

## **General Dental Practice Inspection (Announced)**

Cwmbwrla Dental Surgery /  
Swansea Bay University Health  
Board

Inspection date: 16 March 2020

Publication date: 17 June 2020

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

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

In writing:

**Communications Manager  
Healthcare Inspectorate Wales  
Welsh Government  
Rhydycar Business Park  
Merthyr Tydfil  
CF48 1UZ**

Or via

**Phone: 0300 062 8163  
Email: [hiw@gov.wales](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

## Contents

1.	What we did .....	5
2.	Summary of our inspection.....	6
3.	What we found .....	8
	Quality of patient experience .....	9
	Delivery of safe and effective care .....	15
	Quality of management and leadership .....	21
4.	What next? .....	24
5.	How we inspect dental practices .....	25
	Appendix A – Summary of concerns resolved during the inspection .....	26
	Appendix B – Immediate improvement plan .....	27
	Appendix C – Improvement plan .....	28

**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 Cwmbwrla Dental Surgery at 4 Mansel Terrace, Swansea, SA5 8NN, within Swansea Bay University Health Board on the 16 March 2020.

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 evidence that Cwmbwrla Dental Surgery was providing safe and effective patient centred care with friendly, professional and committed staff.

Patients who completed HIW questionnaires rated the service provided at the practice as excellent or very good.

The practice captured patient feedback to help monitor and assess the quality of the service it provides.

Staff were supported in their roles by good management and leadership arrangements.

This is what we found the service did well:

- Staff were polite, respectful and professional to patients
- Patients were provided with sufficient information to make an informed choice about their treatment
- Weekly documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use
- Patient feedback was being captured to help monitor and assess the quality of service provided
- Clinical staff were registered to practice with the General Dental Council and had received the necessary training for their roles and responsibilities.

This is what we recommend the service could improve:

- A portable ramp should be made available to help patients with mobility difficulties access the practice
- The practice must create a policy to detail their arrangements to identify, assess and manage risks
- Staff must be suitably trained in fire prevention

- All dental nurses must undertake an enhanced Disclosure and Barring Service background check.

There were no areas of non-compliance identified at this inspection that required immediate corrective action.

## 3. What we found

### **Background of the service**

Cwmbwrla Dental Surgery provides services to patients in Swansea and surrounding areas. 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 three dentists, five dental nurses, two receptionists and a practice manager, who is also a registered dental nurse.

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



## 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.*

The practice had suitable processes in place to ensure patients receive a positive experience at the practice.

Patients said they had been treated with dignity and respect by staff and that it was easy to get an appointment when they needed it.

The practice had good mechanisms in place to capture patient feedback which were used to regularly monitor and assess the service provided.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 38 questionnaires were completed.

Overall, patient feedback was positive; all of the patients who completed a questionnaire said that they would rate the service provided by the practice as excellent or very good. Patient comments included the following:

*"The dentists and all staff at the practice are always helpful and friendly"*

*"They are an extremely friendly practice who deliver excellent service"*

*"Advice is always delivered in a clear and concise manner. A happy practice from reception through to dental nurses and dentists"*

## Staying healthy

### Health promotion protection and improvement

We saw that a range of public health information was displayed on the walls of the practice. This included information on the benefits to oral health of stopping smoking and guidance on the recent Coronavirus (COVID-19) pandemic. The practice manager explained that leaflets on how to maintain good oral hygiene

for both children and adults are usually available in the waiting area for patients to read and take away. However, the health board had recently advised the practice to remove all leaflets to help prevent cross infection during the pandemic.

The majority of patients who completed a HIW questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

## **Dignified care**

We could see during the inspection that patients were becoming anxious about the recent pandemic and what this meant for their ongoing dental treatment. However, we observed staff explaining the situation to patients calmly and in a polite and professional manner, which should be commended.

Without exception, each patient who completed a HIW questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

A confidentiality policy was in place that outlined how patients' privacy and personal information would be protected. We noted the reception desk and waiting area were close together but staff confirmed that private conversations with patients would take place within one of the dental surgeries if necessary. We saw that the doors to each dental surgery were closed by staff during treatments to maintain patients' privacy and dignity.

We noted that the 9 Principles<sup>1</sup> developed by the General Dental Council (GDC) were on display in the staff room and within the waiting area. This helped to remind staff of their responsibilities as a dental professional and to inform patients of the standards of care they should expect to receive.

## **Patient information**

We saw that information about charges for NHS patients and prices for private treatments were displayed by the reception desk. The majority of patients who completed a HIW questionnaire said that the cost was always made clear to them before they received any treatment.

---

<sup>1</sup> The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom.

The practice had a patient information leaflet available for patients. Copies would normally be available on the reception desk but had been recently removed due to the pandemic. We looked at the patient information leaflet and a copy of the practice's statement of purpose<sup>2</sup> and found both documents contained all the information required by the regulations.

We saw that the names and registration numbers of the dental team were displayed in the waiting area of the practice in accordance with professional guidelines.

### Communicating effectively

All but one of the patients who completed a HIW questionnaire told us that they were always able to speak to staff in their preferred language.

We saw that some patient information was available for patients in English and Welsh. However, we recommend that the practice does more to proactively meet the individual language and communication needs of its patients by making patients aware that documentation can be made available in other languages and accessible formats upon request.

During the inspection we reviewed a sample of patient records to check they were being maintained in line with professional guidelines. We saw written treatment plans for patients that included notes of the treatment options discussed during appointments. This meant that patients were provided with information to make informed choices about their treatment. Where applicable, all of the patients who completed a HIW questionnaire agreed that they had received clear information about available treatment options and that they felt involved as much as they wanted to be in decisions made about their treatment.

#### Improvement needed

The practice must inform patients that documentation can be made available in other languages and accessible formats upon request.

---

<sup>2</sup> Every service provider is required by law to have a statement of purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used.

## **Timely care**

The majority of patients who completed a HIW questionnaire felt that it was easy to get an appointment when they needed it. During the inspection we observed patients being treated in a timely manner. Staff told us that patients are informed about any delays upon arrival. We were also told by staff that they are able to communicate via instant messaging between the reception and surgeries to ensure that any delays are communicated quickly to patients.

Each dentist has time set aside every morning and afternoon to accommodate any patients requiring emergency treatment during working hours. Information for patients on how they can access emergency treatment out of hours was contained within the patient information leaflet and displayed in the window by the entrance to the practice. The majority of patients who completed a HIW questionnaire confirmed that they would know how to access the out of hours dental service if they had an urgent dental problem.

## **Individual care**

### **Planning care to promote independence**

The majority of patients who completed a HIW questionnaire told us that their dentist enquired about their medical history<sup>3</sup> before undertaking any treatment. During our review of patient records we saw evidence to confirm that medical history checks were being documented at each appointment in the patient records as required by professional guidelines.

The practice manager confirmed that the treatments and services offered by the practice were in accordance with their current statement of purpose.

### **People's rights**

We saw that the practice had equal opportunities and equality and diversity policies in place to help ensure everyone has access to the same opportunities and to the same fair treatment in accordance with the Equality Act 2010. The

---

<sup>3</sup> A patient's medical history helps the dentist to understand potential diseases or identify medication that might impact on a patient's dental treatment.

practice also had a policy that detailed the arrangements for their acceptance of new patients as required by the regulations.

The practice did not have a car park but parking was available close by on local residential streets. We noted that there was a big step at the front entrance to the practice which could be an issue for people with mobility difficulties. We recommend the practice considers making a portable ramp available for patients that require help accessing the practice. The practice was located over two floors but the dental surgeries and patient facilities were all available on the ground floor.

#### Improvement needed

A portable ramp should be made available to help patients with mobility difficulties access the practice.

#### Listening and learning from feedback

The practice collected feedback from patients about their experiences to help monitor the quality of the dental services they provide. Questionnaires are issued to patients annually and the practice manager told us that comment cards have recently been produced and will be placed in the waiting area once it is safe to do so.

The survey results are analysed and discussed with staff in team meetings. We saw a poster on display in the waiting room informing patients of the changes implemented at the practice as a direct result of patient feedback which we noted as good practice.

The procedure for patients to raise a complaint or concern with the practice about their care was displayed in the waiting room. We saw that the procedure included the contact details of HIW as required by the regulations. A Putting Things Right<sup>4</sup> poster was also on display to inform NHS patients that they can contact the health board if no resolution can be found.

---

<sup>4</sup> Putting Things Right is the process for managing patient concerns about care and treatment in NHS Wales.

A separate complaints handling policy was available for staff which we found would enable any complaints to be handled effectively and in a timely manner. We saw that a system was in place to log any formal or informal complaints received from patients.

## Delivery of safe and effective care

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

Overall, we were assured that patients were being provided with safe and effective dental care.

Effective infection control measures were in place and procedures for the cleaning, sterilisation and storage of instruments were in line with best practice guidelines.

Patients received focussed individualised care documented in patient records that were comprehensive, accurate and of good quality.

Dental nurses need to undertake an enhanced Disclosure and Barring Service background check in line with regulatory requirements.

## Safe care

### Managing risk and promoting health and safety

The building appeared well maintained externally and internally and all areas of the practice were tidy and free from obvious hazards. Patients who completed a HIW questionnaire felt that the dental practice was clean.

The practice had undertaken a range of risk assessments to ensure the premises were fit for purpose and to help protect the safety and wellbeing of staff and visitors to the practice. However, the practice must document these arrangements in a policy to comply with the regulations.

A comprehensive health and safety policy was in place and a health and safety law poster was displayed to inform staff how they can best protect their own health and safety within the workplace.

Fire extinguishers were available at various locations around the building and had been serviced within the last twelve months to ensure that they worked properly. We saw evidence that regular fire drills had been undertaken and recorded in a log book. The practice manager told us that the staff at the practice

had not received training in fire prevention; the practice must ensure their staff are suitably trained as required by the regulations.

Emergency exits were signposted and no smoking signs were displayed throughout the practice to remind staff and patients of the smoke free premises legislation<sup>5</sup>.

The practice had a business continuity policy which detailed the contingencies in place to ensure the safe running of the practice in the case of an emergency or natural disaster. We advised the practice to develop this further and add and maintain a list of emergency contact details for all staff and essential business contractors to avoid any confusion in the case of an emergency.

Places were available throughout the practice for staff to change and staff had lockers to store their personal possessions as required by the regulations.

#### Improvement needed

The practice must create a policy to detail their arrangements for identifying, assessing and managing risks associated with the safe running of the practice.

The practice must ensure their staff are suitably trained in fire prevention.

#### Infection prevention and control

We found evidence that suitable infection and control measures were in place at the practice in relation to the cleaning and sterilisation (decontamination) of dental instruments in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>. The practice had recently established and began using a dedicated decontamination room which we found to be visibly clean and tidy. Staff had access to and used personal protective equipment (PPE) when working

---

<sup>5</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

<sup>6</sup> The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices.



in the decontamination room to help minimise the possibility of exposure to infections. We advised the practice to remove the plugs in the hand washing sinks in line with best practice guidelines.

The practice had appropriate methods and tools available for effective pre-sterilisation of dental instruments. Autoclaves were then used for the automatic sterilisation process. We saw that a log book was being maintained by staff to document the daily checks undertaken to ensure that the autoclaves were functioning correctly and had been meeting validation requirements.

We saw that these arrangements, along with other infection control measures such as suitable hand hygiene, housekeeping and cleaning regimes were outlined in an infection control policy.

Hazardous (clinical) waste from the dental surgeries was being stored securely and we saw evidence that a contract was in place for the safe transfer and disposal of such hazardous waste.

We looked at staff records and found an acceptable Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

## Medicines management

The practice had a policy in place that detailed the procedures and arrangements in place at the practice in relation to the handling, safe-keeping and disposal of medicines as required by the regulations.

The practice had emergency drugs and emergency resuscitation equipment available that were in line with the Resuscitation Council (UK) guidelines<sup>7</sup>. Weekly documented checks were being undertaken on the emergency drugs and equipment to ensure they remained in date and safe to use. We noted that the drugs and equipment were being stored in an area that was short on space and the practice may wish to consider moving the drugs and equipment to an area where they can still be kept secure but are more easily accessible.

---

<sup>7</sup> <https://www.resus.org.uk/quality-standards/primary-care-equipment-and-drug-lists/>

We saw evidence that all staff had received up to date emergency cardiopulmonary resuscitation (CPR) training. Two members of staff had been trained in first aid to ensure that any persons at the practice that require first aid can be treated appropriately.

### Safeguarding children and adults at risk

The practice had a 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 details for staff to report any concerns to the relevant local safeguarding agencies.

During the inspection we spoke with staff members and they were able to describe the procedures to follow in the event of any safeguarding concerns they may have.

We saw that all staff had received training in the safeguarding of children and vulnerable adults. We spoke to the practice manager about the new Wales Safeguarding Procedures 2019<sup>8</sup> and they confirmed that they had already made staff aware of their responsibilities under the new procedures.

All staff currently working at the practice had undertaken a Disclosure and Barring Service<sup>9</sup> (DBS) clearance check to help the service ensure that all staff are of good character and fit to work in a dental practice. However, we noted that the dental nurses had all been subject to a basic DBS clearance check; the practice must arrange for all dental nurses to undertake an enhanced DBS clearance check as required by the regulations.

#### Improvement needed

All dental nurses must undertake an enhanced DBS clearance check.

---

<sup>8</sup> The Wales Safeguarding Procedures 2019 update and clarify the roles and responsibilities for practitioners to ensure that they safeguard children and adults in Wales. The Wales safeguarding procedures replace the All Wales child protection procedures 2008.

<sup>9</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

## Medical devices, equipment and diagnostic systems

We inspected the clinical facilities at the practice and found that the dental equipment in the dental surgeries had been well maintained and kept in good condition.

The practice had arrangements in place for the safe use of radiographic (X-ray) equipment that met guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. We saw that the X-ray equipment had been regularly serviced and a radiation protection file was in place that contained all the relevant information relating to the safe use and upkeep of the X-ray equipment.

A comprehensive radiation policy was in place and local rules<sup>10</sup> were available that set out the working procedures to ensure that radiation exposure to staff is restricted. We also saw evidence that the dental team had received up to date ionising radiation training.

## Effective care

### Safe and clinically effective care

The practice was committed to improving the service provided. A range of clinical audits had been undertaken to help monitor and contribute to the delivery of safe and effective care provided to patients. We saw that audits on infection control, patient records, hand hygiene and clinical waste had been completed and acted upon.

An audit on the quality of radiograph images taken at the practice had also been completed. We advised the practice to document the reasons why images had been graded as acceptable or unacceptable to help the practice identify any recurring themes for the poor image quality.

---

<sup>10</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry.

## Information governance and communications technology

The practice had a records management policy in place that set out procedures to protect patient information and safely manage patient records in compliance with the General Data Protection Regulation (GDPR).

Patient records were electronic and were regularly backed up and stored off site to protect and restore patient records if something should happen to the practice or system and staff could no longer access them.

We saw that old paper patient records were being kept in line with relevant retention guidelines and securely stored to prevent unauthorised access.

## Record keeping

We noted earlier in the report that we reviewed a sample of patient records during the inspection. We found that overall the patient records we reviewed were being maintained to a high standard. This is because the patient records we reviewed:

- Were clear, legible and documented discussions held with patients about the costs, risks and benefits associated with available treatment options
- Contained evidence that consent to treatment was obtained from patients
- Showed that X-rays were timely and that the justification for taking or not taking X-rays was clearly documented.

This demonstrated that care and treatment was being assessed and delivered in line with current standards and best practice guidelines.

## 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.*

We found an effective management and leadership structure at the practice that helped staff to fulfil their roles and professional responsibilities.

Good governance arrangements were in place, including annual staff appraisals and regular staff meetings.

Staff worked well together and had undertaken the required training to ensure they had the relevant clinical skills and knowledge.

Suitable policies and procedures were available to help ensure the safety of staff and patients which had been reviewed as required by the regulations.

## Governance, leadership and accountability

The practice is jointly owned by two principal dentists under an expense sharing partnership, one of whom is the nominated responsible individual<sup>11</sup> and the other is the nominated registered manager<sup>12</sup>. They are supported by a dedicated practice manager and a wider team of clinical and non-clinical staff.

---

<sup>11</sup> A responsible individual means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice (Private Dentistry (Wales) Regulations 2017).

<sup>12</sup> A registered manager means a person who is registered under the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice.

We found the practice to have good leadership and clear lines of accountability. We observed staff working well together, evidenced by their interaction with patients and their co-operation and demeanour throughout the inspection process.

A comprehensive set of policies and procedures were in place to ensure the safety of both staff and patients. We saw that these had been reviewed annually and that staff had signed to confirm that they have read and understood the content.

We saw evidence that all clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We also saw that certificates were on display evidencing that the practice had suitable public liability insurance and to show that the practice was registered with HIW to provide private dental services.

The registered manager confirmed that they were aware of their duties under the regulations regarding the notifications that must be sent to HIW such as in the event of serious injury to patients.

## **Staff and resources**

### **Workforce**

We found suitable governance arrangements in place at the practice. Members of staff had a contract of employment and a job description setting out their roles and responsibilities and these were retained on staff files.

All staff had access to training opportunities and we saw certificates for staff that evidenced they had attended training on a range of topics relevant to their roles to help meet their CPD requirements.

Monthly team meetings are held to allow staff to discuss any issues, identify lessons learned and provide an opportunity for staff to raise any concerns they may have. Minutes of each meeting are taken and a copy is given to each member of staff to put in their personal file.

Annual appraisals had taken place for all members of staff which provided opportunities for staff to hear feedback about their performance and to review any CPD opportunities. We noted that the practice manager led the appraisals with each principal dentist, and we discussed that there could be an opportunity to introduce an element of peer review where the principal dentists undertake appraisals with each other in future to share experiences and evaluate each other's performance.

We were told that the practice presently manages to maintain an appropriate number of qualified staff working at the practice at all times without having to employ temporary locum dental nurses. A recruitment policy set out the process to follow to safely recruit new permanent members of staff when necessary and the practice manager described a suitable induction programme that would be followed to help new staff gain an effective understanding of their new role.

The practice had a whistleblowing policy which provided a mechanism for staff to raise any concerns about working practices which may affect patient care. The policy included HIW as an organisation that staff can contact which we noted as good practice.

## 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
No immediate concerns were identified on this inspection.			

## Appendix B – Immediate improvement plan

**Service:** Cwmbwrla Dental Surgery

**Date of inspection:** 16 March 2020

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 immediate non-compliance issues were identified on this inspection.				

## Appendix C – Improvement plan

**Service:** Cwmbwrla Dental Surgery

**Date of inspection:** 16 March 2020

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
<b>Quality of the patient experience</b>				
The practice must inform patients that documentation can be made available in other languages and accessible formats upon request.	Health and Care Standards 2015 Standard 3.2	Information is now displayed in waiting room on how to request documentation in other languages and different accessible formats.	Gloria Morgans Practice Manager	Completed
A portable ramp should be made available to help patients with mobility difficulties access the practice.	Health and Care Standards 2015 Standard 6.2	A portable ramp has been ordered to enable easier access to the practice for patients with mobility difficulties.	Philip Barriscale Dentist	1 month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Delivery of safe and effective care</b>				
The practice must create a policy to detail their arrangements for identifying, assessing and managing risks associated with the safe running of the practice.	The Private Dentistry (Wales) Regulations 2017  Regulation 8(1e)	A risk assessment policy has been created detailing our arrangements with regard to identifying, assessing and managing risks to ensure safe and healthy working conditions and maintain the safe running of the practice.	Gloria Morgans Practice Manager	Completed
The practice must ensure their staff are suitably trained in fire prevention.	The Private Dentistry (Wales) Regulations 2017  Regulation 22(4c)	All staff have completed a course on Fire awareness education.  Philip Barriscale has also gained the necessary qualification to become our Fire Marshall and will lead all future training exercises.	Philip Barriscale Dentist	Completed
All dental nurses must undertake an enhanced DBS clearance check.	The Private Dentistry (Wales) Regulations 2017	All dental Nurses have applied for Enhanced Disclosure and Barring service Background checks.	Donal Fleming Dentist	1 month

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulation 18(2b)			
<b>Quality of management and leadership</b>				
No improvements were identified for this section.				

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):** Gloria Morgans  
**Job role:** Practice Manager  
**Date:** 18 May 2020