

General Dental Practice Inspection (Announced)

Woodlands Dental

Practice/Swansea Bay University
Health Board

Inspection date: 21 March 2022

Publication date: 22 June 2022

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

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

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care

Promote improvement:

Encourage improvement through reporting and sharing of good practice

Influence policy and standards:

Use what we find to influence policy, standards and practice

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Woodlands Dental Practice at 18 Victoria Gardens, Neath, SA11 3BE within Swansea Bay University Health Board on the 21 March 2022.

Our team, for the inspection comprised of a HIW inspector and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall we found that the dental practice offered safe and effective care.

We found that staff treated patients with dignity and respect and strived to ensure patients received a friendly service that meet their needs.

However, we found that the practice required improvement regarding governance, ensuring patients and staff were protected in the event of fire, and gathering feedback from patients on the service.

This is what we found the service did well:

- Staff we spoke to seemed happy in their roles and worked well together as a team
- Dentistry was observed to be good
- Staff were friendly and welcoming to patients, genuinely caring about their experience at the practice
- Emergency medical equipment and drugs were checked weekly
- COVID-19 prevention guidelines were adhered to
- Patient dignity and confidentiality was maintained.

This is what we recommend the service could improve:

- Staff training in fire safety and awareness
- Implementing an effective, secure, and efficient filing system of documents relating to the day to day running of the practice
- Implement an effective system for gathering patient feedback
- Auditing within the practice
- Recording of patient dental records

- Regular staff meetings and annual appraisals.

We identified regulatory breaches during this inspection regarding staff pre-employment checks, fire safety, the gathering of patient views, mandatory training and infection prevention and control. Further details can be found in Appendix C. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered person takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Woodlands Dental Practice provides services to patients in the Neath area. The practice forms part of dental services provided within the area served by Swansea Bay University Health Board.

The practice has a staff team which includes two dentists, a dental hygienist¹, a practice manager, three dental nurses and a trainee dental nurse. At the time of this inspection, the practice was in the process of recruiting an additional trainee dental nurse.

The practice provides a range of NHS and private general dental services.

¹ "Dental Hygienist" is a dental care professional registered with the General Dental Council. Dental Hygienists focus on ensuring and providing dental and oral hygiene and on improving gum and oral health and hygiene through a range of preventative and treatment options.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

We saw that the practice valued the patient experience and tried hard to ensure that patients had a positive experience at the dental practice.

We found staff to be welcoming and friendly to patients, putting them at their ease.

We did however find that the practice could improve the information available in Welsh and other formats to assist those who may have a communication difficulty or need.

Staying healthy

Health promotion protection and improvement

The practice had removed the patient information leaflets previously available to patients in response to infection prevention and control measures due to the COVID-19 pandemic. Consequently, oral health promotion leaflets were no longer available for patients to access. The dental professionals at the practice instead provided oral health advice verbally to patients. The practice employed a dental hygienist to further assist those patients who would benefit from additional treatment and advice to protect and improve their oral health and hygiene.

Improvement needed

The registered managers must provide a range of written information for patients to promote their oral health in a manner that is in keeping with current COVID-19 guidelines.

Dignified care

We observed patients being greeted and welcomed by practice staff in a friendly manner upon arrival at the practice.

We witnessed patients being treated with the surgery door closed to protect their confidentiality. Additionally, treatment rooms had appropriate window coverings in place to protect patient dignity and privacy.

Telephone calls were taken at the reception desk within the waiting room area. Should a patient wish to hold a private discussion via telephone, this could be taken in the nearby staff kitchen area to prevent patients in the waiting room over-hearing the conversation.

In person discussion of a confidential or private nature would be held either within one of the three treatment rooms or within the staff kitchen area.

We noted that the GDC code of ethics and professional practice was not displayed within view of patients. We raised this issue immediately with practice staff and this was rectified by the end of the inspection.

Patient information

We were provided with a copy of the practice patient information leaflet². This was provided to patients upon request and contained all the information as required by the Private Dentistry (Wales) Regulations 2017³.

The practice had a consent policy in place, located within a dedicated policy folder held within the practice.

Information leaflets relating to the various treatment types available at the practice had been removed from the waiting area in response to the COVID-19 pandemic. We were told that information could be sent via the post or a link to a reputable website could be provided to patients should they wish.

Information relating to charges and fees for treatments was available to patients via a small information sheet in the waiting room. This was previously wall mounted but was now partially obscured by other equipment in the waiting room so was unfortunately not easily viewable to patients or their representatives.

² The Patient Information Leaflet ("PIL") is a document required as set out in the Private Dentistry (Wales) Regulations that contains a summary of the information written in the practice Statement of Purpose. This is a document that should be provided to patients and which sets out the services offered within the private dental practice, who they are provided by and other details such as a summary of the complaints procedure, contact details for the practice, and the arrangements for dealing with violent and/or abusive patients.

³ The Private Dentistry (Wales) Regulations 2017 are the regulations that set out the provision of private dentistry in Wales.

Improvement needed

The registered managers must ensure that information relating to charges and fees for dental treatments is easily accessible for patients and/or their representatives.

Communicating effectively

We saw evidence of completed written treatment plans in the patient dental records.

The practice had a telephone translation service in place that was provided by the health board.

The practice did not make an active offer⁴ to patients and did not display information to encourage those patients who may wish to communicate through the medium of Welsh, to do so. Written communication and information was available in English only. Patients were not routinely asked their preferred language when accessing the dental practice.

Improvement needed

The registered managers must ensure that:

- An “active offer” is made to patients, their representatives, and visitors
- Patients are routinely asked their choice of preferred language when accessing the dental practice
- Information is displayed to encourage those patients who wish to communicate through the medium of Welsh to do so
- Information is available bilingually to patients in both Welsh and English.

⁴ An “Active offer” means that services should be provided through the medium of Welsh without an individual having to request it.

Timely care

We were told that appointments could be booked via the telephone or in person and requests to see a particular dentist were accommodated if possible.

We were pleased to see that patients were kept informed of delays to appointment times by the reception staff and patients would be given the option to either rebook their appointment or continue to wait.

Access to emergency treatment was available via the recorded answerphone message. The practice provided its own out of hours emergency provision for their private patients. NHS patients were able to access out of hours treatment via the local health boards out of hours emergency dental service.

Individual care

Planning care to promote independence

In the sample of patient records that we reviewed, we saw evidence that patient care was planned according to individual needs. Treatment options including costs were discussed with patients. The dental practice employed a dental hygienist to provide oral hygiene advice for patients to better inform them how to care for their teeth and gums in between appointments.

A range of oral hygiene products were available for purchase from the dental practice to encourage good oral health. These were displayed within a closed cabinet inside the waiting area.

The statement of purpose⁵ available to review on the day of inspection was a very brief summary and did not list the treatment options offered by the practice, or many of the other requirements as set out in the Private Dentistry (Wales) Regulations 2017. However, a comprehensive patient information leaflet listed the services offered and provided evidence that patients were treated in accordance with the conditions of the registration of the general dental practice.

⁵ The statement of purpose is a document required by the Private Dentistry (Wales) Regulation 2017. This patient facing document should be available within the private dental practice. It should include the practice aims and objectives, contact details, name(s) and qualifications of the registered manager(s) and other dental professionals working for and/or on behalf of the private dental practice, as well as, company structure, arrangements for seeking patient views and complaints, opening hours and how the practice ensures the privacy and dignity of patients, as well as the type of treatments offered by the private dental practice.

Improvement needed

The registered managers must ensure that the statement of purpose complies with the regulations governing private dentistry in Wales. This must be reviewed annually and provided to HIW.

People's rights

The practice had an equal opportunities policy in place that demonstrated a commitment to ensuring patients had access to fair treatment. In line with the Equality Act 2010, the policy acknowledged the need to deliver treatment and services to all patients regardless of any protected characteristic⁶.

The practice had a new patient acceptance policy as required by the regulations. This policy outlined the arrangements for accepting new patients into the practice, eligibility, and access to treatment. The policy also included what patients could expect from the practice.

When considering accessibility of the practice we noted that the practice was located entirely on the ground floor. Although the main entrance to the practice had a large step up to the doorway, patients and visitors with accessibility difficulties were able to use a second entrance to the practice that was step free.

We were pleased to see that the practice had a disability friendly toilet that had a floor mounted grab rail.

The practice did not have a lowered reception desk area and did not have a hearing loop for patients that were hard of hearing. In addition, information was not available to patients in braille, large print or easy read⁷ format. This may mean that patients' individual needs were not accounted for when accessing the dental practice and may negatively impact on their overall experience.

⁶ The Equality Act 2010 makes it an offence to discriminate against someone because of a protected characteristic. <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

⁷ "Easy read format" is a format created to help people with learning disabilities understand information easily.

Improvement needed

The registered managers must ensure that patients' individual needs are considered when accessing the dental practice and make suitable arrangements to mitigate any accessibility difficulties.

Listening and learning from feedback

The practice had a complaints policy that met the requirements laid out in the regulations. Details of how to make a complaint were provided in a notice available in the waiting area and within the practice patient information leaflet. Details of how to escalate a complaint to relevant bodies was also included.

Complaints would be dealt with by the practice manager in the first instance and escalated to either of the registered managers should the need arise.

We found that the practice preferred to gather patient feedback in an informal manner and would welcome verbal comments and suggestions from patients. However, there was no system in place to capture this.

The practice also did not have a system in place to gather formal feedback on a regular basis. We were told that formal feedback had not been gathered since the start of the COVID-19 pandemic. This meant that the opportunity to identify areas of improvement in the practice were not being taken.

Improvement needed

The registered managers must:

- Implement a suitable system to capture verbal / informal complaints and feedback in order to identify themes and trends and ensure appropriate action is taken to improve the service.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found that the practice was well-maintained with one area for improvement relating to a storage area within the practice.

We noted that patients were provided with excellent dental care and all members of the dental team were invested in providing safe care.

The dental practice followed COVID-19 guidelines and were compliant with medicines management guidelines and procedures.

The practice required improvement regarding fire safety guidelines as on the day of inspection, there was not a fire safety risk assessment in place.

Safe care

Managing risk and promoting health and safety

Overall, we found that the dental practice was well-maintained. Internally the practice was light and airy, and a comprehensive environmental audit had been recently undertaken.

The practice no longer operated a locked door policy in line with the recent relaxation of the restrictions related to COVID-19. Patients were asked to attend wearing a mask and were offered hand gel at the reception desk within the waiting area. Plastic screens had been installed at the reception desk to protect patients, staff, and visitors from COVID-19. We noted that the practice did not have toys or magazines available in the waiting area, in compliance with COVID-19 guidelines.

The practice had an in-date business continuity policy in place that had been signed as noted and seen by all staff. However, emergency contact numbers for the utility and supply companies used by the practice were not immediately available to staff and in the event of a significant disruption to the service, this could cause an unnecessary delay and further disruption to patients.

We saw evidence of fire action notices placed strategically throughout the practice and fire exits were appropriately signposted. An appropriate number of

fire extinguishers were available, and these had been recently service by an approved company. A contract was in place to ensure future servicing and maintenance of fire equipment at the practice,

We found that the practice did not have an up-to-date fire risk assessment in place and we did not find evidence of any previous fire risk assessments. The practice did not have a fire marshal and staff had not undertaken fire safety training. Fire drills were also not routinely undertaken. This meant that the hazards associated with the risk of fire within the practice, had not been identified and actions necessary to mitigate these risks, not taken. Should a fire occur at the practice, a lack of training and appropriate leadership to safely respond, could mean that patients, staff, and visitors were placed at an increased risk of harm.

We saw that the practice had a full medical emergency kit including an automated external defibrillator (AED)⁸. The practice also had an up-to-date policy for resuscitation that followed the most up to date resuscitation council UK⁹ guidelines. Emergency glucagon¹⁰ was kept in line with resuscitation council guidelines in a fridge within the kitchen area of the practice. However, parts of the emergency kit were kept in different locations throughout the practice, with emergency oxygen kept in the staff kitchen, emergency drugs kept within a store cupboard and equipment to treat an asthma attack kept apart from the emergency salbutamol¹¹. This could mean that should a medical emergency occur, there might be an unnecessary delay in gathering the emergency equipment needed. We raised this issue immediately with the registered managers, and it was subsequently resolved during the inspection.

We were pleased to see that all staff had undertaken Basic Life Support (BLS) training within the last year and weekly checks of the emergency drugs and equipment were documented.

The practice had one appointed first aider who was also one of the registered managers. As this person worked part time at the practice, this meant that the

⁸ An AED, or automated external defibrillator, is used to help those experiencing sudden cardiac arrest. It's an easy-to-use, medical device that can analyse the heart's rhythm and, if necessary, deliver an electrical shock, or defibrillation, to help the heart re-establish an effective rhythm.

⁹ <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

¹⁰ "Glucagon" is a hormone that is involved in controlling blood sugar. It is used in a medical emergency to treat hypoglycaemia (low blood sugar) commonly seen in diabetic patients.

¹¹ "Salbutamol" is a medication used to relieve the symptoms of asthma and chronic obstructive pulmonary disease (COPD) such as coughing, wheezing, and feeling breathless.

practice was without a designated first aider for some of the operational hours of the dental practice. We raised this immediately during the inspection with both registered managers. We were assured to see that, to resolve this issue, a second first aider had been appointed and had undertaken an approved online first aiders course during the inspection. We saw that the practice had a full first aid kit that was in date.

Improvement needed

The registered managers must:

- Add contact details for utility and supply companies to the business continuity plan to include emergency telephone numbers
- Undertake a full fire risk assessment and ensure actions identified to mitigate highlighted risks are carried out in a timely and prompt manner

Ensure that all staff undertake fire safety and awareness training and that this is repeated annually.

Infection prevention and control (IPC)

We saw evidence that the practice had an IPC policy in place and had recently undertaken an infection control audit. This included areas such as hand hygiene and the correct sterilisation of dental instruments. We found that sterilised instruments were packaged according to WHTM01-05¹² guidelines and date stamped according to sterilisation and expiry date.

Both registered managers were the designated decontamination leads for the practice and all staff had been trained in decontamination procedures.

We saw that the practice had implemented additional cleaning procedures in response to the COVID-19 pandemic. We witnessed staff using the correct Personal Protective Equipment (PPE) and were told that all staff had received training in the correct methods of donning and doffing¹³. This was reinforced by posters displayed on the walls of the surgeries. The practice had recently installed air filtration systems into their surgeries which meant that the practice

¹² Welsh Health Technical Memorandum 01-05 (WHTM 01-05) is a set of guidelines used by dental practices to ensure satisfactory sterilisation, decontamination, infection prevention and control measures.

¹³ "Donning and doffing of PPE" refers to the correct procedure for putting on and taking off personal protective equipment such as aprons, gloves, masks, and eye protection.

could operate with the minimum fallow time¹⁴ of 15 minutes following an aerosol generating procedure¹⁵. Air purifiers were also in use to further protect staff and patients from COVID-19.

We saw evidence that a contract was in place with a professional waste management company for the safe disposal and transfer of hazardous (clinical) waste. Clinical waste was stored securely on the exterior of the premises in a locked shed within the shared garden area of the dental practice building.

The dental practice did not have a dedicated decontamination room. This meant that instruments were decontaminated and sterilised within the treatment area. Additionally, as the practice had only one autoclave¹⁶, this meant that the autoclave was moved between treatment rooms as need dictated each day. Although the registered managers informed us that they were discussing plans for building a dedicated decontamination room within the practice, currently no plans were in place for this due to a challenging practice layout. We would recommend that the registered managers continue to consider how a dedicated decontamination room can be accommodated within the dental practice in order to ensure full compliance with the requirements set out in WHTM01-05. Additionally, it was noted that, although regularly serviced, the exterior of the autoclave was badly corroded. This would make effective cleaning challenging. Accordingly, we would recommend that the registered managers replace the autoclave when cleaning of it is no longer effective.

Instrument decontamination was undertaken manually at the practice. We witnessed this being carried out in a manner in line with WHTM01-05. The practice had recently chosen to enhance this with ultrasonic cleaner baths¹⁷. A log book for daily and weekly checks was in place to record these and to ensure compliance with IPC guidelines.

¹⁴ Fallow time refers to the time that the clinical dental surgery should remain empty and unused following an aerosol generating procedure (AGP).

¹⁵ An aerosol-generating procedure (AGP) is a medical or health-care procedure that a public health agency such as the World Health Organization or the United States Centers for Disease Control and Prevention has designated as creating an increased risk of transmission of an aerosol borne contagious disease, such as COVID-19

¹⁶ An autoclave is a device designed and used to sterilise dental instruments and equipment.

¹⁷ An ultrasonic bath is a device that uses high-frequency sound waves transmitted through liquid to scrub clean the surface of immersed parts of dental instruments.

We saw evidence that staff undertook start and end of day checks on the autoclave prior to use. Printouts from the autoclave demonstrated effective sterilisation cycles and we saw that the autoclave had been recently serviced.

During an inspection of the surgeries, we noted that sharps bins were not appropriately stored, with one stored on the floor of the surgery and another in an area that could cause the sharps bin to fall. This could put staff and patients at risk of a sharps injury and possible infection. We recommended to the registered managers that sharps bins are placed in a safe area that minimises the risks of a sharps injury to patients and staff.

We found that the clinical environment did not always enable effective infection control. In one surgery there was a free standing desk fan that would prove challenging to effectively clean following an AGP. Another surgery had a tangle of wires connected to an extension lead positioned next to the autoclave. A radio was also in the same place further adding to the difficulty of cleaning for this area. We would recommend that the practice considers how best to position items within the dental treatment areas to enable efficient cleaning of all areas in line with WHTM01-05 guidelines.

The practice was also not keeping a record of daily checks carried out within the dental surgery. These checks include cleaning of the environment, legionella prevention procedures and the setting up of the dental surgery. While we observed these checks being carried out, we would recommend that a record is kept to ensure compliance is maintained and to act as a reminder for staff.

During the inspection we found a storage cupboard, used to store clinical items such as gloves, masks, cotton wool rolls and gauze squares, with a considerable amount of dust and cobwebs. The cupboard also contained what appeared to be a badly degraded electrical switch. This could provide an infection risk to patients as these items are used in direct patient care. We raised this issue immediately with the registered managers and practice manager and clinical items were moved immediately to a more suitable location within the dental practice.

Improvement needed

The registered managers must ensure:

- Sharps bins are positioned in a safe, secure manner that limits the risk of sharps injuries to staff and patients
- That unnecessary equipment is removed from the dental surgery

- Electrical wiring does not provide a hazard or hinder adequate cleaning of the dental surgery
- Keep a daily record of the checks undertaken within the dental practice relating to cleaning and infection control
- Cupboards used to store clinical items are regularly cleaned and kept free of dust and insects The switch within the storage cupboard is replaced.
- Replace the autoclave if cleaning becomes ineffective.

Medicines management

We saw that the practice had a medicine management policy in place along with a policy on the safe storage and disposal of controlled drugs.

We noted that prescription pads were kept locked when not in use and medicines prescribed to patients were documented within the patient dental records. Advice and information concerning prescribed medications would be offered verbally to patients. Prescriptions were only provided by dentists and dental professionals competently trained and authorised to do so.

Staff were aware of the need to report any adverse reactions to medicines or medical devices experienced by patients to the Medicines and Healthcare products Regulatory Agency (MHRA) via the Yellow Card Scheme¹⁸. This allows the MHRA to ensure healthcare products are safe for patients and those who use them.

Although expired drugs were disposed of via a local pharmacy, the practice did not have a record from the pharmacy of acceptance of the expired medicines. We would therefore advise the practice to ensure that a signed receipt from the pharmacy is obtained for their own records.

The practice did not currently keep a record of medication prescribed outside of the patients dental records. In order to aid with anti-microbial prescribing guidelines and to monitor prescribing, we would recommend that the practice keeps a log to record prescriptions offered to patients.

¹⁸ [Yellow Card | Making medicines and medical devices safer \(mhra.gov.uk\)](https://www.mhra.gov.uk/yellowcard)

Improvement needed

The registered managers must:

- Obtain evidence from the accepting pharmacy of disposal of expired emergency drugs and medication
- Keep a written log of prescriptions issued.

Safeguarding children and adults at risk

The practice had an up-to-date safeguarding policy in place for the protection of children and vulnerable adults which contained procedures for staff to follow in the event of any safeguarding concerns. The policy included contact details for staff to appropriately report any concerns to the relevant local safeguarding agencies,

Both registered managers were safeguarding leads for the dental practice and both had oversight of safeguarding matters. Both registered managers had completed safeguarding training to level 3 and we saw evidence that all staff had completed safeguarding training within the last three years.

A link to the All Wales Child Protection Procedures 2008, which sets out the national guidelines for safeguarding children and promoting their welfare across Wales, was referenced in the practice safeguarding policy.

Medical devices, equipment and diagnostic systems

Upon inspection of the clinical facilities within the dental practice, we found modern, well-maintained equipment, with one surgery recently refurbished.

We examined the arrangements in place to ensure the safe use of radiographic (X-ray) equipment and found that overall the practice was meeting the guidance as set out by the General Dental Council (GDC)¹⁹ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017²⁰.

¹⁹ The General Dental Council (GDC) is the body responsible for the registration and regulation of dentists and dental care professionals and ensure that professional standards are maintained.

²⁰ <https://www.legislation.gov.uk/uksi/2017/1322/contents/made>

We saw that the local rules²¹ relating to use of the radiography equipment were available next to the X-ray machine as well as a dosimeter²² to monitor radiation levels. We noted that both x-ray machines were correctly registered with the Health and Safety Executive (HSE).

However, some paperwork relating to the safe use of X-ray equipment within the dental practice was not organised and the practice did not have a dedicated radiation protection folder. This meant that some important documentation relating to the safe use of the machine was not immediately available. In particular documentation that related to the layout of the surgery and radiography equipment in use was not up to date. At the time of inspection, the practice had not received confirmation of satisfactory critical examinations²³ of the X-ray equipment in use at the practice undertaken by an authorised company.

In addition, we found that the log book relating to X-ray exposures of patients did not relate to a particular X-ray machine. This made it challenging to know which machine was used to expose a patient. This meant that should a machine develop a fault or require re-calibration, it may go unnoticed for some time and/or those patients that were exposed by it may not be notified. Accordingly we would recommend that the dental practice incorporates a separate log for each X-ray machine within the practice.

Whilst it was positive to note that most staff had undertaken continuing professional development training in the use of ionising radiation within the last five years, records of training in ionising radiation were not available to view on the day for all staff working in the dental practice.

Additionally, the practice did not provide any visual information for patients regarding the risks and benefits of X-ray exposure to the individual. This may mean that patients were not fully informed and aware prior to undergoing an X-ray exposure. A poster or other form of visual information should therefore be displayed within the waiting room to better inform patients of the benefits and risks associated with X-rays.

²¹ Local rules set down in writing the basic steps required to demonstrate compliance with IRR99 and ensure that exposures to ionising radiations are kept as low as reasonably practicable (the ALARP Principle).

²² A dosimeter is a device used to measure an absorbed dose of ionizing radiation.

²³ A critical examination demonstrates that the safety features and warning devices operate correctly, that there is sufficient protection for persons from exposure to ionising radiation and that the equipment is safe to use in normal circumstances.

The practice did not use digital radiography and radiographs were instead processed using an automatic processor. Chemicals within the processor were changed regularly and dates of chemical changes were logged. Radiographs were mounted correctly and labelled with the correct patient details.

Improvement needed

The registered managers must:

- Develop a radiology file to ensure that all relevant information relating to radiographic equipment in the practice is easy to find for all staff
- Ensure each X-ray machine has a dedicated log for exposures taken
- Provide visual and/or written information for patients to inform of the benefits and risks of X-rays
- Provide HIW with evidence of satisfactory training in ionising radiation regulations for all staff working within the dental practice
- Provide HIW with evidence of satisfactory critical examinations of radiographic equipment in use at the dental practice.

Effective care

Safe and clinically effective care

We found that the practice had undertaken some audits in order to quality assure the care that they provide to patients. These included an audit of radiograph quality and a recently completed IPC audit.

However, audit activity within the practice was limited and needed improvement overall. We would recommend that the practice undertakes audits in smoking cessation, record keeping and anti-microbial prescribing in order to continue to improve the care provided to patients.

The practice had not undertaken the Health Education and Improvement Wales (HEIW) Maturity Matrix Dentistry²⁴ or the Skills Optimiser Self-Evaluation Tool

²⁴ The HEIW Maturity Matrix Dentistry (MMD) is a tool used during a facilitated session with a Quality Improvement Educator and helps the dental team to consider a variety of areas to improve upon best practice and ensuring legislative requirements are met.

(SOSET). These were designed to allow the dental team to focus on dental practice and team improvement. In order to ensure the practice is working efficiently and continuing to provide the best possible service to patients, we would recommend that the practice access both as part of a continuous cycle of evaluation and improvement.

In order to streamline and ensure a sustainable audit and improvement cycle, the practice needs to implement a policy to cover audit and clinical audit activities.

Improvement needed

The registered managers must:

- Undertake the HEIW Maturity Matrix and SOSET tools available via HEIW
- Undertake further audit activity to include dental record keeping, anti-microbial prescribing and smoking cessation
- Implement an audit and improvement policy.

Information governance and communications technology

The practice did not use electronic patient records and did not gather patient information electronically. However, the practice had a comprehensive records management and data quality policy that fulfilled the requirements relating to safe data storage and general data protection requirements.

Both registered managers were data controllers for the practice and data protection officers. Both were also data security leads and responsible for ensuring all staff understood their responsibilities under the regulations.

Patient dental records were kept in hard copy files and these were stored within locked metal filing cabinets located behind the reception desk. We were informed that patient dental records were kept for a minimum of eight years from the date the patient was last seen at the practice.

However, during the inspection we found that the building that accommodated the dental practice was shared with a tenanted apartment on the first floor of the property. The upstairs property required access to the dental practice in order to access their accommodation. Due to the unusual layout of the building this meant that tenants of the upstairs apartment could access the whole of the dental

practice at any time of the day or night. As a result there could be unauthorised access to staff files, patient dental records appointment books and other confidential information. In order to ensure this does not occur, the registered managers must put arrangements in place to protect confidential staff and patient information.

Improvement needed

The registered managers must ensure that current arrangements to safeguard confidential and sensitive information held within the practice prevent unauthorised access.

Record keeping

The dental practice does not use dental records software and relies on handwritten dental records and charting. As part of our inspection, we reviewed ten sets of patient dental records. These contained a range of patient records and included children, smokers, and those requiring a referral as well as patients undergoing more complex restorative treatments. Patients were a mixture of NHS and private patients.

Overall, we found that standards of record keeping required improvement. Consistently we found that informed consent had not been obtained from the patient prior to treatment. We also found that risk assessments relating to caries, periodontal health²⁵, tooth wear and oral cancer was not recorded by all clinicians.

For some patients dental charting had not been updated for some time and six point pocket charts²⁶ (an important indicator of gum health) had not been undertaken when indicated. Additionally, some dental records lacked detail of the treatment provided and for others a recall period had not been noted.

²⁵ Periodontal health relates to the health of the gums and surrounding supportive soft tissues.

²⁶ A 6 point pocket chart is a chart that notes the level of periodontal space or “pocketing” in six defined places around each tooth. Measurements are made using a periodontal probe that allows dental professionals to note in mm each gap between the tooth and the gingivae (gum).

Radiographic justification²⁷ was recorded consistently across the sample of dental records that we evaluated. However, grading of the radiographs taken was found to be inconsistent between the dental professionals at the practice.

In order to improve the standard of dental records, we would recommend that the practice undertakes a comprehensive record keeping audit. This will allow them to identify any areas of record keeping that require improvement or additional training. This must be repeated at least annually or sooner if audit results highlight areas requiring improvement.

Improvement needed

The registered managers must ensure that a record keeping audit is completed annually or sooner as audit results dictate, and further training carried out to ensure improvement as required.

²⁷ Radiographic justification refers to the practice of evaluating requested radiological exams to assess for clinical merit and appropriateness based on clinical notes and patient information.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

Overall, we found that governance at the practice required improvement. Important documentation, including staff personal information relating to their employment at the dental practice, was not kept in a secure manner and was not easy to find or held in a coherent and effective filing system.

Key documents relating to pre-employment checks were not available for some staff.

Although staff worked well together in a close-knit team, the practice would benefit from regular staff meetings and annual appraisals for staff to allow for development individually and within the practice.

Governance, leadership, and accountability

Woodlands Dental Practice is owned by two individual companies that run the practice in an expense sharing partnership. As a result both business owners are also registered managers sharing the day to day running of the dental practice between them. The registered managers are supported by a team of qualified and trainee dental nurses, who also fulfilled the role of receptionist when required. The practice had a practice manager who was also a qualified registered dental nurse.

Most of the staff had been at the practice for a significant period of time and during the inspection, we observed staff working well together. When questioned, staff were aware of who to report to, should they feel they needed to raise a concern or grievance at the practice.

We saw that the practice had a folder that contained a wide range of policies and procedures to ensure the safety of staff and patients. We were provided with a comprehensive patient information leaflet that was available to patients upon

request. The practice did not have a compliant statement of purpose available for patients on the day of inspection. Whilst a copy was provided during the inspection this was not fully relevant to Wales, referring to aims and objectives that related to healthcare and dental practices in England and not Wales.

We were pleased to note that the practice had displayed their certificate of public liability insurance in a prominent place within the waiting area.

The registered managers were aware of most of their responsibilities under the Private Dentistry (Wales) Regulations 2017 regarding incidents that required reporting to HIW within a timely manner.

However, during the inspection, we found that overall governance needed significant improvement. Paperwork and documents related to the running of the practice were not filed in any orderly manner and many documents were missing, misplaced or misfiled with other unrelated documents. Upon entering the waiting area, a large pile of paperwork was noted to be stacked in an untidy manner. Additionally, a computer printer was placed on a table in an area in which patients were asked to sit and wait. As such, the registered managers must ensure that paperwork is stored in a safe and effective manner and the computer printer is kept in an area out of view of patients and visitors to the practice.

The practice did not have a dedicated file or files for staff documents including sensitive and confidential information such as immunisation status and Disclosure and Barring Service (DBS) certificates. These documents were instead located between a number of different unrelated files. During the inspection we found a number of documents relating to staff no longer working at the practice that contained confidential and sensitive information stored among other documentation.

Documentation related to radiographic equipment at the practice had not been filed in a dedicated radiographic protection folder and were therefore difficult to locate when requested.

In order to ensure the smooth running of the practice at all times and to prevent unnecessary delay when attempting to locate documents in the day to day running of the practice, the practice must develop an effective filing system. This must enable the practice to run in an efficient and compliant manner.

Improvement needed

The registered managers must

- Ensure they have an effective and efficient system of governance in place. This is to ensure that documentation relating to the running of the dental practice, including staff personal folders, are filed in an orderly and efficient manner that protects the confidential and sensitive nature of the information
- Paperwork must be kept in a safe and secure manner and not stacked precariously within the waiting area
- Relocate the computer printer to an area that ensure the privacy and confidentiality of the documents that may be printed.

Staff and resources

Workforce

A review of staff documentaion demonstrated that all staff held valid enhanced DBS certificates for child and adult workforce that had been issued within the last five years. We saw evidence that all clinical members of staff were registered with the GDC. We were told by the registered managers that staff were responsible for funding their GDC registration. Valid indemnity insurance, which a requirement of registration with the GDC was provided by the registered managers.

We were assured to see that staffing levels were satisfactory and at all times the practice had suitably trained and qualified staff in attendance to ensure safe and effective patient care. The practice had a whistleblowing policy and staff were aware of how to raise a concern should they need to.

Neither registered manager had yet attended any formal training to assist them with managing the private dental practice. However, both were up to date with the required GDC continuous professional development.

We found that staff mandatory training was mostly up to date. However, all staff were lacking in any formal fire safety and awareness training. This could impact on patient and staff safety should a fire occur in the dental practice. We recommend that all staff obtain fire safety and awareness training to prevent this, which must be updated on an annual basis.

We checked to ensure that all staff working clinically had provided proof of hepatitis B immunisation with an appropriate immune response. However, we were unable to verify that one clinical member of staff had received a hepatitis B vaccination or an appropriate immune response. It is a requirement that clinical

staff undertaking exposure prone procedures (EPP's)²⁸ are able to show satisfactory immunisation of hepatitis B in order to protect patients and prevent cross infection. Failure to provide evidence of this can put patients and staff at risk from infection with hepatitis B. Some staff had also included proof of COVID-19 vaccination where possible.

During the inspection we were told by the registered managers that a new trainee dental nurse was due to start work at the practice imminently. However, we were told that it was proving difficult to obtain an enhanced DBS for child and adult workforce due to unavoidable complications. It is a requirement of the Private Dentistry (Wales) Regulations 2017 that any person employed to work for the private dental practice undergoes full pre-employment screening to include an enhanced DBS for child and adult workforce. We notified the registered managers of this during the inspection and, consequently, the employment start date of the new member of staff was delayed to allow them to obtain these checks.

We saw evidence of a staff recruitment policy and a comprehensive induction checklist in use at the practice for new members of staff.

We were told that practice staff meetings had stopped at the beginning of the COVID-19 pandemic and had not recommenced. Previous meetings were not minuted. In order to ensure continued progress and improvement we would recommend that staff meetings recommence on a more formal and regular basis and that these meetings are minuted.

Staff had not had an appraisal since 2019. Annual staff appraisals are an important tool in discovering training needs, ensuring staff are happy in their roles and for career progression. Annual appraisals must recommence for all staff.

Improvement needed

The registered managers must:

- Ensure all staff have a valid enhanced DBS for child and adult workforce prior to commencing employment for the dental practice

²⁸ Exposure prone procedures (EPP's) are procedures where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the healthcare worker.

- Ensure all clinical staff taking part in exposure prone procedures can demonstrate vaccination and a satisfactory immune response for hepatitis B
- Provide annual appraisals for all staff
- Hold regular, minuted staff meetings

Ensure mandatory training (including fire safety and awareness training) is up to date for all staff at all times.

4. What next?

Where we have identified improvements and immediate non-compliance issues 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 issued a non-compliance notice asking the service to tell 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

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non-compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

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.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks' notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 2017](#), and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our 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 practice was not displaying the GDC standards/Code of Ethics	The GDC require patients to be informed of the standards required of the dental team. (Standard 4.2 patient information; Regulation 19 The Private Dentistry (Wales) Regulations 2017)	We raised this concern with the registered managers during the inspection and requested that this was resolved immediately.	The registered manager had displayed a copy of the GDC standards/ Code of Ethics by the end of the inspection.
We saw that an open sharps bin was overfilled and stored on the floor of the surgery.	This meant that staff and patients were not protected from the risks associated with contaminated sharps, such as needles. (Standard 3.1 Safe and Clinically Effective Care; Regulation 13 (5) The Private Dentistry (Wales) Regulations 2017)	We raised this concern immediately with the registered managers requesting that the sharps bin was permanently closed and a new location chosen for the replacement.	The sharps bin was permanently closed, replaced, and stored in an area off of the floor that safely accessible to staff by the end of the inspection.

<p>The practice had only one part time first aider.</p>	<p>This meant that the practice did not always have a qualified first aider in place when the practice was operational and treating patients. (Standard 2.1 Managing risk and promoting health and safety; Regulation 17(1) (a) The Private Dentistry (Wales) Regulations 2017)</p>	<p>We raised this immediately with both registered managers and requested that this was rectified as soon as possible.</p>	<p>During the course of the inspection, both registered managers had undertaken first aid at work courses (online).</p>
<p>Use of a desk fan in a clinical area undertaking AGP's.</p>	<p>Fans are not recommended for use within clinical areas that are undertaking AGP's in line with WHTM01-05 guidelines relating to infection prevention and control. Standard 2.4 Infection Prevention and Control (IPC) and Decontamination; Regulation 13 (2) The Private Dentistry (Wales) Regulations 2017</p>	<p>This was raised immediately with the registered managers. It was requested that this be removed from the surgery/clinical environments immediately.</p>	<p>The fan was immediately removed from the clinical area.</p>
<p>We found that emergency drugs and equipment were spread throughout the practice.</p>	<p>For prompt treatment of medical emergencies, it is best practice to keep emergency drugs and</p>	<p>This was raised with practice staff and the registered manager of the practice by the dental peer reviewer.</p>	<p>A suitable location was found within easy reach of all patient areas for storage of all items of</p>

	<p>equipment in a dedicated location. Locating items in multiple locations throughout the practice could cause an unnecessary delay in provision of equipment to treat any medical emergency occurring at the dental practice. (Standard 3.1 Safe and Clinically Effective Care; Regulation 31 (3) The Private Dentistry (Wales) Regulations 2017</p>		<p>emergency equipment and associated medications.</p>
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Appendix B – Immediate improvement plan

Service: Woodlands Dental Practice

Date of inspection: 21 March 2022

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.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No areas of immediate non-compliance were 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):

Job role:

Date:

Appendix C – Improvement plan

Service: Woodlands Dental Practice

Date of inspection: 21 March 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered managers must provide a range of written information for patients to promote their oral health in a manner that is in keeping with current COVID-19 guidelines.	1.1 Health promotion, protection and improvement; Regulation 13 (9) The Private Dentistry (Wales) Regulations 2017	Leaflets are available in reception for patients. Due to Covid-19 restrictions they are available upon request. A notice in reception will read that if further oral health leaflets are required, please ask the reception staff. Copy notice in reception.	Edward Webster and Christopher Davies	End of June 2022
The registered managers must ensure that information relating to charges and fees for dental	4.2 Patient Information; Regulation 6 (3) The Private	Wall mount patient fee list so easily accessible. Picture of notice can be sent to HIW.	Edward Webster and Christopher Davies	End of June 2022

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
treatments is easily accessible for patients and/or their representatives.	Dentistry (Wales) Regulations 2017			
<p>The registered managers must ensure that:</p> <ul style="list-style-type: none"> • An “active offer” is made to patients, their representatives and visitors • Patients are routinely asked their choice of preferred language when accessing the dental practice • Information is displayed to encourage those patients whom may wish to communicate through the medium of Welsh to do so. • Information is available bilingually to patients in both Welsh and English 	3.2 Communicating effectively; Regulation 13 (1)(a) The Private Dentistry (Wales) Regulations 2017	<p>An “active offer” is made to visitors via a notice in reception. Statement of purpose and patient information leaflet to be translated into Welsh</p> <p>Patients routinely asked their choice of preferred language</p> <p>Language line available</p>	Edward Webster and Christopher Davies	<p>End of June 2022</p> <p>End of June 2022</p> <p>Ongoing advice sought as no Welsh speakers working at the practice</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered managers must ensure that the statement of purpose complies with the regulations governing private dentistry in Wales. This must be reviewed annually and provided to HIW.</p>	<p>Schedule 1 The Private Dentistry (Wales) Regulations 2017</p>	<p>Summary of statement of purpose has been seen on inspection day</p> <p>The full statement of purpose has already been uploaded to HIW</p>	<p>Edward Webster and Christopher Davies</p>	<p>Completed</p>
<p>The registered managers must ensure that patients' individual needs are considered when accessing the dental practice and make suitable arrangements to mitigate any accessibility difficulties.</p>	<p>6.2 Peoples rights; Regulation 13 (1) (a) The Private Dentistry (Wales) Regulations 2017</p>	<p>The practice is accessible via second entrance without a step</p> <p>Make large print of patient information leaflet available</p> <p>Make easy read version of patient information leaflet</p> <p>Make braille version of patient leaflet available</p> <p>Install hearing loop</p> <p>Consider plans for new lower reception desk</p>	<p>Edward Webster and Christopher Davies</p>	<p>End of September 2022</p> <p>HIW informed of any progress</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered managers must:</p> <ul style="list-style-type: none"> Consider implementing a suitable system to capture verbal/informal complaints and feedback in order to identify themes and trends to ensure appropriate action is taken to improve the service Implement a suitable system to seek formal patient feedback so service improvements can be identified and acted upon as necessary. 	<p>6.3 Listening and Learning from feedback, Regulation 16 (2) (c) The Private Dentistry (Wales) Regulations 2017</p>	<p>Use a folder to capture verbal/informal complaints and feedback</p> <p>To be reviewed periodically (Quarterly) to identify themes and trends and ensure appropriate action is taken to improve the service.</p> <p>Copy of form used to capture complaints/feedback</p>	<p>Edward Webster and Christopher Davies</p>	<p>End of June 2022</p>
Delivery of safe and effective care				
<p>The registered managers must:</p>	<p>2.1 Managing risk and promoting health and safety; Regulation 22 (4) The Private</p>	<p>Compile list of emergency contact numbers for utility and supply companies to be easily available for staff</p>	<p>Edward Webster and Christopher Davies</p>	<p>End of June 2022</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Add contact details for utility and supply companies to the business continuity plan to include emergency telephone numbers Undertake a full fire risk assessment and ensure actions identified to mitigate highlighted risks are carried out in a timely and prompt manner Ensure that all staff undertake Fire Safety and awareness training and that this is repeated on an annual basis 	Dentistry (Wales) Regulations 2017	Fire marshal training and risk assessment Perform regular fire drills and fire safety training Copy of list of numbers and logs of training		Completed Ongoing
<p>The registered managers must ensure:</p> <ul style="list-style-type: none"> Sharps bins are positioned in a safe, secure manner that limits the risk of sharps injuries to staff and patients That unnecessary equipment is removed from the dental surgery 	2.4 Infection Prevention and Control (IPC) and Decontamination, Regulation 13 (5) & Regulation 22 The Private Dentistry (Wales) Regulations 2017	Consider dedicated decontamination room Sharp bins moved in a safe, secure manner Unnecessary equipment removed from dental surgery	Edward Webster and Christopher Davies	Ongoing / End of June 2022 / As necessary (regarding autoclave replacement)

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Electrical wiring does not provide a hazard or hinder adequate cleaning of the dental surgery • Keep a daily record of the checks undertaken within the dental practice relating to cleaning and infection control • Cupboards used to store clinical items are regularly cleaned and kept free of dust and insects. • The switch within the storage cupboard is replaced • Replace the autoclave if cleaning becomes ineffective. 		<p>Keep a daily record of checks undertaken within the dental practice relating to cleaning and infection control</p> <p>Cupboards used to store clinical items regularly cleaned. Switch within storage cupboard is replaced</p> <p>Replace the autoclave if ineffective</p> <p>HIW informed of any progress</p>		
The registered managers must:	2.6 Medicines Management; Regulation 13 (4) The Private	Obtain evidence from the accepting pharmacy of expired drugs and medication	Edward Webster and Christopher Davies	End of June/when drugs expire 2022

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Obtain evidence from the accepting pharmacy of disposal of expired emergency drugs and medication Keep a written log of prescriptions issued 	Dentistry (Wales) Regulations 2017	Keep a written log of prescriptions issued Records will be available		
<p>The registered managers must:</p> <ul style="list-style-type: none"> Develop a radiology file to ensure that all relevant information relating to radiographic equipment in the practice is easy to find for all staff Ensure each x-ray machine has a dedicated log for exposures taken Provide visual and/or written information for patients to inform of the benefits and risks of x-rays. 	2.9 Medical devices, equipment and diagnostic systems; Regulation 13 The Private Dentistry (Wales) Regulations 2017	Radiography file available online to ensure all relevant information is easy to find for all staff Ensure that each X-ray machine has a dedicated log for exposures taken Provide visual and/or written information for patients to inform of benefits and risks of X-rays via a poster Provide HIW with evidence of satisfactory training in ionising radiation regulations for all staff	Edward Webster and Christopher Davies	End of July 2022 End of June 2022 End of June 2022

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> • Provide HIW with evidence of satisfactory training in ionising radiation regulations for all staff working within the dental practice • Provide HIW with evidence of satisfactory critical examinations of radiographic equipment in use at the dental practice. 		Provide HIW with evidence of critical examinations of radiographic equipment		
<p>The registered managers should:</p> <ul style="list-style-type: none"> • Undertake the HEIW Maturity Matrix and SOSET tools available via HEIW • Undertake further audit activity to include dental record keeping, anti-microbial prescribing and smoking cessation • Consider implementing an audit and improvement policy 	3.1 Safe and Clinically Effective care; Regulation 16 The Private Dentistry (Wales) Regulations 2017	<p>Undertake the HEIW Maturity Matrix and SOSET tools</p> <p>Undertake further audit activity to include dental record keeping, antimicrobial prescribing and smoking cessation</p> <p>Implement an audit and improvement policy</p> <p>To be available for inspection</p>	Edward Webster and Christopher Davies	End of Sept 2022/ quarterly cycle of audits

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered managers should ensure that current arrangements to safeguard confidential and sensitive information held within the practice are sufficient to prevent unauthorised access.	3.4 Information Governance and Communications Technology; Regulation 20 (2) The Private Dentistry (Wales) Regulations 2017	Ensure that current arrangements to safeguard confidential and sensitive information help within the practice prevent unauthorised access Lock away appointment books and staff files To be available for inspection	Edward Webster and Christopher Davies	End of June 2022
The registered managers should ensure that a record keeping audit is completed annually or sooner as audit results dictate, and further training carried out to ensure improvement as required.	3.5 Record keeping; Regulation 8 (1) (n) The Private Dentistry (Wales) Regulations 2017	Ensure record keeping audit completed To be available for inspection	Edward Webster and Christopher Davies	End of July 2022
Quality of management and leadership				
<p>The registered managers must</p> <ul style="list-style-type: none"> ensure they have an effective and efficient system of governance in place. This is to ensure that documentation relating to the 	Governance, Leadership and Accountability; Regulation 8 (1) The Private	File dental practice documentation in an orderly manner Paperwork kept in a safe and secure manner	Edward Webster and Christopher Davies	Ongoing

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>running of the dental practice, including staff personal folders, are filed in an orderly and efficient manner that protects the confidential and sensitive nature of the information.</p> <ul style="list-style-type: none"> Paperwork must be kept in a safe and secure manner and not stacked precariously within the waiting area Relocate the computer printer to an area that ensure the privacy and confidentiality of the documents that may be printed 	Dentistry (Wales) Regulations 2017	<p>Relocate the printer to an area to ensure privacy and confidentiality of documents that may be printed</p> <p>To be available for inspection</p>		
<p>The registered managers must:</p> <ul style="list-style-type: none"> Ensure all staff have a valid enhanced DBS for child and adult workforce prior to commencing employment for the dental practice Ensure all clinical staff taking part in exposure prone procedures can demonstrate vaccination and a 	7.1 Workforce; Regulation 17 & Schedule 3 The Private Dentistry (Wales) Regulations 2017	<p>All staff should have valid enhanced DBS check for child and adult workforce</p> <p>Make policy to ensure all staff have valid enhanced DBS check for child and adult workforce</p> <p>Ensure that all staff can demonstrate vaccination and a satisfactory immune response for hepatitis B</p>	Edward Webster and Christopher Davies	End of July 2022

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>satisfactory immune response for Hepatitis B</p> <ul style="list-style-type: none"> • Provide annual appraisals for staff • Hold regular, minuted staff meetings • Ensure mandatory training (including fire safety and awareness training) is up to date for all staff at all times 		<p>Provide annual appraisals for all staff</p> <p>Hold regular, minuted staff meetings</p> <p>Ensure mandatory training is up to date for all staff at all times</p> <p>Ensure mandatory training is up to date for all staff at all times</p> <p>To be available for inspection</p>		

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 : Edward Webster

Name (print): Edward Webster

Job role: Registered Manager

Date: 6/6/22

