Dental Council (GDC) registration numbers for the current dental team were displayed. We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

Dignified and Respectful Care
We found a patient privacy and dignity policy in place at the practice that helped to ensure all patients receiving care at the practice had their rights to privacy, dignity and respect acknowledged. We saw that staff were polite, friendly and treated patients with courtesy and respect. Surgery doors were closed when dentists were treating patients and blinds were installed on surgery windows ensuring the privacy and dignity of patients was maintained. There was an up-to-date confidentiality policy in place that had been signed and dated as read by all staff.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

The reception desk and patient waiting area were in the same room. We noted patient attendance was steady throughout the day and well managed. An additional waiting area was located upstairs. We were told confidential patient discussions and phone calls would be held in the office located on the first floor.

We saw the GDC core ethical principles of practice were displayed where patients could easily see them.

Individualised care
All respondents who completed a HIW patient questionnaire agreed that they had been involved as much as they had wanted to be in decisions about their treatment. All agreed that staff explained what they were doing throughout the appointment and that staff had answered their questions. All respondents confirmed they had their medical history checked before treatment.

Most respondents (9/10) said there was enough information to understand which treatment options were available and were given enough information to understand the risks and benefits associated with the treatment. The same respondents said that the costs were made clear to them before treatment. The remaining respondent said the questions were not applicable in their case.

Timely

Timely Care
We were told reception staff would advise patients if there was a delay in being seen at their appointment time.

The practice arranged appointments by telephone, by email or in person at reception. There was no online booking facility available to patients. We were told there were no special arrangements, such as extended hours or reserved

appointment times to accommodate NHS patients who worked normal daytime working hours. However, there was availability for private patients to be seen on Monday evenings. We were told that patients wait approximately two weeks between each treatment appointment depending on the urgency and nature of treatment.

Patients who required emergency appointments would need to call by 10:30am on weekdays if possible. We were told that reception would triage and prioritise by level of urgency, seeking advice from a dentist where necessary. Emergency slots were available to accommodate these requests, although these appeared to be randomly available within the dental programme and not routinely scheduled.

The practice's opening hours and out of hours contact telephone number were prominently displayed and could also be seen from outside the entrance. This information was also available on the practice website and answerphone service.

All respondents said it was 'very easy' or 'fairly easy' to get an appointment when they need one. Eight respondents said they received adequate guidance on what to do and who to contact in the event of an infection or emergency. However, one patient disagreed, whilst the other patient said the question was not applicable in their case. Similarly, one respondent to the HIW questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.

We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of:

- **how to access the out of hours dental service**
- **what to do and who to contact in the event of an infection or emergency.**

Equitable

Communication and Language

We saw mandatory information displayed in the practice, with some available in Welsh including NHS supplied posters and notices. However, there were no leaflets available in alternative formats, such as easy read or large font, that considered the needs of patients with reading difficulties.

The registered manager is required to provide HIW with details of how the practice will make information available in other formats that benefit patients with reading difficulties.

We were told that one staff member currently spoke Welsh at the practice although we were told they did not wear 'Iaith Gwaith' visual prompts to indicate to patients that they spoke Welsh. Additionally, we did not see signage displayed to inform patients of this option. Whilst we were told that patients were not given the 'Active Offer' of receiving care in the Welsh language, one respondent who answered the HIW patient questionnaire confirmed that they had been actively offered treatment through the medium of Welsh. The remaining respondents skipped the question.

The registered manager is required to provide HIW with details of the action taken to improve the implementation of the 'Active Offer.'

We were told that online auto-translation service would be offered to patients who need to speak in another language if necessary. However, this service has limited accuracy with medical terms and phrases and poses a significant risk to patients due to misdiagnosis arising from incorrect translation. The online service also carries a disclaimer informing users to not rely on the service for medical purposes. We discussed the need to use an appropriate translation service to protect patients, staff and the practice from any misunderstanding.

The registered manager must put in place an appropriate translation service for patients requiring other languages.

A hearing loop system was available to assist patients with hearing impairment. We were told that appointments could be made either in-person at reception or by telephone, ensuring patients without digital access could arrange treatment.

Rights and Equality
We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

We saw the practice had suitable up-to-date equality and diversity policy and bullying and harassment policies in place. We found a copy of the practice equality and diversity statement was contained within employee job descriptions. We found suitable arrangements in place to ensure that the rights of transgender patients were upheld. We noted that training on these subjects had been allocated to staff to complete as part of their Continuing Professional Development (CPD).

All respondents who answered the HIW questionnaire told us they had not faced discrimination when accessing services provided by the practice.

On the ground floor there were two surgeries and an X-ray room with level flooring throughout. The reception and waiting area were large enough to manoeuvre

wheelchairs and featured a low counter for wheelchair users. We saw the practice had wheelchair friendly doorways and an accessible patient toilet that was adequately stocked and decorated to a good standard. We saw ramp access into the practice although this involved a very tight and steep left turn if accessing from along Newport Road. This appeared to present an obstacle for wheelchair users and potentially patients with pushchairs. We were told that patients had commented about this to reception on several occasions. We found this was not reflected in either the statement of purpose or patient information leaflet, although both documents did indicate that assistance could be provided if required.

Most respondents (7/10) who completed a HIW patient questionnaire told us they considered the building accessible. One respondent said the building was only partially accessible, one was unsure, whilst another disagreed, commenting:

> *"Can't get up the stairs with a pram."*

The registered manager must amend the statement of purpose and patient information leaflet to communicate the access situation more accurately for wheelchair and pushchair users.

Delivery of Safe and Effective Care

Safe

Risk Management
We found the practice to be clean and comfortable, and furnished to a good standard. Patient areas had sufficient seating and were free from clutter and hazards. Surgeries were located on both the ground and first floors, were suitably lit and well organised. We were told that the fifth surgery was currently unused.

Externally, the building appeared to be in good condition and well maintained. However, there was no suitable building maintenance policy in place to ensure this remained the case.

The registered manager must develop a buildings maintenance policy to ensure the premises remain fit for purpose.

We saw annual gas safety records, and Portable Appliance Testing (PAT) were all completed and in date. The five yearly wiring inspection was in progress at the time of the inspection and was to be completed later in the week. We saw evidence confirming this was the case.

The registered manager must provide HIW with a copy of the five-yearly wiring inspection once completed.

An appropriate business continuity policy was in place with contact details and procedures to be followed should it not be possible to provide the full range of services due to an emergency event. A completed health and safety poster and current employer's liability insurance was displayed for staff to see. Arrangements were in place for staff to change and lockers available to store their personal possessions.

We inspected the fire safety arrangements and saw evidence of weekly tests of fire detection equipment and annual fire evacuation drills. Fire extinguishers were suitably located throughout the practice and were found to have been serviced within the last year. Whilst fire exits were clear of obstructions, there was limited signage to indicate evacuation routes. This was raised with the senior management team who ordered new signage at the time of the inspection.

The registered manager must display appropriate fire evacuation route signage and provide HIW with evidence once completed.

Whilst we saw evidence of quarterly in-house fire safety risk assessments being carried out, the documents were rudimentary schedules which lacked sufficient scope and detail. Considering the fire evacuation signage issue, HIW were not assured that the process was robust enough to constitute an appropriate fire safety risk assessment. We raised this with the senior management team who arranged for a fire risk assessment to be conducted.

The registered manager must ensure an appropriate fire safety risk assessment is carried out by a suitably qualified fire safety expert and supply HIW with a copy when completed.

The registered manager must ensure that any recommendations raised within the fire risk assessment are suitably resolved to protect the safety of staff and patients.

Our review of staff training records identified that the fire safety awareness training for one staff member had just expired. This was completed shortly following the inspection and a copy of the certificate was forwarded to HIW.

All staff who answered the HIW questionnaire felt the environment was appropriate to ensure that patients received the care they required.

Infection Prevention and Control (IPC) and Decontamination
There were up-to-date policies and procedures in place in relation to infection prevention and control and decontamination, with a designated infection control lead appointed. Cleaning schedules were in place to support effective cleaning practices.

We saw the waiting room and the dental surgeries were clean however we found the waiting area seating was covered in fabric with some water marks. We also found six nurse's chairs had worn upholstery. Both issues had the potential to impact effective infection prevention and control processes.

The registered manager must replace the upholstery used on the seating in the patient waiting areas and nurse's chairs to enable effective infection prevention and control procedures.

Suitable handwashing and drying facilities were available in each surgery, in the decontamination room and in the toilets. Personal protective equipment (PPE) was readily available for staff to use. Whilst safety plus syringes were not in use, we found a suitable risk assessment in place to help mitigate any associated risks. Occupational health support was available for staff and needlestick flowcharts

were displayed in each surgery indicating procedures to be followed in the event of a sharps injury.

All respondents who completed a HIW questionnaire thought that in their opinion, the practice was clean, and that infection prevention and control measures were being followed.

There was a designated decontamination room at the practice with a suitable system described to safely transport instruments between the decontamination room and the surgeries. Appropriate arrangements were demonstrated for cleaning and decontaminating reusable instruments.

We found autoclave cycles were downloaded and stored appropriately. We saw daily checks were carried out on the autoclave and ultrasonic bath. However, the written scheme of examination for the pressure vessel testing of the autoclave was not available. We raised this with the senior management team who immediately arranged for an engineer to attend and conduct the pressure vessel test.

Our concern regarding this issue was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

The registered manager must ensure pressure vessel testing is carried out and supply HIW with a copy of the written scheme of examination when completed.

We found evidence that infection control audits were completed in accordance the Welsh Health Technical Memorandum (WHTM) 01-05, although a new audit was due.

The registered manager must arrange for an infection control audit in compliance with WHTM 01-05 and provide HIW with evidence when completed.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

There were suitable arrangements in place for the separation and storage of clinical waste produced by the practice prior to collection. A contract was in place for the safe disposal of waste from the practice.

We reviewed the arrangements in relation to handling substances subject to Control of Substances Hazardous to Health (COSHH). We found cleaning materials were stored in an elevated cupboard within the upstairs waiting area. Whilst this

was raised and awkward to access, it was unlocked and not suitably labelled to indicate the presence of hazardous substances.

The registered manager must ensure the COSHH storage is always locked when not in use and suitably labelled to indicate the presence of hazardous substances.

Medicines Management
We saw an up-to-date policy in place for the management of medicines at the practice and found that any medicines administered were recorded in the patient notes. Suitable processes for ordering, handling and the disposal of drugs were in place. However, there was no system for checking the fridge temperatures with no thermometer installed.

The registered manager must put in place a system to check and record fridge temperatures daily and provide evidence to HIW when completed.

There was an up-to-date policy in place for responding to a medical emergency at the practice, which could be made available to patients on request. We inspected equipment and medicines for use in the event of an emergency at the practice and found all items available and in date. We saw that a suitable system was in place for checking stocks and identifying when medicines need to be replaced.

We reviewed staff records and found that all staff working at the practice had completed resuscitation training within the last year. However, we found that some staff had not completed training for the safe use of oxygen cylinders.

The registered manager must ensure all relevant staff complete oxygen cylinder training and provide evidence to HIW when completed.

The first aid kit was available and found to be in order. We found that the practice had an appointed two trained first aiders to ensure there was cover in the event of holidays and sickness.

Management of Medical Devices and Equipment
We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment was visibly clean and in good condition, and treatment rooms had recently been installed with new dental chairs.

We inspected the maintenance arrangements for the compressor and found that the service was in date, with the next inspection due the following week. The satisfactory service report was forwarded to HIW shortly after completion.

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment. However, we considered the protocols and procedures could be revised and streamlined to enable easier use by staff.

We saw a quality assurance programme in place in relation to X-rays covering accidental exposure and dose levels and saw that radiography audits had been conducted. However, the latest radiography audit was out of date and we considered they needed to be conducted on a more regular basis.

The registered manager must conduct a clinical audit of X-rays. We recommend implementing an audit of X-rays every six months in accordance with Faculty of General Dental Practice (UK) guidance.

The practice had a current inventory of radiography equipment. There was evidence of regular servicing and that the required maintenance and testing had been carried out. We found an up-to-date radiation risk assessment was in place and local rules were available for staff to use.

We were advised that patients were given verbal advice regarding the risks and benefits of X-rays and this was recorded in the patient notes. We found clinical evaluations, justifications and quality grading for each X-ray exposure were noted in patient records. We were told that carers were not permitted to support patients during radiographic examination. However, we found there was no guidance relating to carers and comforters within practice radiation protection policy.

The registered manager must review the practice radiation protection policy to ensure the arrangements for carers and comforters is appropriately documented.

All staff who were involved in the use of X-rays had completed appropriate training and we saw evidence confirming this within the sample of staff files we reviewed.

All staff who answered the HIW questionnaire considered facilities appropriate for them to carry out their roles.

Safeguarding of Children and Adults

The practice had a suitable written policy in place in relation to safeguarding. This was based on the current Wales Safeguarding Procedures and contained the contact details of the relevant local safeguarding team. We saw quick reference flowcharts were available in the event of a safeguarding issue.

The practice had a safeguarding lead appointed who would provide guidance and support as necessary. Staff also had access to local health board occupational health teams for additional support. Most staff had up-to-date safeguarding training to an appropriate level, appeared knowledgeable about the subject and knew who to contact in event of a concern. However, we found child safeguarding training had lapsed for one staff member, whilst another staff member required training to a higher level for both adult and children.

The registered manager must ensure all staff complete up-to-date safeguarding training to the appropriate level.

Effective

Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their roles and responsibilities at the practice and that regulatory and statutory guidance was being followed.

We saw evidence that relevant professional advice for staff was obtained when required. However, we saw no evidence that the practice used recommended checklists to help prevent the risk of wrong tooth extraction.

We recommend the registered manager implements the use of recognised checklists to prevent wrong tooth extractions.

All staff that answered the HIW questionnaire agreed that care of patients is the practice's top priority. All staff also said they would be happy with that standard of care provided at the practice if a friend or relative needed dental care.

Patient Records

A suitable system was in place to help ensure patient records were stored securely. There was an appropriate consent policy in place and processes to ensure the rights of patients who lack capacity were upheld. We were told records were retained for the appropriate period in line with the regulations.

We reviewed the dental care records of ten patients. Overall, we considered the patient records to be clear and maintained to a good standard. All records we reviewed had suitable patient identifiers and all had initial and updated medical history recorded and signed. Oral hygiene, diet and smoking cessation advice were recorded where appropriate.

We saw evidence that full base charting, soft tissue examinations and oral cancer screening had been recorded as carried out. Although we found one record where the referral to the practice hygienist was not fully recorded, we discussed this with the senior management and in view of the quality of the other records, we were assured this was an anomaly.
We found that recording of patient language choice was inconsistent across the records we reviewed. This could inhibit effective and individualised patient care.

The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.

Efficient

Efficient
We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care. We found the facilities and premises appropriate for the services delivered and that clinical sessions were being used efficiently with the practice operating a short notice list to utilise any cancelled appointments.

In cases of urgent cancer referrals, the practice checks with patients to monitor progress and chase up referrals where contact has not been made in a timely manner. We discussed developing the process to make it more robust to prevent a referral being missed.

Quality of Management and Leadership

Leadership

Governance and Leadership
The practice is a partnership owned practice located in Caerphilly. Day-to-day operation of the practice was managed by the practice manager along with the principal dentists. We considered there to be effective governance and leadership in relation to the size of the service with a clear management structure. The management team appeared friendly and approachable to staff during our inspection.

Suitable arrangements were described for sharing relevant information with the practice team including regular whole practice meetings, weekly huddles and posting on the staff notice board. We saw minutes were kept of the formal meetings with the practice manager keeping non-attendees updated with work related matters via one-to-one catch ups. We discussed options of disseminating the minutes to non-attendees.

We found a range of up-to-date policies were available to staff to support them in their roles. There was a well ordered index of policies. However, we found version control and recording of review dates to be inconsistent. Similarly, some policies were signed by staff to confirm they had read and understood the content, whilst others were not.

The registered manager must ensure that:

- **All staff have read and understood relevant practice policies to ensure compliance with practice processes**
- **All policies contain version history, review dates and person responsible for reviewing the procedure**
- **Provide HIW with evidence once completed.**

Workforce

Skilled and Enabled Workforce
In addition to the management team, the practice team consisted of two associate dentists, two hygienists, six dental nurses and a receptionist. We found the number and skill mix of staff sufficient for the dental services provided. Appropriate checks were described in relation to a locum hygienist who was used on occasions.

The practice had a recruitment policy which detailed the process including conditional offers subject to satisfactory pre-employment checks. We were told GDC registration requirements were monitored by the practice manager.

We saw evidence of a suitable induction process for informing and assessing new staff at the practice. This was documented and signed off by a senior member of the team and helped ensure new staff understood their roles and were aware of the practice policies and procedures.

All staff files we reviewed contained job descriptions and employment contracts. There was evidence that immunisations and Disclosure and Barring Service (DBS) certificates were available. Whilst staff had signed annual disclaimers to confirm whether there was any change in their DBS status, we found several staff members DBS certificates were over three years old and required renewal.

The registered manager must ensure all staff have an enhanced DBS check renewed every three years to help ensure staff remain fit to work at the practice and provide HIW with evidence once completed.

We saw evidence of annual staff appraisals and that staff had attended training on a range of subjects relevant to their roles. In general, compliance with mandatory staff training was good and was monitored by the practice manager. A practice whistleblowing policy was in place for staff to raise concerns about delivery of services and care.

All ten staff who responded to the HIW questionnaire felt they had appropriate training to undertake their role. Nine staff members also confirmed they had had an appraisal, or annual review in the last 12 months, whilst the other staff member skipped this question.

Culture

People Engagement, Feedback and Learning

Arrangements were described for obtaining patient feedback about their experiences of care at the practice. These included patient social media and online reviews. A suggestions box was in the reception enabling patients without digital access to leave feedback. We were told that there was little feedback to analyse to date. The practice may wish to consider a more pro-active approach to obtaining patient feedback via regular patient surveys and post-treatment questionnaires. Patients should also be informed of how the practice has learned and improved from this feedback.

We saw a written complaints procedure displayed in Welsh and English for managing complaints about dental care at the practice. This indicated the responsible person for handling complaints and included timescales for acknowledgment and resolution. NHS Putting Things Right information was also on display. We reviewed several complaints within the practice complaints log and found the process well documented. No common trends were identified from the records inspected.

The practice had an up-to-date Duty of Candour policy which provided clear guidance and set out staff responsibilities. This had been signed as read by all staff. We also saw that all staff had received training on this subject. There had been no incidents which required the Duty of Candour process to be exercised.

All staff who responded to the HIW questionnaire agreed that they knew and understood the Duty of Candour and their role in meeting this standard. All staff also agreed that they were encouraged by the practice to raise concerns when something has gone wrong.

Information

Information Governance and Digital Technology

The practice had an up-to-date information security policy in place which helped ensure appropriate handling and storage of confidential patient information.

Significant events and patient safety information would be recorded on the practice computer system and discussed at team meetings to ensure any shared learning was disseminated to staff. We were told there had been no such incidents to date.

Learning, Improvement and Research

Quality Improvement Activities

The practice had a quality assurance policy in place as part of the practice quality improvement activities. We saw evidence of numerous clinical audits having been conducted including decontamination, smoking cessation, antibiotic prescribing and waste audits. However, most of those we reviewed needed an update.

The registered manager must arrange for a programme of updates to clinical audits and provide HIW with results when complete.

We found the practice used appropriate team development tools including British Dental Association (BDA) good practice and are considering others as part of their wider quality improvement programme.

Whole Systems Approach

Partnership Working and Development
We were told the practice takes part in regular peer review meetings with other practices to share ideas and best practice. We were told the practice had good links with the local health board and described suitable arrangements for engaging with other services such as safeguarding, general practitioners and pharmacies. This helped to deliver better co-ordinated healthcare to promote the wellbeing of patients and the wider community.

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 written scheme of examination for the pressure vessel testing of the autoclave was not available.	We were unable to check the equipment was appropriately maintained to ensure the decontamination process is performed correctly.	We raised this immediately with senior staff.	Engineer was immediately booked to attend practice and conduct the pressure vessel test.

Appendix B - Immediate improvement plan

Service: Crown Cottage Dental Care

Date of inspection: 24 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
No immediate improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: Crown Cottage Dental Care

Date of inspection: 24 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
One patient who responded to the patient questionnaire disagreed that they had received adequate guidance on what to do and who to contact in the event of an infection or emergency. Similarly, one respondent said they would not know how to access the out of hours dental service if they had an urgent dental problem.	We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of: • what to do and who to contact in the event of an infection or emergency • how to access the out of hours dental service.	Quality Standard - Timely	Emergency & out of hours information is currently displayed on the pin boards in the two waiting areas and in the window of the porch to read from the outside. However, I will make the font bigger so it's is easier to read and more eye catching. On the practice website, emergency information can be found under the 'contact us' tab, and the 'emergencies' tab. Again, I'll aim to make this clearer	Joanna Lewis	Completed

			with an emergency tab on its own.		
There were no leaflets available in alternative formats, such as easy read or large font.	The registered manager is required to provide HIW with details of how the practice will make information available in other formats that benefit patients with reading difficulties.	Quality Standard - Equitable	Leaflets purchased from *Oral Health Foundation*.	Joanna Lewis	Completed
We were told that a Welsh speaking staff member did not wear visual prompts to indicate to patients that they spoke Welsh. Additionally, we did not see signage displayed to inform patients of this option. We were told that patients were not given the 'Active Offer' of receiving care in the Welsh language.	The registered manager is required to provide HIW with details of the action taken to improve the implementation of the 'Active Offer'.	Regulation 13(1)(a)	Signage is currently displayed in both waiting areas if patients would like correspondence in a preferred language to let us know. Reception is now aware to ask patients and to make a note on their file of their preferred language. Unfortunately, our Welsh speaking member of staff has now left. Alternatively, we can use language line for assistance.	Joanna Lewis	Completed

The practice did not have an appropriate translation service available.	The registered manager must put in place an appropriate translation service for patients requiring other languages.	Regulation 13(1)(a)	We will endeavour to use language line for patients who are unable to communicate in English. To contact LHB for guidance.	Joanna Lewis	1 month
We found ramp access into the practice involved a very tight and steep left turn, presenting an obstacle for wheelchair users and potentially patients with pushchairs. Patients had raised this with reception on several occasions. One respondent said the building was only partially accessible, one was unsure, whilst another disagreed, commenting: “Can’t get up the stairs with a pram.”	The registered manager must amend the statement of purpose and patient information leaflet to communicate the access situation more accurately for wheelchair and pushchair users.	Regulation 6(1) Schedule 2 (6)	This has been raised previously with Caerphilly Council. Unfortunately, at this moment in time they are unable to assist with the issue raised due to the layout of the junction/road (limited space due to tight bend). The statement of Purpose and Patient Information Leaflet shall be amended to reflect this accessibility limitation.	Joanna Lewis	Completed

There was no suitable building maintenance policy in place	The registered manager must develop a buildings maintenance policy to ensure the premises remain fit for purpose.	Regulation 8(1)(c)	Building maintenance Policy now in place.	Joanna Lewis	Completed
The five yearly wiring inspection was in progress at the time of the inspection, but incomplete.	The registered manager must provide HIW with a copy of the five-yearly wiring inspection once completed.	Regulation 22(2)(a)	Has been provided to HIW	Joanna Lewis	Completed
There was limited signage to indicate evacuation routes.	The registered manager must display appropriate fire evacuation route signage and provide HIW with evidence once completed.	Regulation 22(4)(b)	Signage has been attained and displayed as per instruction from our Fire Risk Assessment officer	Joanna Lewis	Completed
We saw an in-house fire risk assessment consisted of a rudimentary schedule that lacked scope and detail.	The registered manager must: • ensure an appropriate fire safety risk assessment is carried out by a suitably	Regulation 22(4)(a) & (f)	A Fire Risk Assessment has been carried out on the building by an external competent company. Awaiting certificate.	Joanna Lewis	1 month – Pending report from company

	qualified fire safety expert and supply HIW with a copy when completed • ensure that any recommendations raised within the fire risk assessment are suitably resolved to protect the safety of staff and patients.				
The waiting area seating was covered in fabric with water marks. We also found six nurse's chairs had worn upholstery.	The registered manager must replace the upholstery used on the seating in the patient waiting areas and nurse's chairs to enable effective infection prevention and control procedures.	Regulation 13(6)(b)(iii)	Currently sourcing suitable seating alternatives for both waiting areas and nurses' chairs.	Joanna Lewis	6 months for waiting room chairs 1 month for nurse chairs
The written scheme of examination for the pressure vessel testing of the autoclave was not available.	The registered manager must ensure pressure vessel testing is carried out and supply HIW with a copy of the written scheme of	Regulation 13(2)(a)	Testing now complete. Certificate's forwarded onto HIW.	Joanna Lewis	Completed

	examination when completed.				
We found evidence that infection control audits were completed in accordance the Welsh Health Technical Memorandum (WHTM) 01-05, although a new audit was due.	The registered manager must arrange for an infection control audit in compliance with WHTM 01-05 and provide HIW with evidence when completed.	Regulation 13(6)(ii) & 16(1)(a)	Audit underway. To be sent to HIW once completed.	Lauren Thomas	1 month
We found cleaning materials were stored in an elevated cupboard that was unlocked and not labelled to indicate the presence of hazardous substances.	The registered manager must ensure the COSHH storage is always locked when not in use and suitably labelled to indicate the presence of hazardous substances.	Regulation 22(2)(a)	Hazardous substance warning sign clearly displayed. Lock has been installed onto the cupboard door.	Joanna Lewis	Complete
There was no system for checking the fridge temperatures with no thermometer installed.	The registered manager must put in place a system to check and record fridge temperatures daily and provide evidence to HIW when completed.	Regulation 13(4)(a)	Currently in place. To provide HIW with evidence of this.	Joanna Lewis	Completed

We found that some staff had not completed training for the safe use of oxygen cylinders.	The registered manager must ensure all relevant staff complete oxygen cylinder training and provide evidence to HIW when completed.	Regulation 13(2)(b)	Sourcing relevant training. To provide HIW with certificates upon completion.	Joanna Lewis	2 weeks
The latest radiography audit was out of date and we considered they needed to be conducted on a more regular basis.	The registered manager must conduct a clinical audit of X-rays. We recommend implementing an audit of X-rays every six months in accordance with Faculty of General Dental Practice (UK) guidance.	Regulation 16(1)(a)	Practice to undertake audit of x-rays on a more regular basis. Practice is looking into I-Comply for assistance	Lauren Thomas	3 months
We found there was no guidance relating to carers and comforters within practice radiation protection policy.	The registered manager must review the practice radiation protection policy to ensure the arrangements for carers and comforters is appropriately documented.	Regulation 8(1)(e)	Practice to introduce carers and comforters within practice radiation policy.	Joanna Lewis	Completed
We found child safeguarding training had lapsed for one staff	The registered manager must ensure all staff complete up-to-date	Regulation 14(1)(b)	Outstanding training underway.	Joanna Lewis	1 month

member, whilst another staff member required training to a higher level for both adult and children.	safeguarding training to the appropriate level.				
We saw no evidence that the practice used recommended checklists to help prevent the risk of wrong tooth extraction.	We recommend the registered manager implements the use of recognised checklists to prevent wrong tooth extractions.	Regulation 13(1)(b)	LocSSIP now implemented	Joanna Lewis	Completed
Patient language choice was inconsistently recorded. This could inhibit effective and individualised patient care.	The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.	Regulation 13(1)(a)	Clinicians and reception now ask patients of preferred choice of language and to document in patient notes.	Joanna Lewis	Complete and ongoing
We found version control and recording of review dates to be inconsistent. Similarly, some policies were not signed by staff to confirm they had read	The registered manager must ensure that: • All staff have read and understood relevant practice	Regulation 8	All staff have now signed to confirm they have read and understood content. Review dates and reviewing procedure is currently in place. HIW notified.	Joanna Lewis	Complete and ongoing

and understood the content.	policies to ensure compliance with practice processes • All policies contain version history, review dates and person responsible for reviewing the procedure • Provide HIW with evidence once completed.				
We found several staff members DBS certificates were over three years old and required renewal.	The registered manager must ensure all staff have an enhanced DBS check renewed every three years to help ensure staff remain fit to work at the practice and provide HIW with evidence once completed.	Regulation 18(1)(a)	Underway, HIW notified once the practice receives the DBS checks.	Joanna Lewis	3 months
We saw evidence of numerous clinical audits having been conducted including	The registered manager must arrange for a programme of updates to clinical audits and provide	Regulation 16(1)(a)	Audits to be updated. Provide HIW with results in due course	Lauren Thomas	Pending HEIW return –

decontamination, smoking cessation, antibiotic prescribing and waste audits. However, most of those we reviewed needed an update.	HIW with results when complete.				action ongoing

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): Joanna Lewis

Job role: Practice Manager

Date: 04/11/2024