

General Dental Practice Inspection Report (Announced)

Chepstow Road Dental Practice
(Brunswick Dental Surgery), Aneurin
Bevan University Health Board

Inspection date: 13 June 2023

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In writing:

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

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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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 Chepstow Road Dental Practice, Aneurin Bevan University Health Board on 13 June 2023. The practice is also known as Brunswick Dental Surgery.

Our team for the inspection comprised of two HIW Healthcare Inspectors and a Dental Peer Reviewer. The inspection was led by a HIW Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 43 were completed. We also spoke to staff working at the service during our inspection. 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:

We found that Chepstow Road Dental Practice was committed to providing a positive experience for their patients. We saw that patients were treated with dignity, respect and kindness by the practice team.

We invited patients to complete a HIW questionnaire and received 43 responses (some questions were skipped by respondents meaning not all questions have 43 answers). All the patients that rated the service provided by the dental practice answered as either “very good” (39/42 responses) or “good” (3/42). Respondent comments included:

“Excellent care and treatment from all the team.”

“Very professional. Very understanding. Very patient.”

This is what we recommend the service can improve:

- Make reasonable adjustments for patients with restricted mobility
- Establish a central log for feedback and complaints, and resultant actions
- Ensure patients can access relevant information and leave voice messages via the telephone system.

This is what the service did well:

- Patients were treated in a caring and friendly manner
- The practice provides useful information to patients and encourages feedback.

Delivery of Safe and Effective Care

Overall summary:

We found that Chepstow Road Dental Practice was well equipped to deliver the services and treatments to patients. We noted that clinical areas had been refurbished and improved since the practice was last inspected. Further progress could be made, including the establishment of a dedicated decontamination area.

Immediate assurances:

- One member of staff had not undergone the required checks by the Disclosure and Barring Service (DBS).

This is what we recommend the service can improve:

- Consider establishing a dedicated decontamination area
- Ensure all patient records can be securely locked
- Review and improve the practice fire risk assessment and act on any findings
- Ensure the impact of improvement or repair works on clinical areas is minimised.

This is what the service did well:

- Surgeries had been refurbished and significantly improved since the practice was previously inspected
- Clinical equipment was seen to be safe, in good condition and suitable for the purpose.

Quality of Management and Leadership

Overall summary:

We found Chepstow Road Dental Practice had good leadership and clear lines of accountability. All clinical staff were registered with the General Dental Council and the practice had a current public liability insurance certificate available. Staff were committed to providing a high standard of care for their patients.

This is what we recommend the service can improve:

- Monitoring of staff records and compliance with training requirements
- Introduce systems to show that staff had read and understood key policies and procedures
- Carry out regular staff appraisals.

This is what the service did well:

- A comprehensive number of policies and procedures were in place
- An electronic system was being introduced to manage training compliance.

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

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

“My dentist and all other staff cannot do enough to help and answer questions. I have been with a few dental surgeries over time (just moving due to moving locality or dentist retiring) I am completely happy with service provided here. The best dental service I've ever had.”

“We have been at the same practice for over 49 years and have always had excellent treatment. All staff are caring and have always treated us politely and have been very informative.”

“All staff are always friendly, polite and happy to help with both face to face and telephone enquiries...”

Health Promotion

Staff told us that they continued to ask patients about Covid-19 symptoms and we saw some preventative measures still in place, such as hand sanitiser at the front door and a protective screen at the reception desk.

The practice had a dedicated folder in the waiting area providing patients with a range of information about the dental practice, treatment prices and how to make a complaint or provide feedback. In addition, we saw posters and information sheets displayed in public areas, promoting oral health, and providing information about the services provided.

We saw signs displayed confirming the practice to be smoke free premises in line with legislation.

Dignified and Respectful Care

We saw staff speaking to patients in a friendly and professional way.

Doors to surgeries were kept closed during treatments, maintaining patient privacy. Staff told us that surgeries were also used if patients wished to have private conversations with staff. We saw that a privacy screen was used on the computer monitor at reception. Staff told us that voice messages were screened

using the telephone handset rather than speakerphone, and that calls could be transferred to the surgeries as needed.

We found that both English and Welsh copies of the 9 Principles, as set out by the General Dental Council (GDC), were displayed in the waiting area and in the patient information folder. The 9 Principles applied to all members of the dental team and set out what patients should expect from a dental professional.

The GDC registration numbers were only on display for the two dentists and the hygienist.

We advised that name, role and GDC registration number for all members of staff should be made available. This was resolved during the inspection by putting this in the patient information folder in the waiting area.

Individualised care

The practice is on one level, on the ground floor. There is a step at the front door and staff told us that wheelchair users were directed to the side entrance where the doorway is narrower, but the step is lower.

We recommend that the practice consider how they can best serve the needs of people with mobility issues needing to access the practice and whether any reasonable adjustments would be appropriate.

The patient toilet was clearly signposted, visibly clean and included a grab bar and handrail for disabled users. We noted that the toilet roll holder would be difficult to reach for users with restricted mobility.

The registered manager must ensure that reasonable adjustments are made to ensure full accessibility.

Patients that completed a HIW questionnaire were asked whether the building was accessible, and whilst the majority either said “yes” or “not sure”, 10% of respondents (4/40) said it was “partially” accessible.

Timely

Timely Care

Telephone numbers were displayed at the main entrance and in the waiting area, should patients require urgent out of hours dental treatment.

We saw that staff verbally informed patients about short delays in a professional manner and checked whether this would cause any problems.

Staff told us that emergency treatment slots were made available daily and that efforts were made on an ad-hoc basis to accommodate patients that were unable to attend during normal working hours.

All 43 respondents that completed a HIW questionnaire said it was 'very easy' (31/43) or 'fairly easy' (12/43) to get an appointment when they needed one. However, a quarter of respondents (11/43) did not know how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communication and Language

Staff told us that the telephone system included recorded messages and a voicemail option for patients when the line was engaged or not answered. During the visit this was found to not be working, meaning that patients could have difficulties contacting the practice.

The practice does not currently employ any Welsh speaking staff and we saw no evidence of an 'active offer' with regard to Welsh language. Staff told us that Welsh language materials had recently been requested from the Health Board.

We recommend that they consider Welsh language training options for current staff and Welsh language skills during future recruitment.

Staff told us that they had access to a translation service, but that non-English speaking patients typically used translation tools on their phones or were accompanied.

All patients that completed a HIW questionnaire stated that their preferred language was English.

Rights and Equality

The practice had an Equality, Dignity and Human Rights policy and staff were required to complete equality and diversity training as part of their Continuing Professional Development (CPD).

Staff told us that they treated patients equally and that relevant information, such as transgender status, would normally be recorded in the patient's notes for reference.

All 41 respondents to the HIW questionnaire who answered the question felt they were treated with dignity and respect (41/41).

Delivery of Safe and Effective Care

Safe

Risk Management

The premises were generally clean and tidy, with good lighting and ventilation. All respondents who answered relevant questions on the HIW questionnaire felt the setting was either 'very clean' (36/40) or 'fairly clean' (4/40), and most felt infection and prevention control measures were evident (39/40).

Some areas were undergoing renovation work and repairs, with evidence of damp ingress in Surgery three. We found electrical cables coming from the wall in Surgery two coiled into a plastic bag. We could not safely determine whether the cables were electrically live.

The registered manager must ensure that these wires are professionally isolated and secured, to ensure patient safety and make the clinical area easier to keep clean.

Fire extinguishers were available in two locations, and we saw that these had been serviced within the last 12 months. One extinguisher was standing on the floor rather than hung on its designated hook. This was highlighted to staff and resolved during the inspection.

A fire risk assessment had been completed. However, this did not adequately show risk ratings or identify if further precautions were required. We saw combustible materials being stored near the boiler, compressor unit and suction unit, which could increase fire risk and should be moved.

We recommend that the combustible materials are moved to a more suitable location and that the fire risk assessment be reviewed and updated.

Emergency exits were clearly signposted, and a Health & Safety poster was displayed in the staff area. A Certificate of Employers' Liability Insurance was displayed in Surgery one.

The practice had a 'Health and Safety Policy and Procedures' document in place as well as a 'Disaster Planning and Business Continuity Management policy.

Only one member of staff (the Practice Manager) was qualified as a First Aider, had up-to-date training records and their certificate was displayed in the patient waiting area.

We recommend that at least one other member of staff is trained as a First Aider, to minimise the risk to patients if the Practice Manger was not present.

Infection, Prevention, Control (IPC) and Decontamination

We found that reusable medical devices were stored and decontaminated appropriately. We saw evidence that staff were trained and competent in decontamination protocols.

The practice did not have a separate decontamination area, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05.

We recommend that the practice consider having a dedicated decontamination area.

We found that appropriate infection control policy and procedures were in place and that there was an effective cleaning schedule. There were daily checklists for each surgery. These could be made more easily accessible and initialled or counter-signed to give better evidence of being completed correctly.

Medicines Management

We found that there were appropriate and safe arrangements and systems in place for medicines management. We advised that details on how to contact emergency services should be made easily available to staff and this was resolved during the inspection. The waste disposal contract did not include provision to dispose of unused or expired medicines and emergency drugs. These were taken to a local pharmacy for disposal.

The registered manager must ensure that the waste disposal contract should include provision to dispose of unused or expired medicines and emergency drugs.

Safeguarding of Children and Adults

We reviewed a sample of staff records and found that one member of staff had not undergone the required checks by the Disclosure and Barring Service (DBS). As such, the Practice could not demonstrate that children, young people and vulnerable adults were being adequately protected from the risk of harm. This was dealt with under HIW's immediate non-compliance process and is referred to in Appendix B of this report.

There were clear policies and procedures in place, with staff having received training at an appropriate level and an established safeguarding lead having

undergone Level 3 training. However, a flowchart was not displayed with the contact details and actions to carry out.

The registered manager must ensure that a safeguarding pathway (flowchart) with contact details and actions to be taken be made available to all staff.

Management of Medical Devices and Equipment

We found that the clinical equipment was safe, in good condition and that staff were trained to use it. We saw that appropriate arrangements were in place to use x-ray equipment safely.

The contract to engage a Radiation Protection Adviser (RPA) was out of date.

The registered manager must obtain an up-to-date copy to demonstrate that a suitable RPA is engaged to provide advice on work involving ionising radiation.

We saw that the logbook for autoclave tests did not include the number of minutes pressure was held by n-type autoclave and staff were advised to change the logbook. We also found that the autoclave inspection certificate was out of date.

We recommend that the practice obtain and provide HIW with a copy of a current autoclave inspection certificate along with details of the action taken to ensure all autoclave test results are recorded.

Effective

Effective Care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients.

In response to the HIW questionnaire all respondents who replied said there was enough information given to understand the treatment options available and that they were given enough information to understand the risks/benefits associated with those treatment options.

Patient Records

We reviewed a sample of 10 patient records and found them to be satisfactory overall but advised that some improvements could be made.

We recommend that records should include evidence of treatment planning, risk assessments, language preferences and delivery of oral health. In addition, where templates are used in clinical notes and that any non-relevant sections be removed.

We found that some cabinets used to store clinical notes and patient records could not be locked.

We recommend that these need to be stored securely to ensure patients' privacy.

Efficient

Efficient

The facilities and premises were appropriate for the services being delivered, with an appropriate number of clinical staff and range of skills.

Quality of Management and Leadership

Leadership

Governance and Leadership

Day-to-day management of the practice was the responsibility of the Practice Manager. We found that staff were clear about their roles and responsibilities and clear management structures were in place.

Staff were committed to providing a high standard of care to patients and this was supported by a range of policies and procedures. However, we found that there was no policy for ensuring the premises are fit for purpose nor an environmental risk assessment and these should be put in place.

The practice manager must ensure that all policies, procedures and risk assessments required by the Private Dentistry Regulations (Wales) 2017 are in place and reviewed every three years. In addition, arrangements should be made that these are signed by staff to evidence that they have read and understood them.

Workforce

Skilled and Enabled Workforce

All clinical staff were registered with the General Dental Council (GDC) and had a contract of employment. We saw that a staff induction checklist was used for new employees.

We saw that an electronic system was being used to track and deliver training on a range of topics. However, we found policies, procedures and documents relating to staff training records being kept in multiple locations (both electronic and paper) making monitoring of compliance more difficult.

We recommend that the training records are maintained in a training matrix or similar document to allow easy identification of training that is due for renewal.

The Practice Manager confirmed that staff did not currently have formal appraisals but were able to discuss any issues on an ad-hoc basis.

We recommend that all staff have an annual appraisal.

We were told that team meetings were held, and information shared with any staff members that could not attend.

Culture

People Engagement, Feedback and Learning

We found that the practice encouraged patient feedback and had good mechanisms in place to capture this, with both electronic and paper options available. However, there were no system in place to ensure that the feedback was regularly reviewed.

We recommend that systems be put in place to regularly review feedback received and what actions, if any, were taken as a result, and to share this with patients.

We found that a comprehensive complaints procedure was in place and readily available to patients. However, there was not a central log of all complaints that would make it easier to identify any trends or themes and to record any actions taken.

The registered manager must ensure that a central log to capture and record all complaints (both verbal and written), is established.

Information

Information Governance and Digital Technology

Staff described a suitable system for recording patient safety incidents, using an event record form. There was a Duty of Candour policy in place that clearly stated that staff should alert the Practice Manager in the event of an incident and set out criteria for when an incident should be reported to HIW.

Learning, Improvement and Research

Quality Improvement Activities

We found that staff undertook CPD training and had access to professional advice. We noted that the practice had recently implemented clinical improvements such as the use of an air abrasion unit and intra-oral scanner.

We saw evidence that some clinical audits had been carried out, for example a clinical notes audit. However, the number of audits was inadequate and we saw no evidence of reporting on the findings. We were told that the practice does not use

the Quality Improvement Training Tools provided by Health Education and Improvement Wales (HEIW).

We recommend that the practice implement a programme of clinical audits and provide HIW with details of the action taken to increase the number of clinical audits, record and act on any findings.

Whole Systems Approach

Partnership Working and Development

We were told that the practice uses external quality management systems, namely eDEN and NHS Compass. Staff told us that they engage with other healthcare services, such as referrals or laboratory work and this is usually done by telephone.

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
The General Dental Council (GDC) registration numbers for some staff members weren't available to patients	Patients may not be fully informed about the dental professionals involved in their care	This was raised with the Practice Manager during the inspection	A full list of staff members, their roles and GDC Registration numbers was put into the patient information folder in the waiting area
A fire extinguisher was not located on its wall-mount	Fire extinguishers should be kept in a designated and consistent location, to be easily found in an emergency	This was raised with the Practice Manager during the inspection	The fire extinguisher was returned to its designated, wall-mounted location
Details on how to contact emergency services should be	Having these details readily available to all staff will assist in	This was raised with the Practice Manager during the inspection	A list of contact details was printed and put on display with the kit for managing medical emergencies

included with the kit for managing medical emergencies	securing prompt treatment for a patient in a medical emergency		
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Appendix B - Immediate improvement plan

Service: Chepstow Road Dental Practice

Date of inspection: 13 June 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
One member of staff has not undergone the necessary Disclosure and Barring Service (DBS) checks to ensure they are fit to work in a dental practice.	The Registered Manager must provide HIW with details of the actions taken to ensure the staff member in question has undergone appropriate DBS checks.	Regulation 18(1), (2)(e) - Fitness of workers	To do DBS. Umbrella system used and Cavity Dental Staff Agency Ltd to do.	Louise Wilkins	20 June 2023
	In addition, the Registered Manager must put arrangements in place to ensure that:	Schedule 3 - Information Required in Respect of Persons Seeking to Carry On, Manage or Work at a Private Dental Practice	DBS Risk Assessment done, also DBS forms filled in with Cavity Dental Agency - paid, signed and returned to	Rhonda Baker	20 June 2023

<ul style="list-style-type: none"> • DBS checks are carried out as part of the recruitment process • Staff working for the Dental Practice notify the registered manager of a relevant change that may affect their DBS certification • Staff annually certify that there have not been any changes that would affect their DBS certification. 		<p>them by post (evidence attached)</p> <p>DBS checker in place and (with iComply form) before any new starter DBS is to be checked</p> <p>New form in place on iComply</p> <p>All staff have forms to sign and this is now in the annual calendar on iComply and will also be reviewed at annual appraisals (from Sept 23 onwards)</p>	<p>Rhonda Baker</p> <p>Rhonda Baker</p> <p>Rhonda Baker</p>	<p>Completed / in place</p> <p>Completed / in place</p> <p>Completed / in place</p>
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Rhonda Baker
Job role: Practice Manager
Date: 20 June 2023

Appendix C - Improvement plan

Service: Chepstow Road Dental Practice

Date of inspection: 13 June 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.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
A step at the front door restricts access for wheelchair users and those with mobility issues.	The Registered Manager must consider how the practice can best serve the needs of people with mobility issues and whether any reasonable adjustments are appropriate.	The Private Dentistry (Wales) Regulations 2017, Regulation 15(2)	Reasonable adjustment has been made to improve wheelchair access by providing ramps for the front access.	Rhonda Baker	In place since 20/06/2023
The location of the toilet roll holder in the patient's toilet was difficult to reach for users with restricted mobility.	The Registered Manager must ensure that toilet roll can be easily accessed by all users of the patient toilet.	The Private Dentistry (Wales) Regulations 2017, Regulation 15(2)	The toilet roll holder has been removed and is now more user friendly.	Rhonda Baker	In place since 27/06/2023

<p>The telephone system's recorded messages and voicemail system was not working at the time of inspection, making it more difficult for patients to get information or contact the practice.</p>	<p>The Registered Manager must ensure that the telephone system is operating as intended, with recorded information available to patients and a facility to leave voice messages.</p>	<p>Standard - Timely</p>	<p>We are working with [telecommunications provider] who is doing our messaging service to provide English and Welsh version so the patients can get better contact with the practice we also provide e-mail address if the wish to e-mail us.</p>	<p>Rhonda Baker</p>	<p>30/08/2023 if not sooner</p>
<p>Patients that would prefer to access the service using the Welsh language are unable to do so.</p>	<p>The Registered Manager must provide HIW with details of the actions taken to:</p> <ul style="list-style-type: none"> • Provide more written information in the Welsh language • Plan to develop Welsh language skills for current and future staff. 	<p>Standard - Equitable</p>	<p>FP17 (patient record forms) are available in English and Welsh and we ask the patients which they prefer.</p> <p>The health board has provided us Welsh language technology action plan and has been given to each member of staff to read and sign</p>	<p>Rhonda Baker</p>	<p>In place and ongoing monitoring.</p>

			<p>I will monitor this with view for staff to develop their skills.</p> <p>We will be having our answerphone messages in both languages.</p>		
Electrical cables in Surgery two were insufficiently isolated.	The Registered Manager must provide HIW with details of the actions taken professionally isolate and secure the cables in question.	The Private Dentistry (Wales) Regulations 2017, Regulation 22 (2)	This has been completed by the electrician	Rhonda Baker	09/08/2023
The practice's fire risk assessment does not adequately record risk ratings or if further precautions are required.	The Registered Manager must provide HIW with details of the actions taken to review and update the fire risk assessment.	The Private Dentistry (Wales) Regulations 2017, Regulation 22 (4)	Monthly risk assessment is now being correctly checked and record. Fire marshals to attend courses.	Rhonda Baker	Ongoing and in place
Combustible materials were stored close to the boiler, compressor and	The Registered Manager must provide HIW with details of the actions taken	The Private Dentistry (Wales) Regulations	Will be looking at removing all things that are close to	Rhonda Baker	21/08/2023

suction unit. This could increase the risk of fire.	to reduce the fire risk posed by the storage of materials near the boiler, compressor and suction unit.	2017, Regulation 22 (4)	compressor/suction awaiting more storage areas. Boiler has been cleared.		
Only one member of staff is a qualified first aider, meaning that there is increased risk for patients if that staff member is not available.	The Registered Manager must provide HIW with details of the actions taken to ensure that at least one other member of staff is trained as a First Aider.	The Private Dentistry (Wales) Regulations 2017, Regulation 8 (1)(q)	All members to do first aid in the workplace on [electronic compliance system] Sandra Hollings has been booked on a first aid Essentials course for 19 th October.	Rhonda Baker Sandra Hollings	1/12/2023
The practice does not have a separate decontamination area, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05.	The Registered Manager must confirm that a separate decontamination room will be considered as part of any future renovation plans	The Private Dentistry (Wales) Regulations 2017, Regulation 13 (3)	We do have plans for this to happen but it all comes down to space and finances so unfortunately it might be plans at the moment, but it's definitely to be considered for the future.	Rhonda Baker	Ongoing

Daily cleaning checklists are used but could be improved by being more accessible and recorded as being completed	The Registered Manager must provide HIW with details of the actions taken to make daily checklists more accessible to all staff and that they include evidence that they have been completed	The Private Dentistry (Wales) Regulations 2017, Regulation 8 (1)(m)	These have been discussed at meeting to improve the way things could be done they are now checked weekly and recorded in Audit book.	Rhonda Baker	In place and ongoing
The current waste disposal arrangements do not include the disposal of unused or expired medicines and emergency drugs.	The Registered Manager must provide HIW with details of the actions taken to update the waste disposal contract to include provision to dispose of unused or expired medicines and emergency drugs.	The Private Dentistry (Wales) Regulations 2017, Regulation (1)(m)	We have reviewed this, and arrangements are in place with local chemist/waste disposal and is recorded and filed by appointment member of staff it will be reviewed monthly by myself.	Janet Porter. Rhonda Baker	In place.
All staff should have access to a safeguarding pathway or flowchart with appropriate contact details.	The Registered Manager must provide HIW with details of the actions taken to ensure staff have access to a safeguarding pathway or flowchart with appropriate contact details.	The Private Dentistry (Wales) Regulations 2017, Regulation 14	All staff know where the safeguarding file is kept, and pathway charts have been to this added all staff have signed to	Rhonda Baker	In Place.

			acknowledge this and all other policies.		
The logbook for autoclave maintenance does not allow for recording all the required tests and the autoclave inspection certificate was out of date.	The Registered Manager must provide HIW with details of the actions taken to obtain a copy of a current autoclave inspection certificate and provide details of the action taken to ensure all autoclave test results are recorded.	The Private Dentistry (Wales) Regulations 2017, Regulation 8 (1)(d)	We have installed logger on the Auto claves and are printable also have new record books the inspection certificates are now up to date.	Rhonda Baker	In place
Clinical records relating to patient treatment could be improved.	The Registered Manager must provide HIW with details of the actions taken to ensure records - where appropriate - include evidence of treatment planning, risk assessments, language preferences and delivery of oral health, and that irrelevant information is removed if templates are used.	The Private Dentistry (Wales) Regulations 2017, Regulation 20 (1)	Meeting with Dentists Have taken this information into the meeting even though the notes are good they are always willing to improve their notes.	Bjorn Brunswick Tristan Ardley	In Place

<p>Cabinets used to store clinical notes and patient records could not be locked.</p>	<p>The Registered Manager must provide HIW with details of the actions taken to ensure access to these records is restricted.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 20 (2)</p>	<p>We have installed locks on surgery door and cabinets and moved around policies and files which as improved accessibility and organization.</p>	<p>Rhonda Baker</p>	<p>In place</p>
<p>Some required policies and procedures are not in place, and there is no system in place to demonstrate that staff members have read and understood key policies and procedures.</p>	<p>The Registered Manager must provide HIW with details of the actions taken to ensure all policies and procedures listed in the regulations are in place and what system is used to record that staff have read the relevant policies and procedures.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 8 (1)</p>	<p>All staff has access to [electronic compliance system] to which they had all policies sent to them I have now put in place that they have to sign to say they have read/understood them and have been place in their compliance files.</p>	<p>Rhonda Baker</p>	<p>In place and ongoing.</p>
<p>Policies, procedures and documents relating to staff training records are kept in multiple locations (both electronic and paper), hampering document control and</p>	<p>The Registered Manager must provide HIW with details of the actions taken to improve document control and ensure policies and procedures are reviewed on a regular basis (at least</p>	<p>Enabler - Data to Knowledge</p>	<p>I have relocated all policies, training record etc to their correct file which I got from [electronic compliance system] they have been</p>	<p>Rhonda Baker</p>	<p>In place and ongoing.</p>

monitoring of compliance.	every 3 years) and that staff training compliance is monitored.		updated and are stored away these are looked at weekly.		
Staff do not currently have formal appraisals.	The Registered Manager must provide HIW with details of the actions taken to ensure staff have formal, annual appraisals that are appropriately recorded.	The Private Dentistry (Wales) Regulations 2017, Regulation 17 (4)	I have started with question sheets and all staff are booked in for formal appraisals in sept. This has been added to [electronic compliance system] calendar for annual reviews.	Rhonda Baker	In place
Whilst patient feedback is encouraged there is no clear system in place to formally review this and record any actions taken as a result.	The Registered Manager must put systems in place to record and regularly review patient feedback, record any actions taken as a result, and to share these actions with patients if appropriate.	The Private Dentistry (Wales) Regulations 2017, Regulation 16 (1)(a) and (2)(d)	There is now a system in place to which I record feedback and DNAs ('did not attend') we will discuss at staff meetings, they will be record results good or bad and then will display for the patients to see.	Rhonda Baker	In place

<p>There is a complaints procedure in place, but the process would be improved by recording all formal and informal complaints in a central log and recording any actions taken.</p>	<p>The Registered Manager must put systems in place to record all verbal, informal and formal complaints in one place, and to record any actions taken as a result.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 21</p>	<p>I have now put a logbook in place to benefit our complaints system and will be disused at next staff meeting.</p>	<p>Rhonda Baker</p>	<p>Sept 2023</p>
<p>A minimal number of clinical audits were being undertaken and the findings not reported.</p>	<p>The Registered Manager must provide HIW with details of the actions taken to increase the number of clinical audits, record and act on any findings.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 16 (1) and Reg 8 (1)(n)</p>	<p>I use the Audits tools on [electronic compliance system] and have now a system in place which schedules them monthly with reminders.</p> <p>Dentist/nurses are recording clinical notes/x-ays/antibiotics on audit sheets and will be reviewed on monthly bases by myself and will act on</p>	<p>Rhonda Baker</p>	<p>In place</p>

			any findings then keep the audit file.		
An up-to-date copy of the contract with the appointed Radiation Protection Adviser (RPA) was not available.	The Registered Manager must provide HIW with an up-to-date copy of a contract to show that a suitably qualified Radiation Protection Adviser (RPA) is engaged to provide advice on work involving ionising radiation.	The Ionising Radiations Regulations 2017, Regulation 14	We were awaiting this at the inspection and now have in place.	Rhonda Baker	In place

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): RHONDA BAKER
Job role: PRACTICE MANAGER
Date: 10/08/2023