

General Dental Practice Inspection Report (Announced)

Courtland Dental Practice, Cwm Taf
Morgannwg University Health Board

Inspection date: 15 October 2024

Publication date: 15 January 2025



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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Courtland Dental Practice, Cwm Taf Morgannwg University Health Board on 15 October 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 seven questionnaires were completed by patients or their carers and four 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 that the staff at Courtland Dental Practice were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly and professional manner. A very good range of information was provided to patients about health advice, the practice and treatments provided.

All but one of the respondents to the HIW questionnaire rated the service as 'very good' or 'good'.

This is what we recommend the service can improve:

- Ensure the statement of purpose is available on the practice website.

This is what the service did well:

- Pleasant, well-maintained environment
- Wide range of useful information made available to patients
- Adjustments made to assist wheelchair users and patients with mobility difficulties.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be generally well maintained and organised. Dental surgeries were well equipped and fit for purpose.

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

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

This is what we recommend the service can improve:

- Carry out maintenance and repair to the front exterior of the premises
- Ensure patient records are completed fully and consistently
- Review security arrangements to limit access to staff-only areas.

This is what the service did well:

- Clinical equipment was safe and maintained appropriately
- Robust measures were in place to ensure high standards of infection control
- Policies and procedures were in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

We found that Courtland Dental Practice had good leadership and clear lines of accountability. The practice manager demonstrated commitment to providing a high standard of care. We noted that good support was provided by the corporate group.

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

Policies and procedures were regularly reviewed and updated.

The practice made good use of electronic systems to support the management and improvement of the service.

This is what the service did well:

- Effective management of the practice, supported by the wider corporate group
- Systems in place to ensure regular review of policies and procedures
- Robust systems and records for the recruitment and employment of staff.

3. What we found

Quality of Patient Experience

Person-centred

Health promotion and patient information

The practice provided a wide range of useful information to patients, with a good variety of posters and leaflets in the waiting area. These included advice on both general and oral health. A comprehensive patient information folder was also provided, with useful information about the practice, services provided and health.

The service's statement of purpose was readily available at the practice but was not included on their website.

The registered manager must ensure that the practice website includes a copy of their statement of purpose.

'No smoking' signs were clearly displayed, showing that the practice complied with the smoke-free premises legislation.

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

Dignified and respectful care

Surgery doors were kept closed during treatment and music was played in the waiting area, to preserve patient privacy and dignity.

Where required, external windows in clinical areas were fitted with blinds to promote patient privacy.

Treatment prices for both NHS and private treatments were clearly available to patients on posters in the reception area, in both English and Welsh. An up-to-date certificate of Employer's Liability Insurance was seen.

The nine principles of the General Dental Council (GDC) code of standards were displayed on posters in the waiting area, in both English and Welsh.

The names and GDC registration numbers of clinical staff were clearly displayed outside the practice.

Staff told us that patients wanting a confidential discussion could be taken to the practice manager's office or to an available surgery.

All respondents to the HIW questionnaire agreed that staff treated them with dignity and respect.

Individualised care

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

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

Timely

Timely care

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

The practice opening hours and an emergency out-of-hours phone number were clearly displayed at the front door to the premises and on the practice website. Patients were able to make appointments by phone and in person.

Staff told us that every effort was made to accommodate emergency appointments and that emergency appointments were prioritised based on patient symptoms and clinical need.

A cancellation list was used, in the event of a cancellation, patients on the list would automatically receive an SMS text message inviting them to phone and book an appointment.

All but one of the respondents to the HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one. One respondent strongly disagreed and commented that they thought the practice was "greatly under pressure".

Equitable

Communication and language

Staff told us they had access to translation services, if required for non-English speaking patients or those using British Sign Language (BSL).

There was an 'active offer' of Welsh at the practice with materials provided bilingually, such as the complaints procedure and treatment prices. A poster in the reception area highlighted to patients that a Welsh language service could be provided by arrangement.

There were no Welsh-speaking staff at the practice at the time of inspection. However, staff told us that reception staff had attended Welsh Language Awareness training and that Welsh-speaking staff from a sister practice could be utilised if required.

Rights and equality

The practice had an Equality, Diversity and Inclusion policy in place, which included definitions of protected characteristics under the Equality Act 2010. Staff told us that they undertook annual training on equality and diversity, which included training on neurodiversity.

Staff told us that preferred names and/or pronouns were recorded on patient records, to ensure transgender patients were treated with respect. The patient toilet had a sign saying 'inclusive toilet' with a pictogram indicating male, female and non-binary images.

We saw that provision had been made to accommodate wheelchair users and patients with mobility difficulties, including a surgery on the ground floor. The front door could be accessed via a shallow ramp and had a low-level doorbell for patients to call for assistance if needed. The accessible patient toilet was on the ground floor and fitted with grab handles, emergency alarm and a raised height toilet.

Three chairs in the waiting area had arm rests, to aid patients with mobility issues and patients with hearing difficulties were aided by a hearing loop.

Delivery of Safe and Effective Care

Safe

Risk management

We found the premises to be clean, generally well-maintained and free from obvious hazards.

We noted that guttering at the front of the property was blocked, resulting in water damage to the building. In addition, the front exterior of the building required some repair and maintenance.

The registered manager must ensure that maintenance work is carried out to the front exterior of the premises, to ensure the building remains fit for purpose.

The practice had a Health and Safety Policy and comprehensive Health and Safety Risk Assessment in place, with evidence of action taken on any issues identified. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

The practice had up-to-date Disaster Planning and Emergency Procedures, which included how to manage different scenarios, contact details and emergency phone numbers.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment as well as records of regular checks and servicing of fire safety equipment. Fire extinguishers were stored correctly and had been serviced within the last 12 months.

Three members of staff were trained as fire wardens and we saw evidence of fire drills having taken place. However, we recommended these should include who was present, to identify any staff members that had not taken part in the training.

We recommend that when fire drills are carried out, the records include who had taken part.

Fire evacuations plans were clearly displayed. We noted some inconsistency in how floors were identified, however this was addressed during the inspection with amended plans put on display.

Escape routes were clearly signposted. Staff explained that escape via the rear of the building was restricted due to a damaged wall. Until this can be resolved, the evacuation plans had been amended to direct people to the front exit. If this was not possible, the rear exit could be used with the rear garden area used to shelter in place until rescue.

We saw evidence of up-to-date testing of portable appliances (PAT) and gas appliances, and an electrical installation report.

Staff had access to changing facilities and lockers for the secure storage for personal items.

We noted that access to the staff-only basement area and the decontamination room were not secure and could potentially be accessed by unauthorised people. We recommended that a review be carried out to assess and minimise the risk of unauthorised access to these areas.

The registered manager must review the risk of unauthorised access to the basement area and decontamination room and ensure risks to staff and patient safety are minimised.

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

Infection, prevention and control (IPC) and decontamination

There were arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures, a designated infection control lead and an effective cleaning regime. The seating in the waiting area was of wipe clean material and in good repair.

We noted some areas of flooring, in non-clinical areas, required minor repair to ensure effective cleaning.

The registered manager must ensure that all flooring at the practice is in good condition and enables effective cleaning.

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

All respondents to the HIW questionnaire said that the practice was ‘very clean’ of ‘fairly clean’, and that infection prevention and control measures were evident.

Medicines management

We reviewed the arrangements for the disposal of waste, including Controlled Drugs, and found them to be satisfactory.

We inspected the arrangements and equipment in place to deal with medical emergencies. We found these to be satisfactory, with equipment being in-date and regular checks being carried out. Similarly, first aid kits were available and regularly checked. Staff were trained in the safe use of oxygen cylinders.

Emergency drugs were stored in a staff-only area but could potentially be accessed by unauthorised persons. This was addressed during the inspection, with the drugs being moved to a secure location, that was still accessible to all staff. Drugs requiring refrigeration were stored appropriately, with daily temperature checks carried out.

We reviewed staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR) and that two members of staff were trained first aiders.

Safeguarding of children and adults

A comprehensive Children and Adults at Risk Safeguarding Policy was in place which included how to raise concerns, details of the safeguarding lead and contact details for external bodies. The policies and procedures referred to the Wales Safeguarding Procedures 2019 with links to the website. Flowcharts about the safeguarding of both children and adults were available in the staff room and in folders in the surgeries.

The practice manager was the safeguarding lead and was trained to level three in the safeguarding of children and vulnerable adults, which we considered to be good practice.

Management of medical devices and equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose. We saw appropriate servicing records for equipment, including the compressor.

We saw that the practice had safe and appropriate arrangements of the use of X-ray equipment, with an inventory, records of maintenance and local rules in place.

We reviewed staff training records and saw that all staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). Information about the benefits and risks of X-ray exposures was readily available to patients.

Effective

Effective care

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

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

Patient records

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

We reviewed a sample of ten patient records and found them to be generally acceptable but with some inconsistency in the recording of the following:

- language preference
- consent to treatment
- treatment options
- risk and benefit discussions
- clinical findings from X-rays
- the reasons for prescribing antibiotics.

In addition, we found some records did not include scanned treatment plans or sufficiently recent X-rays when carrying out complex treatment and some did not clearly indicate whether medical histories had been reviewed.

The registered manager must ensure that patient records are completed fully and consistently.

Efficient

Efficient

The premises and facilities were appropriate for the services being provided. Staff told us that patients requiring urgent care were prioritised where possible and any cancelled appointments made available to others using a waiting list.

Quality of Management and Leadership

Staff feedback

Only four staff responded to the HIW questionnaire and responses were mixed. Generally, comments relating to patient care and the treatment provided were positive, with all respondents being satisfied with the quality of care and support they gave to patients and that care of patients was the dental practice's top priority. However, three out of four respondents said that there weren't enough staff to allow them to do their job properly. One member of staff commented:

“Difficulty in recruiting sufficient dentists to easily treat our population is making it a challenge to provide quality dental care in a timely manner”

Leadership

Governance and leadership

There were clear management structures in place, with the practice under the direction of the practice manager, supported by a corporate group. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

Regular team meetings took place, with minutes available to all staff electronically. We were told dental nurses had annual appraisals and dentists underwent peer reviews and saw evidence to this effect.

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

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff, with a clear recruitment policy and process.

Appropriate checks were made on prospective employees, including proof of identity, the right to work, qualifications and vaccinations and checks using the Disclosure and Barring Service (DBS). Induction checklists, specific to roles, were used to ensure staff understood practice specific issues and procedures.

We were told that agency staff were used as needed and that similar checklists were used to ensure their fitness to work and to familiarise them with the practice and its procedures.

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

Staff training was monitored using an electronic system and staff had good access to learning opportunities, supported by the corporate group. We found there was good compliance with mandatory training requirements and the systems used were effective. We noted that where Continuous Professional Development (CPD) had taken place, the sections about reflecting on the learning were often not completed.

We recommend that where staff undertake CPD training courses, they also complete relevant reflective learning sections.

Culture

People engagement, feedback and learning

Patient feedback was actively sought, with patients receiving SMS text messages after treatment inviting them to submit feedback via an online survey.

Alternatively, patients could submit feedback through Google reviews, or a suggestion box located in the reception area. Staff told us that any feedback received was regularly reviewed, analysed and discussed at team meetings. There was a 'you said, we did' poster in the waiting area to show actions were taken because of feedback.

There was a comprehensive complaints procedure in place, with copies in English and Welsh readily available to patients. The procedure included appropriate timescales for response, how to escalate the issue if required and included details for external bodies including HIW and the advocacy service, Llais. Staff told us that both verbal and written complaints were logged and reviewed regularly, with any issues and actions shared with staff in team meetings.

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

Information

Information governance and digital technology

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

Learning, improvement and research

Quality improvement activities

The practice had a Quality Assurance and Governance Policy in place. This included how Practice Development Plans should consider patients views, facilities, human resources, quality assurance, legislative and regulatory requirements and finance.

We found evidence of a variety of audits being carried out. These included: handling of complaints; the requirements of WHTM-01 05; handling of waste; patient records; antimicrobial prescribing; and smoking cessation.

Staff told us that they made use of quality improvement training tools, such as the Skills Optimiser Self-Evaluation Tool (SOSET) and Maturity Matrix.

Whole-systems approach

Partnership working and development

Staff told us that interaction with system partners was typically by phone or email, or by use of online systems such as for the referral of patients.

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
Fire evacuations plans had some inconsistency in how the building floors were identified.	A lack of clarity about evacuation of the building could affect patient safety in the event of a fire.	This was raised with the Practice Manager.	Suitably amended plans were put on display during the inspection.
Emergency drugs were stored in a staff-only area but could potentially be accessed by unauthorised persons.	Unauthorised persons could potentially access emergency medication, causing harm and risk to other patients.	This was raised with the Practice Manager.	During the inspection, the emergency drugs were moved to a secure location that was accessible to all staff.

Appendix B - Immediate improvement plan

Service: Courtland Dental Practice

Date of inspection: 15 October 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 non-compliance issues identified during this inspection					

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

Service representative:

Name (print): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: Courtland Dental Practice

Date of inspection: 15 October 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 service's Statement of Purpose was not included on their website.	The registered manager must ensure that the practice website includes a copy of their Statement of Purpose.	The Private Dentistry (Wales) Regulations 2017, Regulation 6(2)	The practice Statement of Purpose has been added to the website and is available to view	Rachel Thomas Compliance Manager	Completed
2. Guttering at the front of the property was blocked, resulting in water damage to the building. In addition, the front exterior of the building required some repair and maintenance.	The registered manager must ensure that maintenance work is carried out to the front exterior of the premises, to ensure the building remains fit for purpose.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	Due to the height of the building we have obtained quotes to have the guttering cleared and requested an assessment to be carried out on the front of the building to assess any damage that may have been	Rachel Richards Practice Manager	1 month

				caused by overflowing water		
3.	Fire drills had taken place, but records did not identify staff members that had taken part.	We recommend that when fire drills are carried out, the records include who had taken part.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	The fire log has been updated in practice to include the recording of staff members present during each fire drill.	Rachel Thomas Compliance Manager	Completed
4.	The staff-only basement area and the decontamination room could potentially be accessed by unauthorised people.	The registered manager must review the risk of unauthorised access to the basement area and decontamination room and ensure risks to staff and patient safety are minimised.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	Coded locks have been added to both the decontamination room door and the staff room door.	Rachel Richards Practice Manager	Completed
5.	Some areas of flooring, in non-clinical areas, required minor repair to ensure effective cleaning.	The registered manager must ensure that all flooring at the practice is in good condition and enables effective cleaning.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Current sealant on the staff bathroom floor is clear. This has been resealed with a block colour so this is more visible.	Rachel Richards Practice Manager	Completed
6.	Some patient records did not include scanned treatment plans or sufficiently recent X-rays when	The registered manager must ensure that patient records are completed fully and consistently.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	Processes have been reviewed with the practice team and systems implemented to make sure all	Rachel Richards Practice Manager	Completed

	carrying out complex treatment, and some did not clearly indicate whether medical histories had been reviewed.		printed treatment plans are scanned on to the patient's records.			
			We have reviewed our process and investigated how we record the reviewing of medical histories which come through the portal and are satisfied that this meets the relevant requirements.	Rachel Thomas Compliance Manager	Completed	
			Clinical peer review arranged with the clinical advisor and the dentists to discuss the use of x-rays when carrying out complex treatment	Rachel Richards Practice Manager	Completed	
7.	Where Continuous Professional Development (CPD)	We recommend that where staff undertake CPD training courses, they also complete	The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)	Staff are reminded of the importance of reflective practice in	Rachel Richards	Completed

<p>had taken place, the sections about reflecting on the learning were often not completed.</p>	<p>relevant reflective learning sections.</p>		<p>line with the GDC enhanced CPD guidance which states CPD should also include an element of reflection.</p> <p>Reflection is an individual process that could be different for everyone.</p> <p>We will consider adapting our appraisal process to include a section for reflection of CPD completed. This will allow staff to have options to include reflect with a mentor, peer, employer or on their own to promote this activity.</p>	<p>Practice Manager</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): Rachel Thomas
Job role: Compliance Manager
Date: 2 December 2024