

General Dental Practice Inspection Report (Announced)

Red House Dental Practice, Aneurin
Bevan University Health Board

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Red House Dental Practice, Aneurin Bevan University Health Board on 20 April 2023.

Our team for the inspection comprised of a HIW Senior Healthcare Inspector, a HIW Healthcare Inspector and a Dental Peer Reviewer.

Before the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of nine questionnaires were completed by patients or their carers and four were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients provided very positive feedback about the service provided by the practice.

We found staff at the practice treated patients with kindness and respect and they involved patients in decisions about their dental care and treatment.

This is what we recommend the service can improve:

- Action should be taken to seek suitable help and advice on implementing the 'Active Offer'.

This is what the service did well:

- Patients provided very positive feedback, rating the service they had received as 'very good' or 'good'
- The practice made efforts to provide patients with an appointment to be seen at a time suitable to them.

Delivery of Safe and Effective Care

Overall summary:

We saw the practice premises was well maintained and decorated and furnished to a high standard.

Generally, we found suitable arrangements were in place at the practice to provide patients with safe and effective care.

This is what we recommend the service can improve:

- Action needs to be taken to conduct regular fire drills at the practice
- The practice's written procedures in relation to safeguarding need to be revised so they reflect the current arrangements in Wales
- The practice needs to implement a suitable formal system to minimise the risk of wrong tooth extraction
- Action needs to be taken to address HIW's findings in relation to improving the completeness of patients' records.

This is what the service did well:

- The practice premises was accessible, well maintained and decorated and furnished to a high standard
- Good arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH)
- The practice had a separate decontamination room and an effective process for the cleaning and decontamination of reusable dental instruments was described and demonstrated.

Quality of Management and Leadership

Overall summary:

A manager was in place and clear lines of reporting were described. Feedback from staff was positive in relation to the operation of the practice.

While we identified some improvements were needed, overall, we found the practice to be well managed.

Non-compliance requiring immediate action:

- The registered persons were required to provide HIW with details of the action taken to obtain the information and documentation required by the Regulations, which we identified was missing from staff files.

This is what we recommend the service can improve:

- A suitable written risk register should be developed, setting out the risks to the effective and safe operation of the practice and the action agreed to mitigate these
- The written recruitment policy needs to be revised so that it includes the information and documentation that must be available in respect of staff working at the practice as required by the Regulations
- A more active approach to seeking patient feedback should be implemented.

This is what the service did well:

- All staff who completed a HIW questionnaire told us they would recommend the practice as a good place to work
- A range of policies were readily available to staff to support them in their work roles

- Staff had access to training on a range of topics relevant to their work.

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

3. What we found

Quality of Patient Experience

Patient Feedback

All respondents who completed a HIW patient questionnaire rated the service provided by the practice as ‘very good’ or ‘good’.

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

" From the minute I entered the building I was made to feel relaxed staff chatted and gave a lovely welcome. I would like to thank Tom and Staff... "

"Very well organised and lovely staff."

"Fantastic with children. Always reassuring and informative."

Person Centred

Health Promotion

We were told patients would be provided with relevant health promotion advice when seen by the dentists or other dental care professionals working at the practice. We were also told patients would be signposted to information available online.

All respondents who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand. They also told us staff had provided them with aftercare instructions on how to maintain good oral health.

We saw signage clearly displayed notifying patients and visitors to the practice that smoking was not permitted on the premises. This was in accordance with current legislation to help prevent disease caused by second-hand smoke.

Dignified and Respectful Care

During our inspection we found staff treated patients and their representatives with kindness and respect.

We saw doors to surgeries were closed when patients were being seen by dentists, promoting patient privacy and dignity. We also saw windows in the surgeries were frosted for privacy.

All respondents who completed a HIW patient questionnaire told us staff had treated them with dignity and respect. In addition, all staff who completed a HIW staff questionnaire told us patients' privacy and dignity are maintained.

The reception desk was in the waiting room. However, reception staff were mindful of the need to maintain patient confidentiality when speaking with patients, including conversations over the phone.

We were told the surgeries, or the office could be used should patients wish to have private conversations with practice staff.

The General Dental Council (GDC) core ethical principles of practice were not displayed at the premises. Standard 6.6 of the GDC Standards for the Dental Team set out these principles should be displayed in an area where they can be easily seen by patients.

The registered persons are required to provide HIW with details of the action taken to display the General Dental Council core ethical principles of practice at the practice premises in an area where they can be easily seen by patients.

Individualised care

All respondents who completed a HIW patient questionnaire told us they were given enough information to understand the treatment options available to them, together with the risks and benefits of treatment.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment. In addition, all staff who completed a HIW questionnaire told us patients are informed and involved in decisions about their care.

Timely

Timely Care

We were told reception staff would let patients know should there be a delay in them being seen at their appointment with the dentist or other dental care professional. We were also told patients would be given the option of rescheduling their appointment according to their wishes.

Where patients required urgent dental treatment, we were told this would be discussed with the dentist and where indicated an appointment was usually offered within 24 hours. Alternatively, the dentist would provide advice over the phone. We were also told arrangements could be made to see patients outside of the practice's usual opening times where there was a need to do so.

The practice's opening hours were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should

they require urgent dental care and treatment out of hours was also clearly visible.

The majority of respondents (8/9) told us they had found it 'very easy' to get an appointment when they needed one. The other respondent told us they had found it 'fairly easy'. In addition, the majority (7/9) told us they would know how to access the out of hours dental service if they had an urgent dental problem. The other respondents told us they would not know.

We were told patients do not have to wait long between each treatment appointment.

Equitable

Communication and Language

Written information displayed in the practice was generally available in English only. However, written information on NHS treatment costs was available in both English and Welsh. All respondents who completed a HIW patient questionnaire told us the cost was made clear to them before treatment.

We were told there were no Welsh speaking staff working at the practice. Where required, we were told staff could access a translation service to help them communicate with patients whose first language is not English.

All respondents who completed a HIW patient questionnaire told us their first language was English. However, we recommended the practice contact the local health board for advice and support to implement the 'Active Offer' in accordance with Welsh language standards¹.

The registered persons are required to provide HIW with details of the action taken to seek suitable advice and support to implement the 'Active Offer'.

Rights and Equality

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

We were told the practice had an up-to-date policy relating to equality and diversity.

There was level access to the practice premises, making it accessible for patients. There was also designated parking immediately outside the premises for patients with mobility impairments. All surgeries were located on the ground floor together with a toilet with handwashing facilities, making them accessible to patients.

¹ <https://www.gov.wales/welsh-language-primary-care#31537>

We saw CCTV was used at the premises to enhance safety and security. Signage was displayed informing staff, patients and visitors of the use of CCTV. However, a written policy setting out its use was not in place.

The registered persons are required to provide HIW with details of the action taken to develop and implement a suitable written policy on the use of CCTV at the practice premises.

We were provided with an example of how the practice made the appointment system easier for deaf patients.

We were told the electronic records / appointment system could include a 'flag' to alert staff to patients' individual needs and preferences such as how they wish to be addressed.

All respondents who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice. In addition, all told us they felt the premises was accessible.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the premises was visibly well maintained. Internally, the environment was decorated and furnished to a high standard.

All areas patients could access were free from obvious hazards. Generally, we found the same for areas staff could access, however, one of the rooms was being used as a storeroom and was untidy. We were told staff did not need to enter this room as part of their day-to-day work. However, we recommended arrangements be made to tidy and clear this room of unwanted items as part of good housekeeping and to reduce the risk of potential injuries to persons who may need to access the room.

We found good arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH). Every hazardous substance had a suitable COSHH risk assessment in place.

We saw a fire risk assessment had been completed within the last year. This showed appropriate arrangements were in place in relation to fire safety at the building with no recommendations being made. We also saw fire safety equipment was available for staff to use in the event of a fire. A current fire equipment maintenance contract was in place. We saw checks of fire safety equipment had been regularly recorded, however, we were told a fire drill had never been conducted. While fire exits and instructions were clearly displayed, the absence of fire drills may put staff and patients at risk in the event of a fire as evacuation procedures have not been tested and practiced.

The registered persons are required to provide HIW with details of the action taken to conduct regular fire drills (at least one fire drill per year) and record the results.

We confirmed the majority of staff working at the practice had completed fire safety training and saw evidence of this within the sample of staff files we reviewed.

We saw a health and safety risk assessment had been conducted within the last year and actions identified to mitigate risks identified. An approved Health and Safety poster clearly displayed for staff to see; however, the contact details of the lead person staff could contact regarding health and safety matters had not been added. We advised this information needed to be added to the poster.

We confirmed employer's and public liability insurance was in place.

Up-to-date written policies or statements were in place relating to health and safety and the fitness of the environment. While an emergency contingency policy was in place, this did not clearly set out the procedures to be followed should it not be possible to provide the full range of services at the practice due to events such as fire, flood, or a system failure.

The registered persons are required to provide HIW with details of the action taken to develop a suitable emergency contingency policy which clearly sets out the action to be taken and by whom, should it not be possible to provide the full range of services at the practice due to events such as fire, flood, or a system failure.

Infection, Prevention, Control (IPC) and Decontamination

We saw an up-to-date written policy and procedures were in place in relation to infection prevention and control and decontamination.

We saw the waiting room and the surgeries were visibly clean and furnished to promote effective cleaning. All respondents who completed a HIW patient questionnaire told us, in their opinion, the practice environment was 'very clean'. They also felt infection prevention and control measures were being followed.

Suitable handwashing and drying facilities were available in each surgery and in the toilets. We saw posters displayed near the handwashing sinks advising staff and patients of the correct procedure to follow to ensure effective hand hygiene. Hand sanitiser was also readily available for both staff and patients to use.

Personal protective equipment (PPE) was readily available for staff to use. All staff who completed a HIW questionnaire told us effective arrangements were in place at the practice in relation to infection prevention and control. All staff also told us appropriate PPE was available and used.

There was a designated decontamination room, located away from the clinical facilities, as recommended in Welsh Health Technical Memorandum (WHTM) 01-05.

A suitable system was in place to transport used instruments from surgeries to the decontamination room. Arrangements were described and demonstrated for the effective cleaning and decontamination of reusable dental instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been performed.

We saw waste produced by the practice was stored securely in appropriate containers while waiting to be collected for disposal. We also saw a current contract was in place to safely transfer waste from the practice.

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

Medicines Management

We saw an up-to-date written policy was in place for the management of medicines used at the practice.

We also saw medicines were being stored securely and in accordance with the manufacturer's instructions, including those medicines requiring refrigeration.

Within the sample of patient records we reviewed, we saw a note had been made of when medicines, such as local anaesthetic, had been prescribed and administered to patients.

We were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice. We were told this could be made available to patients on request.

Equipment and medicines for use in the event of an emergency were readily available at the practice. However, specific adhesive paediatric defibrillator pads for use with the automated external defibrillator (AED) were not available. When reported to senior staff, these were ordered immediately. A system was described for regularly checking these and to identify when medicines needed to be replaced. We also saw records of checks having been completed, and confirmed all medicines were within their expiry date.

We confirmed all staff working at the practice had completed resuscitation training within the last year. We saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

We saw written procedures were in place in relation to safeguarding. However, these referred to a document that is now out of date. In addition, supporting guidance referred to the arrangements in England rather than in Wales. This meant that staff may not have access to the current procedures to follow and relevant guidance. We recommended the practice procedures refer to the current Wales Safeguarding Procedures².

² <https://safeguarding.wales/en/>

The registered persons are required to provide HIW with details of the action taken to review and revise the practice’s safeguarding procedures and supporting guidance, so they reflect the current arrangements in Wales.

However, we saw that staff had completed training on safeguarding and we were told staff were knowledgeable about safeguarding matters.

We also saw a contact list for local safeguarding teams was available which meant staff had access to help and advice, should they have a safeguarding concern.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

X-rays were performed at the practice. We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment used. We also saw documentation showing the equipment had been subject to the required testing.

We confirmed all staff working at the practice, who were involved in the use of X-rays, had completed relevant training on this subject and saw evidence of this within the sample of staff files we reviewed.

There was no information displayed for patients on the risks and benefits of having an X-ray. There was also no note of these being explained to patients within the sample of patients records we reviewed. This meant we could not be assured patients were being provided with this information as required by The Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017. The registered person may wish to refer to section 3 of the Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment³ in relation to this matter.

The registered persons are required to provide HIW with details of the action taken to demonstrate patients have been informed of the benefits and risks of having an X-ray.

Effective

Effective Care

We found staff were clear regarding their work roles and responsibilities at the practice. We also found staff obtained relevant professional advice where required.

³ <https://heiw.nhs.wales/files/dental-qi-tool-for-ionising-radiation/new-ionising-radiation-regulations/>

We were told tooth extractions were performed at the practice. However, there was no formal checklist, such as the Mouthcare Pre-Extraction Checklist⁴, being used. The use of such a checklist may help minimise the risk of wrong tooth extraction.

The registered persons are required to provide HIW with details of the action taken to implement a suitable, formal system to minimise the risk of wrong tooth extraction.

Patient Records

We reviewed the dental care records of seven patients. We saw a suitable system was in place to help ensure records were safely managed and stored securely. We were told records were subject to a minimum retention period and this was in keeping with The Private Dentistry (Wales) Regulations 2017.

All the records we reviewed had suitable patient identifiers, such as the patient's name and date of birth. In addition, the reason why the patients were attending and, where applicable, the symptoms described by the patients had been recorded. We also saw evidence of full base charting, baseline BPE, soft tissue examination, extra and intra oral examination and cancer screening. The records also showed patients had been given oral health promotion information, where indicated. All respondents who completed a HIW patient questionnaire told us they had been given clear guidance on what to do and who to contact in the event of an infection / emergency, where this applied to them.

The records also showed evidence of treatment planning, including options, and a record of the treatment provided. We saw evidence of patients providing informed consent to their treatment. All respondents who completed a HIW patient questionnaire told us staff had explained to them what they were doing throughout their appointment and staff had answered their questions.

Recall was recorded and we saw this was in accordance with current NICE guidelines.

Where X-rays were performed, we found appropriate views had been taken and clinical findings had been recorded.

However, we identified some omissions in the records. None of the records had the patient's previous dental history recorded, oral hygiene and diet had not always been recorded, together with any advice given and none of the records had the patient's language preference recorded.

⁴ <https://heiw.nhs.wales/education-and-training/dental/quality-improvement/wrong-tooth-extraction/>

While the records showed an initial medical history being obtained from the patient, this had not been signed and dated by the patient nor countersigned by the dentist. The records did show the medical history was updated at each course of treatment but there was no evidence to show this being updated or checked (verbally) by the dentist at each appointment. All respondents who completed a HIW patient questionnaire told us their medical history was checked before treatment.

The justification for performing an X-ray was not always demonstrated within the records; the frequency for performing X-rays was not always recorded and quality grading of X-rays was not always being recorded.

There was not always evidence of implementing the 'Delivering Better Oral Health' toolkit.

The registered persons are required to provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

Efficient

Efficient

We found the facilities at the premises were appropriate for the intended dental services to be provided and there were processes in place for the efficient operation of the practice.

All staff who completed a HIW questionnaire told us the facilities at the premises were appropriate for them to carry out their duties and the environment was appropriate to ensure patients received the care they require.

We were told referrals to other healthcare professionals were made electronically, which provides an efficient system to ensure relevant information is shared. We were also told practice staff would follow up those referrals considered urgent, such as suspected oral cancer, to ensure patients had been given an appointment.

Wherever possible, patients requiring urgent care and treatment were seen at the practice within its usual opening hours to prevent patients attending urgent care or out of hours services.

Quality of Management and Leadership

Staff Feedback

Responses from staff who completed a HIW questionnaire were positive across all areas considered.

Staff comments included the following:

“The practice is a pleasant place to work due to the recent renovation and the team I work with.”

Leadership

Governance and Leadership

The practice was owned and operated by the principal dentist. A manager was in post and responsible for the day-to-day management of the practice. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team. These included staff meetings and ad hoc communication with staff via email or face to face. We saw minutes of meetings were made. These helped ensure those staff who were not at the meeting to remain up to date with work related matters.

We confirmed a range of written policies were readily available to staff to support them in the work roles. The sample of policies we saw showed they had been subject to review.

The practice had an up-to-date statement of purpose and patient information leaflet as required by The Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. While the statement of purpose included the date it was written and reviewed, the patient information leaflet did not include the date it was reviewed. This needs to be included to demonstrate the document has been reviewed at least annually as required by the regulations.

The registered persons are required to provide HIW with details of the action taken to include the date the patient information leaflet was last reviewed.

We were told risks to the effective and safe operation of the practice were identified and prioritised with action agreed to mitigate these. However, a written risk register had not been devised. This would help formalise and demonstrate the risk management process.

The registered persons are required to provide HIW with details of the action taken to develop a suitable written risk register setting out the risks to the effective and safe operation of the practice and the action agreed to mitigate these.

All staff who completed a HIW questionnaire told us care of patients was the practice's top priority, and if a friend or relative needed dental care they would be happy with the standard of care provided at the practice. In addition, all recommended the practice as a good place to work.

All staff who completed a HIW questionnaire told us they had not faced discrimination at work (within the last 12 months) and that all staff have fair and equal access to workplace opportunities.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist and the manager, the practice team consisted of an associate dentist, hygienists, dental nurses, and a receptionist. We were told agency staff were not used.

While the names of the dentist and dental care professionals working at the practice were clearly displayed, their GDC registration numbers were not included. Standard 6.6 of the GDC Standards for the Dental Team set out these should be displayed in an area where they can be easily seen by patients.

The registered persons are required to provide HIW with details of the action taken to display the General Dental Council registration numbers for all dentists and dental care professionals working at the practice in an area where they can be easily seen by patients.

We were told the number and skill mix of staff were appropriate to deliver the dental services provided. All staff who completed a HIW questionnaire told us there were enough staff to allow them to do their job properly and that the skill mix at the practice was appropriate.

In addition, all staff who completed a HIW questionnaire told us the practice takes positive action on health and well-being matters and that in general, their job was not detrimental to their health. All staff were aware of the Occupational Health support available to them.

The practice had an up-to-date recruitment policy. However, this did not set out all the information and documentation that must be available in respect of staff working at dental practices providing private dental services.

The registered persons are required to provide HIW with details of the action taken to review and revise the written recruitment policy so that it includes the information and documentation that must be available in respect of staff working at the practice as required by The Private Dentistry (Wales) Regulations 2017.

We reviewed the files of five staff working at the practice. We saw all staff had a recent Disclosure and Barring Service (DBS) certificate and (where required) evidence of indemnity insurance, evidence of current registration with the General Dental Council (GDC) and evidence of immunisations. However, we found the files of two staff did not include the other information/documentation as required by the regulations. This was dealt with under HIW's immediate non-compliance process and is referred to in Appendix B of this report.

A suitable system was described for ongoing checks of the GDC registration of dentists and dental care professionals working at the practice.

We saw an induction process was in place for new staff to the practice. This helped ensure new staff were aware of the practice's policies and procedures. However, the example provided had not been signed or dated to show when the different elements had been completed and by whom. Including this information would further demonstrate when the new staff member had completed their induction, that they understood their roles and responsibilities and who was responsible for checking the induction had been completed properly.

The registered persons are required to provide HIW with details of the action taken to demonstrate when the different elements of the staff induction have been completed and by whom.

We saw staff employed by the practice had an annual appraisal of their work, with a written record kept. The majority of staff (3/4) staff who completed a questionnaire told us they had received an appraisal in the last 12 months.

We were also told those staff not directly employed by the practice also had an annual appraisal, however this was not recorded. The registered persons may wish to introduce a suitable record in this regard to demonstrate an appraisal has taken place.

Within the sample of files we reviewed, we saw staff who worked at the practice had attended training on a range of topics relevant to their roles within the practice. All staff who completed a HIW questionnaire told us they had received appropriate training to do their job.

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking feedback from patients about their experiences of using the practice.

We were told patients could complete a questionnaire and their feedback was shared with staff via team meetings. All staff who completed a HIW questionnaire told us patient feedback is collected. However, within the sample of team meeting minutes provided to us, there was no reference to feedback having been shared. We recommended team meetings follow a set agenda to include patient feedback to help ensure this information was regularly shared with the practice team.

We recommended the practice take a more active approach to seeking feedback to help increase the number of questionnaires completed and returned. We also recommended a system be implemented to show patients the action taken by the practice in response to their feedback.

The registered persons are required to provide HIW with details of the action taken to take a more active approach to seeking patient feedback and implement a suitable system to show patients the action taken by the practice in response to their feedback.

We saw an up-to-date written complaints procedure was in place for managing complaints about both NHS and private dental care and treatment provided at the practice. This included the details of the contact person at the practice and the expected timescale for responding to complaints.

Information on the practice's complaints procedure was displayed in the waiting room. We felt more detail on the procedure could be included in the poster displayed. However, information was also included within the patient information leaflet, copies of which were readily available at the reception desk. Details of other organisations patients could approach for help and support were also included as part of the information displayed and within the information leaflet.

The majority of respondents (8/9) who completed a HIW patient questionnaire told us they had been given information on how the practice would resolve any concerns / complaints post-treatment. The other respondent did not feel the question was applicable to them.

We recommended the practice obtain written material providing information on Putting Things Right, from the health board to supplement that information already available.

The registered persons are required to provide HIW with details of the action taken to obtain written material to display at the practice premises on Putting Things Right.

While there was a system for recording complaints made to the practice, we were told none had been received.

We saw the practice had guidance available to staff on the Duty of Candour. This document also formed the practice's policy. However, a local policy/statement should also be developed to supplement the existing document as recommended by The Duty of Quality Statutory Guidance (2023). This can set out the local arrangements and requirements tailored to the practice.

The registered persons are required to provide HIW with details of the action taken to develop and implement a local policy in relation to Duty of Candour setting out the local arrangements and requirements tailored to the practice.

All staff who completed a HIW questionnaire told us they knew and understood the Duty of Candour and their role in meeting the duty.

When asked about reporting incidents, near misses and concerns, all staff who completed a HIW questionnaire told us the practice encouraged reporting and that the practice takes action to ensure similar incidents do not happen again. All staff also told us the practice treats staff involved in incidents fairly and they are given feedback about changes made in response to incidents.

Information

Information Governance and Digital Technology

We saw suitable communication systems were in place to support the operation of the practice.

We were told in the event of a patient safety incident, guidance would be sought to determine whether it required reporting and the details shared with the health board or other agency, such as the Health and Safety Executive (HSE). We were told the practice received patient safety notices from the health board, and where relevant these were shared with the practice team.

Learning, Improvement and Research

Quality Improvement Activities

We were provided with examples of audits which were conducted as part of the practice's quality improvement activity. These included audits of patient records, X-rays, infection prevention and control and decontamination (compliance with WHTM 01-05) and antimicrobial prescribing.

We were also told the practice had completed the Maturity Matrix Dentistry (MMD) dental practice development tool.

Whole Systems Approach

Partnership Working and Development

Suitable arrangements were described for engagement between the practice and other services.

We were told an electronic referral system was used to refer patients seen at the practice, including those who require an urgent referral, to secondary healthcare services. We were also told pharmacists would contact the practice to discuss and clarify prescriptions issued by dentists. In addition, staff at the practice could contact local safeguarding teams about safeguarding referrals and associated matters.

4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified that required escalation during the inspection.	-	-	-

Appendix B - Immediate improvement plan

Service: Red House Dental Practice

Date of inspection: 20 April 2023

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered persons must provide HIW with details of the action taken to obtain the information and documentation required by the Regulations in respect of the [identified] staff and confirm to HIW they are 'fit' to work at the private dental practice. This information and documentation must be available for inspection by HIW on request.</p> <p>In addition, HIW requires details of the action taken to ensure the information and documentation required by the Regulations will be</p>	<p>Regulation 18(1), (2)(e) - Fitness of workers</p> <p>Schedule 3 - Information Required in Respect of Persons Seeking to Carry On, Manage or Work at a Private Dental Practice</p>	<p>The information omitted from our records as outlined in the non compliance notice will be collected. We have already asked staff members to collect references, one has already been provided and we expect more in the coming days. I expect that it should be possible to complete this task within 2 weeks.</p> <p>Regarding future employees, the inclusion of the information outlined in the non compliance notice will be included in a pre- employment checklist to be completed prior to any future engagements.</p>	Rebekah Jenkins	Expected 2 weeks or less, however it should be noted that we are relying on other people over whom we have no control to respond in order to provide references.

available in respect of staff who commence working at or on behalf of the private dental practice in the future.				
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Tom Wysome

Job role: Responsible person, practice principal

Date: 02/05/2023

Appendix C - Improvement plan

Service: Red House Dental Practice

Date of inspection: 20 April 2023

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
The registered persons are required to provide HIW with details of the action taken to display the General Dental Council core ethical principles of practice at the practice premises in an area where they can be easily seen by patients.	Regulation 19 - Guidance for dentists and dental care professionals	These are displayed on the noticeboard of the waiting room in both English and Welsh.	Rebekah Jenkins	Complete
The registered persons are required to provide HIW with details of the action taken to seek advice and support to implement the 'Active Offer'.	Standard - Equitable	An information poster has been put up in the waiting room advising patients can request any of the material in Welsh if they wish and that we are in the process of ensuring we	Rebekah Jenkins	Complete

		implement the “active offer” wherever we can.		
The registered persons are required to provide HIW with details of the action taken to develop and implement a suitable written policy on the use of CCTV at the practice premises.	Regulation 8(1)(f) - Policies and procedures	A policy has been written and read and understood by all the staff. It will be reviewed annually.	Rebekah Jenkins	Complete
The registered persons are required to provide HIW with details of the action taken to conduct regular fire drills (at least one fire drill per year) and record the results.	Regulation 22(4)(d) - Fitness of premises	A fire drill has taken place since the inspection. Fire drills will now take place annually, at least.	Rebekah Jenkins / Thomas Wysome	Complete
The registered persons are required to provide HIW with details of the action taken to develop a suitable emergency contingency policy which clearly sets out the action to be taken and by whom, should it not be possible to provide the full range of services at the practice due to events such as fire, flood, or a system failure.	Regulation 8(1)(o) - Policies and procedures	A full and comprehensive Contingency Plan has been put in place that includes clear instructions on what actions to take should the events listed occur.	Thomas Wysome/Rebekah Jenkins	Complete

<p>The registered persons are required to provide HIW with details of the action taken to review and revise the practice's safeguarding procedures and supporting guidance, so they reflect the current arrangements in Wales.</p>	<p>Regulation 14(1)(a), (e) and 14(2) - Safeguarding patients</p>	<p>All the guidance available to staff has been updated based on the information available to us on the NHS Wales site, specific to Primary Care.</p> <p>The practice policy has also been updated to reflect changes - all staff have been made aware and have read and understood the policy and recommended referral pathways.</p> <p>This will be reviewed and updated accordingly, annually.</p>	<p>Rebekah Jenkins/Sarah Howell</p>	<p>Complete</p>
<p>The registered persons are required to provide HIW with details of the action taken to demonstrate patients have been informed of the benefits and risks of having an X-ray.</p>	<p>Regulation 13(9)(a) - Quality of treatment and other service provision</p>	<p>A poster is displayed in the waiting room, outlining all benefits and risks of dental radiographs. Dentists will continue to verbally advise prior to seeking consent at the time of radiograph being taken.</p>	<p>Rebekah Jenkins/all dentists</p>	<p>Complete</p>
<p>The registered persons are required to provide HIW with details of the action taken to implement a suitable, formal</p>	<p>Regulation 13(8) - Quality of treatment and</p>	<p>A pre-extraction check list (supplied by Primary Care NHS Wales) is to be completed by the</p>	<p>Thomas Wysome/all dentists</p>	<p>Complete</p>

<p>system to minimise the risk of wrong tooth extraction.</p>	<p>other service provision</p>	<p>treating dentist at the time of extraction.</p> <p>All other precautions currently being taken will continue to do so.</p>		
<p>The registered persons are required to provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.</p>	<p>Regulation 20 (1) - Records</p>	<p>A checklist is present in the surgeries to ensure patient notes are completed to include all relevant information. This includes the areas that the HIW found to be absent from some patient notes. These include:</p> <ul style="list-style-type: none"> - Oral hygiene and diet and the advice given - Patients preferred language - Medical histories are to be signed and dated and any changes updated electronically - Radiograph justification, frequency, and quality 	<p>Thomas Wysome/all dentists</p>	<p>Complete</p>

		Proof that the toolkit “Delivering Better Oral Health” is being incorporated		
The registered persons are required to provide HIW with details of the action taken to include the date the patient information leaflet was last reviewed.	Regulation 7 - Review of the statement of purpose and patient information leaflet	The date has been added to show the review date on the patient information leaflet. As it is reviewed annually, the date will be amended, and new leaflets printed.	Rebekah Jenkins	Complete
The registered persons are required to provide HIW with details of the action taken to develop a suitable written risk register setting out the risks to the effective and safe operation of the practice and the action agreed to mitigate these.	Regulation 8(e) - Policies and procedures	A full environmental risk assessment is in place and is updated every 6 months. Safe and effective operation of the practice is included and actions to mitigate any risks. All staff have access to the risk assessments are kept updated of any new findings or changes.	Rebekah Jenkins	Complete
The registered persons are required to provide HIW with details of the action taken to display the General Dental Council registration numbers for all	Regulation 13(8) - Quality of treatment and other service provision	A document showing all staff members who have a GDC registration is displayed in the entrance way to the practice.	Rebekah Jenkins	Complete

dentists and dental care professionals working at the practice in an area where they can be easily seen by patients.				
The registered persons are required to provide HIW with details of the action taken to review and revise the written recruitment policy so that it includes the information and documentation that must be available in respect of staff working at the practice as required by The Private Dentistry (Wales) Regulations 2017.	<p>Regulation 8(1)(i) - Policies and procedures</p> <p>Regulation 18(2)(e) - Fitness of Workers</p> <p>Schedule 3 - Information Required in Respect of Persons Seeking to Carry On, Manage or Work at a Private Dental Practice</p>	The practice recruitment policy has been updated to include the changes shown in The Private Dentistry (Wales) Regulations 2017. A full copy of the regulations is also available within the file for staff members to read.	Rebekah Jenkins	Complete
The registered persons are required to provide HIW with details of the action taken to demonstrate when the different	Regulation 17(3)(a) - Staffing	Depending on the job role is dependant on what induction proforma is followed.	Thomas Wysome/Rebekah Jenkins	Complete

<p>elements of the staff induction have been completed and by whom.</p>		<p>Each element of the induction has now been updated to allow to show when it has been completed and also who carried out the induction.</p>		
<p>The registered persons are required to provide HIW with details of the action taken to take a more active approach to seeking patient feedback and implement a suitable system to show patients the action taken by the practice in response to their feedback.</p>	<p>Regulation 16 (2)(c) - Assessing and monitoring the quality of service provision including annual returns</p>	<p>Reception staff have been asked to let each patient know where the feedback forms are, should they wish to complete one.</p> <p>We are in the process of building a new website, this function will also be available should patients wish to give feedback during their own time, electronically. We will also use the website to advise how we have actioned any patient's feedback. This will also be available on our social media pages once they have launched.</p> <p>For patients who do not have access to the internet, as and when we implement patient</p>	<p>Rebekah Jenkins</p>	<p>Complete</p>

		feedback, it will be displayed on a poster in the waiting room.		
The registered persons are required to provide HIW with details of the action taken to obtain written material to display at the practice premises on Putting Things Right.	Standard - Culture	An email has been sent to The Putting Things Right team to acquire the most up-to-date material to display in the waiting room.	Rebekah Jenkins	Complete
The registered persons are required to provide HIW with details of the action taken to develop and implement a local policy in relation to Duty of Candour setting out the local arrangements and requirements tailored to the practice.	Standard - Culture	Our duty of candour policy has been updated to include more specific and in-depth information to suit our practice.	Rebekah Jenkins	Complete

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): Rebekah Jenkins

Job role: Practice Manager

Date: 05/06/2023