

General Dental Practice Inspection Report (Announced)

Llandudno Junction Dental Practice

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

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 Llandudno Junction Dental Practice on 24 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 16 questionnaires were completed by patients or their carers and eight 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 Llandudno Junction Dental Practice was committed to providing a positive experience for patients.

All patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

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

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

This is what the service did well:

- Arrangements were in place to protect the privacy of patients, including designated areas for patients to have private conversations with staff
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that Llandudno Junction Dental Practice was meeting the relevant regulations associated with the health, safety and welfare of staff and patients.

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

All areas were clean and free from any visible hazards.

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

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

This is what we recommend the service can improve:

- Ensure a handwashing sink is installed in the decontamination room
- Ensure all staff receive oxygen cylinder training.

This is what the service did well:

- Surgeries were clean, well equipped and fit for purpose
- Designated decontamination room.

Quality of Management and Leadership

Overall summary:

We found Llandudno Junction Dental Practice to have very good leadership and clear lines of accountability.

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

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

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

This is what the service did well:

- A range of policies were readily available to staff to support them in their work roles
- Staff, both clinical and non-clinical, worked very well together as part of a team
- Well maintained staff files
- All clinical staff had attended training relevant to their roles and were meeting the Continuing Professional Development (CPD) requirements.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient feedback

All patients who completed a HIW questionnaire rated the service provided by the dental practice as very good.

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

“This is an excellent practice - I have told many friends about it and they have been pleased to move their dental care here. I have always felt fully informed and have appreciated the choices given as well as being treated as an individual.”

“Staff are always lovely and helpful. I attend as a private patient because I can’t get in at NHS dentist after 8 years on the waiting list. It’s very expensive even with the monthly plan but there is no other option.”

“Staff are very welcoming and caring. Always smiling and very passionate about their roles. I always feel well informed and cared for.”

“Hygienists appointments more difficult to get than the dentist.”

Person-centred

Health promotion and patient information

Health promotion material was on display and some of this information was available in English and Welsh. This means patients had access to information which could support them in caring for their own oral hygiene.

We saw ‘No Smoking’ signs within the practice confirming that the practice adhered to the smoke free premises legislation.

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

We saw clear signage that indicated how to contact the practice out of hours.

Dignified and respectful care

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

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

“The care at the practice is exemplary. [Dentist] and the team treat me with courtesy and respect. Visiting the dentist is still an anxious time for me following bad childhood experiences of dentistry in the 1980s, the practice has built my trust and confidence over years enabling me to fully access the service with far less trepidation. I commend them for how empowering this has been for me.”

All patients stated that they felt the dental team helped them to understand all of the available options for treatment when they needed it. All patients also told us that things are always explained to them during their appointment in a way they can understand.

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

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

Individualised care

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

In response to the HIW questionnaire, all patients told us that they were given enough information to understand which treatment options were available. All patients also told us that their medical histories were checked before treatment.

We found that medical history was checked and recorded within the sample of patient records viewed.

All patients agreed that they were given enough information to understand the risks and benefits of the treatment options and that costs were made clear to them before treatment.

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

Timely

Timely care

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

The majority of patients (14/16) who completed the questionnaire said it was very easy to get an appointment when they needed one with two patients telling us it was fairly easy.

The majority of patients (12/16) who completed the questionnaire said that they knew how to access the out of hours dental service if they had an urgent dental problem and four told us they did not know. An emergency number was available should patients require urgent out of hours dental treatment. Contact information was displayed by the main entrance, given on the answer phone message, website and patient information leaflet.

Equitable

Communication and language

The majority of patients (15/16) who completed a questionnaire told us their preferred language was English and one patient told us it was Welsh.

We were told there was two Welsh speaking members of staff working at the practice and we saw a poster displayed by reception informing patients of this service.

We were also told that, if required, staff could access translation services to help them communicate with patients whose first language is not English. In addition, some staff working at the practice can also communicate with patients in Russian and Romanian.

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

Rights and equality

All patients who completed the questionnaire confirmed they had not faced any discrimination when accessing or using the service.

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

The majority of patients (10/16) who completed the questionnaire told us the premises were fully accessible with three patients telling us that the premises were partially accessible, two patients were unsure, and one patient did not answer. We found there was good access to the building. Wheelchair users and patients with mobility issues could access the reception, waiting area, and one surgery located on the ground floor.

Delivery of Safe and Effective Care

Safe

Risk management

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

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

There were no concerns expressed by patients over the cleanliness of the practice. All patients who completed the questionnaire felt that the practice was very clean.

Fire safety equipment was available at various locations around the practice, and we saw that these had been serviced within the last 12 months. All staff had received fire training.

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

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

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

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

Infection, prevention and control (IPC) and decontamination

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

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

- The equipment used for the cleaning and sterilisation of instruments was in good condition
- Instruments were stored appropriately and dated

- There was ample personal protective equipment (PPE) to protect staff against injury and/or infection
- Daily maintenance checks were undertaken and recorded
- Instrument storage containers were sturdy and secure.

The procedures in place for cleaning, sterilisation and storage of instruments were in line with latest best practice guidelines. However, we saw that there was no dedicated hand washing sink located in the decontamination room. We were told that staff will use the handwashing sink located in the surgery. We recommend that a dedicated handwashing sink be installed in the decontamination room.

The registered managers must ensure that a dedicated handwashing sink is installed in the decontamination room.

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

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

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

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

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

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

Medicines management

There were procedures in place showing how to respond to patient medical emergencies. All clinical staff had received cardiopulmonary resuscitation (CPR) training. The practice had one trained first aider. We advised the registered

managers to consider training additional first aiders to cover for any planned or unplanned absences of the appointed first aider.

The emergency drugs were stored securely, and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice. There was an effective system in place to check the emergency drugs and equipment to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, we found that the self-inflating bag with reservoir for adults and children did not contain an expiry date. We were told that the bags had been removed from their original packaging during the practice CPR training. This issue was dealt with immediately during the inspection and is referred to in Appendix A of this report.

We were informed that all staff receive appropriate training on how to use oxygen cylinders as part of the annual CPR training. In addition to the annual CPR training, we also recommend that staff should complete the BOC¹ Oxygen Cylinder training.

The registered managers must ensure all staff complete the BOC Oxygen Cylinder training.

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

Safeguarding of children and adults

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

We saw evidence that all clinical staff had completed training in the safeguarding of children and vulnerable adults.

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

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

¹ BOC is a provider of industrial, medical and special gases in the UK.

The practice manager described the pre-employment checks undertaken for any new members of staff. This included checking of references and / or undertaking Disclosure and Barring Service (DBS) checks. We confirmed that all relevant staff had a valid DBS check in place.

Management of medical devices and equipment

We viewed the clinical facilities and found that they contained relevant equipment. The surgeries were very well organised, clean and tidy.

All X-ray equipment was well maintained and in good working order. Arrangements were in place to support the safe use of X-ray equipment and regular image quality assurance audits of X-rays were completed. We saw evidence of up-to-date ionising radiation training for all clinical staff.

Effective

Effective care

There were satisfactory arrangements in place for the acceptance, assessment, diagnosis and treatment of patients. These arrangements were documented in the statement of purpose and in policies and procedures.

Patient records

A sample of ten patient records were reviewed. Overall, there was evidence that good clinical records were being maintained, demonstrating that care was being planned and delivered to ensure patients' safety and wellbeing.

All records we reviewed were individualised and contained appropriate patient identifiers, previous dental history and reason for attendance. The records were clear, legible and of good quality.

Quality of Management and Leadership

Staff feedback

Staff who responded to the HIW questionnaire provided generally positive comments. All but one of the staff who responded felt that the facilities and premises were suitable for their work. All staff confirmed that there were enough suitably trained staff at the practice and the majority of staff also confirmed they had received an annual appraisal.

Staff felt that the care of patients was a top priority at the practice and were satisfied with the quality of the care and support they gave. All those who responded agreed they would be happy for a friend or relative to receive the standard of care provided at this practice.

Staff comments included:

“I feel [staff name], [staff name] and [staff name] are very fair and understanding. I have never had any issues working here.”

“In my opinion this practice provides very good quality of care and dental treatments and all staff are appropriately skilled and trained.”

“Genuinely a really lovely place to work. Fair understanding bosses. Great team.”

Leadership

Governance and leadership

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

The day to day management of the practice was the responsibility of the practice manager who we found to be very committed and dedicated to the role. Staff told us that they were confident in raising any issues or concerns directly with the practice manager and / or both registered managers and felt well supported in their roles.

Staff were very clear and knowledgeable about their roles and responsibilities and were committed to providing a high standard of care for patients, supported by a range of policies and procedures. All policies and procedures contained an issue and/or review date ensuring that they were reviewed regularly and that practices were up to date.

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

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

Workforce

Skilled and enabled workforce

All staff working at the practice had a contract of employment and there was an induction programme in place, which covered training and relevant policies and procedures. We also saw that staff appraisals had been undertaken.

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

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

Culture

People engagement, feedback and learning

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

We discussed the mechanism for actively seeking patient feedback, which is done by providing patients with survey forms at the end of their treatment. Patients are also able to give feedback via social media. In addition, a comments box is located by the reception desk. There was a 'you said, we did' poster in the waiting area to show that actions were taken on as a result of feedback.

Learning, improvement and research

Quality improvement activities

It was very evident that staff at the practice were seeking to continuously improve the service provided. We were provided with examples of various audits which were conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention and control and

decontamination (compliance with WHTM 01-05), antibiotic prescribing, prescriptions and smoking cessation.

We were told that the practice had not used any quality improvement training tools such as Denplan Excel or the BDA Good Practice Scheme, which we recommend the practice undertakes.

The registered managers should consider completing the quality improvement training tools such as Denplan Excel or the BDA Good Practice Scheme.

The registered managers also informed us that they had not formally assessed and monitored the quality of service provision as required by The Private Dentistry (Wales) Regulations 2017.

The registered managers must arrange to assess and monitor the quality of service and provide HIW with a copy of the subsequent report.

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

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that the self-inflating bag with reservoir for adults and children did not contain an expiry date.	This could increase the risk of patient safety in the event of a medical emergency.	We escalated the concern to the registered managers during our visit.	The registered managers immediately arranged for replacement self-inflating bags to be ordered for next day delivery.

Appendix B - Immediate improvement plan

Service: Llandudno Junction Dental Practice

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
1. No immediate improvement plan was required for this inspection.					

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

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Llandudno Junction Dental Practice

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
1. The decontamination room did not contain a handwashing sink.	The registered managers must ensure that a dedicated handwashing sink is installed in the decontamination room.	WHTM 01-05	Space saving sink purchased and Plumber appointed to install on 31 st October	Paul Jenkins	Completed
2. Staff had not completed the BOC Oxygen Cylinder training.	The registered managers must ensure all staff complete the BOC Oxygen Cylinder training.	BOC guidelines	Followed link provided and staff have now undergone the online eLearning course	Kirsty Hughes	Completed
3. The practice were not using any quality improvement tools.	The registered managers should consider completing the quality improvement training tools such as Denplan Excel or the BDA Good Practice Scheme.	PDR 13	Looking into using a quality improvement tool going forward	Paul Jenkins & Jeremy Williams	On going

4.	The registered managers had not assessed and monitored the quality of service.	The registered managers must arrange to assess and monitor the quality of service and provide HIW with a copy of the subsequent report.	PDR 16	A quality of Service report has now been written and submitted to HIW	Paul Jenkins	Completed
----	--	---	--------	---	--------------	-----------

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

Service representative

Name (print): Kirsty Hughes

Job role: Practice Manager

Date: 18.11.2024