

General Dental Practice Inspection Report (Announced)

Llanidloes Dental Practice, Powys
Teaching 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 Llanidloes Dental Practice, Powys Teaching Health Board on 21 June 2023.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 20 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 the practice was committed to supporting their patients and treating them with dignity and respect. We saw written information that was readily available bilingually and an effective appointments system to support both patients and staff.

Patient feedback supported our findings that the practice is patient-centred with a focus on a quality patient experience.

This is what we recommend the service can improve:

- The practice should utilise the support available from their local health board to further integrate the Welsh language into their service using the Active Offer.

This is what the service did well:

- All patients that completed a questionnaire rated the service they received as very good
- The appointment process supported the timely care of patients.

Delivery of Safe and Effective Care

Overall summary:

We found appropriately trained and knowledgeable staff working within a clean and well maintained environment.

We found areas for improvement around the suitability of emergency and decontamination equipment. However, in the main, we saw appropriate systems to support the delivery of safe and effective care for patients.

This is what we recommend the service can improve:

- The practice must closely monitor the contents and expiry dates for their emergency equipment to ensure they remain fit for use at all times
- The practice must consider the storage and location of their cleaning and sterilisation equipment
- The practice should fully utilise the guidance and support available to them relating to clinical audit, safeguarding and quality improvement.

This is what the service did well:

- We found that the practice was well-organised and maintained a good level of cleanliness throughout
- Practice staff were suitably trained and knowledgeable.

Quality of Management and Leadership

Overall summary:

We found appropriate processes and procedures in place for the effective running of the practice. The practice demonstrated a good focus on training and development of its workforce. Although, recruitment processes required a more robust policy to ensure the regulatory requirements are met.

This is what we recommend the service can improve:

- The practice should develop and maintain a recruitment policy to ensure all relevant pre-employment checks are completed in accordance with the requirements stated in the regulations
- The practice should evidence how it has listened to patient feedback and made changes in response to this.

This is what the service did well:

- Staff undertook frequent training courses above the mandatory requirements
- The practice proactively adopted the Duty of Candour into their work and were suitably trained in the process.

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 of the patients that completed a HIW questionnaire rated the service they receive as ‘very good’. Some of the comments provided by patients on the questionnaires included:

“The practice is excellent and all of the staff that I’ve encountered are very professional and friendly.”

“Excellent service, never had any cause for complaint.”

Person Centred

Health Promotion

We saw a range of information displayed around the practice to promote good dental health.

Health promotion advice, including smoking cessation, was on display and we found bilingual patient information leaflets available for patients to take away. We also saw the opening times, emergency out of hours details as well as the names and GDC numbers of dental clinicians on display outside the practice.

Respondents to the HIW patient questionnaires said staff explained their oral health to them in a way they could understand and that suitable aftercare instructions were provided.

Dignified and Respectful Care

Throughout our inspection we saw staff treating patients with dignity and respect.

We observed staff speaking with patients at reception and over the telephone behind a glass partition to promote privacy. Surgery doors were kept closed during appointments to maintain patient dignity during treatment.

All of the patients that completed a HIW questionnaire told us that staff treated them with dignity and respect and that they felt listened to throughout their appointment.

Individualised care

In response to the HIW questionnaire, all patients felt they were given the information they needed to understand the treatment options available, as well as the risks and benefits of them prior to treatment.

Patients also told us that their medical history was checked prior to any treatment taking place and that they all felt involved in the decisions regarding their care.

Timely

Timely Care

We found an effective appointments process in place to support the timely care of patients. We were told that delays or cancellations at the practice were infrequent and that any delays prior to appointments would be communicated to patients upon arrival. If delays occurred while the patient was waiting, these would be explained to patients by reception staff.

Staff informed us that appointments were made over the telephone and that they had no online booking process. Any emergency appointments would be triaged over the telephone by staff, in consultation with a dentist. We were told that patients were seen on the same day for any emergency appointments, and we observed the practice working flexibly to meet patient availability.

We were told that following on from the pandemic, the changes to the recall interval system had enabled the practice to treat more patients in a timely manner.

Most patients (12/20) told us it was 'very easy' to make an appointment, while the remainder (8/20) informed us it was 'fairly easy'. The majority of patients (15/20) said they knew how to access out of hours dental services if they had an urgent problem.

Equitable

Communication and Language

We observed some written bilingual information displayed in the practice. Staff told us that they employ one member of staff who can speak with patients in Welsh.

Staff informed us that, while not explicitly aware of the Active Offer, they operate in a way that promotes the use of the Welsh language.

The registered manager must put arrangements in place to provide an effective 'Active Offer' to patients.

Patients whose first language was not English were supported by the use of language line. Staff informed us that they could make documents or other items available in different formats if requested.

Rights and Equality

The practice had an equality policy and a new patient acceptance policy, both of which promoted equal access to treatment for all patients. We saw posters in the reception areas and in the individual surgeries that clearly outlined the zero-tolerance approach to bullying and harassment.

We were told that staff use open questions when speaking to patients regarding their protected characteristics. The surgery was a fully accessible space that took account of any patient mobility requirements, and we also saw spaces for private conversations to take place.

All of the patients that responded to the HIW questionnaire told us they hadn't faced any form of discrimination at the practice while the majority (12/18) who answered the question felt that it was an accessible building, with some (5/18) stating they weren't sure.

Delivery of Safe and Effective Care

Safe

Risk Management

During our inspection, we saw a modern, clean and visibly well-maintained practice. There were two spacious surgeries, both of which were on the ground floor which enabled disabled access.

Throughout the practice we found a safe and hazard-free environment. However, we did see in one of the storage cupboards two mops that were left to dry within their buckets.

The registered manager must ensure that mops are not stored in their buckets.

We saw telephone communications working well and we saw well-maintained changing facilities for staff. We noted clean and modern toilets for both staff and patients, with suitable sanitary disposal and handwashing/drying facilities.

We saw open windows to allow for ventilation, heating at a comfortable level with sufficient lighting for the employees and patients. We noted sufficient signage and well signposted emergency exits.

We found a comprehensive set of policies for health and safety, the practice environment, risk management, infection, prevention and control, and emergency plans. The practice maintained and updated a risk assessment document. However, due to its length and amount of detail, it could benefit from a risk rating scoring matrix to enable a quicker means of identifying higher risk activities on review.

The registered manager should consider including a scoring matrix in their risk assessment.

We observed the practice employer liability insurance displayed on the wall in reception and the Health and Safety Executive poster.

We saw evidence that fire risks were captured within a risk assessment and there was a contract in place to service fire equipment, including fire alarm system checks and testing. We confirmed that there was regular testing of fire extinguishers and emergency lighting. Fire extinguishers were available at key points throughout the building. We saw that, with the exception of one member of staff, all employees had received fire safety training to an appropriate level for

the number of patients and practice opening hours. We observed signs around the practice relating to fire evacuations, exits and muster points.

Infection, Prevention, Control (IPC) and Decontamination

We found appropriate infection control and cleaning policies and procedures, which were supplemented by good hand hygiene procedures.

We saw Personal Protective Equipment (PPE) being used by staff and we noted the practice keeping a stock in a satisfactory storage location. In response to the pandemic, we saw that the practice has implemented and retained alcohol gel dispensers and increased ventilation within clinical areas.

We found the clinical spaces to be in a good state of repair to enable effective cleaning and we saw infection prevention and control taking place to an appropriate standard. All patients told us that the practice was 'very clean', and all patients felt that infection prevention and control measures were being followed.

The exposure and needlestick injury policy was comprehensive and signposted staff to occupational health services. To prevent injuries, safer sharps devices were used.

Decontamination processes took place within each of the surgeries, without access to a dedicated decontamination room. However, we observed a section of the kitchen surface in the staff room being used to process unsterilised clinical equipment from surgery 2 using an autoclave machine.

The registered manager must move the autoclave into surgery 2 or a dedicated decontamination room and provide HIW with photographic evidence that this has been completed within 1 month.

In accordance with the Welsh Health Technical Memorandum (WHTM 01-05), we saw evidence of daily maintenance programmes and checks. This was confirmed by the maintenance records we examined, the surgery cleaning equipment records and the autoclave cycle records. We were assured that the system for disinfection of impressions was safe from the records we reviewed, and we saw evidence that daily checks for the autoclave machines in operation. We observed staff using decontamination equipment confidently, with staff training records confirming an appropriate level of training.

The practice undertakes infection control audits in line with the procedures for England. However, they currently do not undertake audits in line with the WHTM 01-05.

The registered manager must provide assurance to HIW that WHTM 01-05 is being complied with by undertaking any future routine audits through the Health Education and Improvement Wales (HEIW) process.

We saw records of appropriate waste disposal contracts and observed locked clinical waste disposal bins. We saw a secure area for the Control of Substances Hazardous to Health (COSHH) items, which was accompanied by an individual risk assessment and COSHH folder.

Medicines Management

We saw a recently reviewed prescribing and medicines policy in the practice.

We were informed that the practice does not routinely dispense medicines to patients, other than those used for emergencies. We saw that the prescription pad was securely locked away and an appropriate process for the disposal of expired emergency medicines.

Within the sample of patient records we reviewed, we saw a clear record of administered medicines.

We found that checks on first aid and emergency equipment were not being carried out at appropriate intervals. There was also no recording of checks when they were carried out. We found some items in first aid kits past their expiry dates. On inspection of the emergency medical equipment, we found that the airways in sizes 0 - 4 had been re-packaged from their original manufactured packaging, therefore, leaving their expiration dates unknown. We also found that Ambu bag masks in size 3 - 4 were not available, and there were no paediatric pads for the practice automated external defibrillator (AED). Due to the potential impact on patient safety, these concerns were resolved by the provider during the inspection.

The registered manager must ensure that emergency equipment is regularly checked and available for use in an emergency in line with the minimum requirements set out by the Resuscitation Council (UK).

Safeguarding of Children and Adults

We found a clear policy and procedure in place to manage the safeguarding of children and adults.

We saw that all staff had received mandatory safeguarding training. Staff outlined the process they followed in the event of a safeguarding concern, and we saw that all staff had signed to say they had read the safeguarding policy. Staff also told us

that they would be supported by their peers when making a safeguarding referral and they knew there was support available through their health board when raising any safeguarding concerns.

Whilst we saw the practice had a safeguarding policy and procedure, we recommend that the practice review the All Wales Safeguarding Procedures, so that their policy and procedure reflects the most up to date arrangements in Wales.

The registered manager should consider reviewing their safeguarding policy to fully align with the All Wales Safeguarding Procedures.

Management of Medical Devices and Equipment

We saw dental surgeries with suitable and clean equipment that was in good condition to provide safe dental care and treatment. We saw evidence that staff had received the required training for operating the equipment and staff told us they felt confident when using the equipment.

X-rays were available in both surgeries and there were appropriate policies and procedures in place to support their safe and effective use which were reviewed by staff regularly.

We saw a radiation risk assessment and acceptable local rules for managing the x-ray equipment at the practice. The contingency plans we saw referenced the radiation equipment and we noted a named Radiation Protection Adviser (RPA) alongside two Radiation Protection Supervisors.

We were told there had been no incidents related to radiation equipment, however, staff informed us they knew what to do in those circumstances. We observed a written procedure for any incidents, and we saw evidence of suitable arrangements for the maintenance and testing of the radiation equipment.

We found that patients, and where relevant their carers, were informed of the risks and benefits of x-rays and practitioners were using the x-rays appropriately as an evidence-base for the care and treatment of patients.

Risk assessments were completed on all the patient records we reviewed. These accompanied comprehensive notes by clinicians on any referrals or prescriptions. We saw appropriate detail in all records relating to the justification and frequency of x-rays, however, an older version of x-ray rating was still being used e.g. the 1, 2, 3 scale. Current guidance suggests images should be rated either 'diagnostically acceptable' ('A') or 'not acceptable' ('N').

Staff told us that they undertook a quality assurance process for ionising radiation, however, this wasn't fully aligned to the national guidance.

The registered manager should undertake all future ionising radiation gradings and quality assurance in line with national guidance by utilising HEIW's Quality Improvement Tool for ionising radiation.

Effective

Effective Care

We found that the practice made a safe assessment, diagnosis and treatment of patients.

We confirmed that clinical staff were clear on their responsibilities. Staff were also aware of where to seek relevant professional advice, if necessary.

We saw the use of clinical checklists such as the Local Safety Standards for Invasive Procedures (LocSSIPs).

Patient Records

We reviewed a total of 10 patient records. We saw an appropriate records management system in place to ensure the safe management of patient information. We found this record management system was supported by comprehensive data protection and information security policies.

Staff told us they had moved to a digital records management system in 2019. We saw the older paper records stored securely in the reception area away from the public. From our observation of these records, the storage complied with the General Data Protection Regulations (GDPR). Staff told us that they are moving to a fully digital storage process in due course.

All the patient records we reviewed were comprehensive. Records included dental histories, reasons for attendance, use of alcohol or tobacco and the dental advice being given for smoking cessation and general oral hygiene. We also saw the recording of patient symptoms was present in all the records we reviewed but none of the records contained the choice given to patients regarding their language preference. Staff told us this was discussed with their software provider on the day and could be easily resolved.

The registered manager must ensure that patients are asked their language preference, record that as a decision and note any actions taken.

We saw evidence of full base charting at each course of treatment, the recording and updating of baseline basic periodontal examination (BPE), alongside soft tissue examination. We noted cancer screening was routine, as was the recording of all intra and extra oral examinations.

We noted good practice on the recording of informed patient consent, the treatment options on offer and a fully recorded explanation of the treatment patients were being provided that included the cost. This was supported by patient feedback.

We saw antibiotics being prescribed in line with current guidelines and the majority of respondents to the question in the HIW questionnaire (14/18) told us they had been given clear guidance on what to do and who to contact in the event of an infection or an emergency.

Efficient

Efficient

We found facilities and premises that were sufficient for the service needs of their patients, and we saw a robust and efficient NHS referral system in place.

Staff told us it was difficult to recruit to posts and they operated without hygienists or therapists. However, we were told that the number of clinical staff was sufficient for the services they provide.

We saw an effective process for appointments that took account of delays, and that which staff told us helped to manage emergency appointments. We also saw evidence of an effective system to offer cancellations to patients wishing to be seen at short notice.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is operated by two principal dentists each having their own set of patients and support staff.

We saw evidence of team meetings having taken place for both teams. Minutes of the meetings that we saw outlined discussions regarding staff concerns, any complaints, training and health and safety. We also saw evidence of the practice utilising the British Dental Association (BDA) Good Practice Scheme in previous years and the Maturity Matrix Dentistry development tool was last undertaken in 2019.

The leadership and governance arrangements in place supported the efficient running of services. In the practice risk assessment, we found acceptable arrangements in place for identifying and managing the risks and issues.

We found staffing policies and procedures were comprehensive and the documents showed regular reviews. Staff told us that they knew where to find the information when they needed it.

Workforce

Skilled and Enabled Workforce

The two dentists were supported by three dental nurses, two receptionists and a trainee receptionist. We heard from the staff required to register with the GDC that they were supported, and quality assurance checks were undertaken to ensure registration did not lapse.

All staff we spoke to reported feeling able to discuss matters related to their role and responsibilities with their peers and their manager. Staff told us they would feel comfortable raising a concern and they knew how to. This was supported by an appropriate whistleblowing policy and procedure.

We saw evidence of written appraisals for staff, though each principal dentist did not have an appraisal on file. There were comprehensive arrangements to support staff development and training at the practice, which included a formal induction procedure.

We reviewed the files of eight staff working at the practice. We saw all staff had a recent Disclosure and Barring Service (DBS) certificate and evidence of immunisations. However, we found the DBS certificate for one staff member was only obtained to a basic level. We saw, where required, evidence of indemnity insurance and evidence of current registration with the General Dental Council (GDC).

The registered manager must ensure that all staff that could come into any unsupervised contact with patients be vetted to DBS Enhanced as a minimum and provide assurance to HIW that this has been completed as soon as practicable.

Throughout staff training records we observed good practice of training attendance above the required minimum for all staff, with some achieving noteworthy hours of continuous professional development during the year. Staff told us they felt supported by managers to undertake training and were afforded the time during working hours to do so.

We saw evidence of employment checks taking place and staff told us they understood their responsibilities in ensuring new staff are suitable for employment. We also saw evidence that audits were undertaken on staff employment checks. Although, we could not be assured that employment checks would be undertaken on a routine and consistent basis as part of a recruitment process because there was no policy or procedure in place to support this.

The registered manager must create a recruitment policy to ensure relevant employment checks are routinely undertaken.

Culture

People Engagement, Feedback and Learning

We saw the use of a paper questionnaire process for anonymous feedback to be provided by all patients. Staff told us they welcomed feedback, and they would act on any received.

While no patient feedback had been received, we were told that patient feedback would be shared with staff via team meetings. We recommended that a system be implemented to show patients the action taken by the practice in response to their feedback should any be received.

The registered manager should implement a suitable system to explain to patients the action taken in responding to feedback.

Throughout the practice, we saw evidence of Putting Things Right posters, and these were supported by a comprehensive complaints policy and procedure.

We observed a complaints process that suitably outlined appropriate timescales, different forms of resolutions and contact details for HIW. We heard from staff that the two lead dentists were responsible for complaint handling, and we saw them named on complaint posters. We saw evidence that the practice recorded individual complaints on patient records.

All patients that responded to our HIW questionnaire said they were given the right information on how the practice would resolve any concerns or complaints post-treatment.

We noted an appropriate Duty of Candour policy in place at the practice and we saw evidence in staff files of all practice staff having completed training recently. The staff we spoke to all explained the Duty of Candour in detail and, while there hadn't been any concerns since the implementation of the Duty of Candour process, they gave an overview of what they would do should a concern be raised.

Information

Information Governance and Digital Technology

There was an appropriate digital patient record system in operation. There was also a digital system in place to record and escalate patient safety incidents. Whilst there were no patient safety incidents for us to review, we were assured by the processes that were in place.

Learning, Improvement and Research

Quality Improvement Activities

We saw evidence of clinical audits taking place for x-ray grading, decontamination, hand hygiene and record keeping. We also saw the Maturity Matrix Dentistry quality improvement tool was used by the practice. However, there was an absence of a smoking cessation and antibiotic prescribing audits having taken place.

The registered manager must provide assurance to HIW of how they will increase quality improvement activities, such as those available through HEIW.

Whole Systems Approach

Partnership Working and Development

Staff outlined suitable means of communication with other health service providers and the health board.

Referrals are undertaken digitally, including for those patients with any urgent needs. We saw a suitable process in place to follow up on any referrals made. Staff explained they maintained good working relationships with other primary care services in Powys, including GP services.

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
<p>Airways in sizes 0 - 4 had been re-packaged from their original manufactured packaging, therefore, leaving their expiration dates unknown.</p> <p>Ambu bag masks in size 3 - 4 were not available.</p> <p>No paediatric pads were available for the practice automated external defibrillator (AED).</p> <p>There was no checklist in place to monitor emergency equipment</p>	<p>In the event of a medical emergency, there being an immediate risk to patient safety.</p>	<p>This was escalated to staff during the inspection.</p>	<p>All items were ordered and delivered the next working day.</p> <p>An emergency equipment checklist was created on the day.</p>

Appendix B - Immediate improvement plan

Service: Llanidloes Dental Practice

Date of inspection: 21 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
There were no immediate assurance issues.					

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): Dr Dusza / Dr Sobhani

Job role: Lead dentists

Date: 24/09/2023

Appendix C - Improvement plan

Service: Llanidloes Dental Practice

Date of inspection: 21 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
Staff informed us that, while not explicitly aware of the Active Offer, they operate in a way that promotes the use of the Welsh language.	The registered manager must put arrangements in place to provide an effective 'Active Offer' to patients.	Regulation - Private Dentistry (Wales) Regulations 2017, Section 13 (1) (a)	We have downloaded the active offer information pack for staff to read which includes phrases and posters. Also have ordered some learning and working Welsh badges and lanyards.	Mykaela	Completed
We saw in one of the storage cupboards two mops that were left to dry within their buckets.	The registered manager must ensure that mops are not stored in their buckets.	Section 22 (2) (a)	All mop handles now have a mop holder for the mop to go after use.	Dagmara and Mykaela	Completed
Due to the length and	The registered manager	Section 16 (1) (b)	We have now adapted our	Mykaela	Completed

amount of detail in the practice risk assessment, it could benefit from a risk rating matrix to enable a quicker means of identifying higher risk activities on review.	should consider including a scoring matrix in their risk assessment.	/ Section 22 (4) (f)	risk assessment to the rating matrix.		
We observed a section of the kitchen surface in the staff room being used to process unsterilised clinical equipment from surgery 2 using an autoclave machine.	The registered manager must move the autoclave into surgery 2 or a dedicated decontamination room and provide HIW with photographic evidence that this has been completed within 1 month.	Section 22 (2) (a)	Autoclave will be moved to surgery 2 on the 05/09. There is builders work required to prepare decontamination room. The work will be carried out from 28/08-5/09.	Dr Dusza	05/09/2023
Routine audits for infection control and clinical audits for smoking cessation and antibiotic prescribing aren't routinely being undertaken or don't comply with relevant guidance	The registered manager must provide assurance to HIW that audits for infection control are taking place in line with HEIW practices. They must also commence clinical audits for smoking cessation and antibiotic prescribing without delay, utilising HEIW processes as a	2017, Section 8 (1) (n)	<p>Infection control audits are in place.</p> <p>Smoking Cessation and Antibiotic prescribing will be in place by 20/09</p> <p>Smoking cessation and antibiotic prescribing audits are now in place</p>	<p>Dr Dusza</p> <p>Dr Dusza</p> <p>Dr Sobhani</p>	<p>Completed</p> <p>20/09/2023</p> <p>Completed</p>

	minimum.				
We recommend that the practice review the Wales Safeguarding Procedures, so that their policy and procedure reflects the most up to date arrangements in Wales.	The registered manager should consider reviewing their safeguarding policy to align with the Wales Safeguarding Procedures.	Section 14 (1) (a)	Level 3 training will be completed by 20/09 Updated and reviewed our current safeguarding policy with the Wales safeguarding procedures. Completed level 3 training for safeguarding lead	Dr Dusza Mykaela Dr Sobhani	20/09/2023 Completed Completed
In all the records we reviewed, none contained the choice given to patients regarding their language preference.	The registered manager must ensure that patients are asked their language preference, record that as a decision and note any actions taken.	Section 13 (1) (a)	We connected our dental software supplier on day of inspection and was advised that this would be passed onto the progress team to be added to the patients details on the portal but in the meantime, we could add the language preference on the patient details page which is being checked with the patient when they call or attend an appointment.	Dr Dusza and Dr Sobhani	Completed

<p>An older version of x-ray rating was still being used e.g. the 1, 2, 3 scale. Current guidance suggests images should be rated either 'diagnostically acceptable' ('A') or 'not acceptable' ('N').</p> <p>The quality assurance process for ionising radiation wasn't fully aligned to national guidance.</p>	<p>The registered manager should undertake all future ionising radiation gradings and quality assurance in line with national guidance by utilising HEIW's Quality Improvement Tool for ionising radiation.</p>	<p>Section 13 (2)</p>	<p>On the day of inspection this was brought to our attention by Ian and now we use the new rating of X-rays.</p>	<p>Dr Dusza and Dr Sobhani</p>	<p>Completed</p>
<p>We found the DBS certificate for one staff member was only obtained to a basic level.</p>	<p>The registered manager must ensure that all staff that could come into any unsupervised contact with patients be vetted to DBS Enhanced as a minimum and provide assurance to HIW that this has been completed as soon as practicable.</p>	<p>Section 18 (2) (b)</p>	<p>DBS checks in progress.</p>	<p>Dr Dusza</p>	<p>In progress</p>

<p>We could not be assured that employment checks would be undertaken on a routine and consistent basis as part of a recruitment process because there was no policy or procedure in place to support this.</p>	<p>The registered manager must create a recruitment policy to ensure relevant employment checks are routinely undertaken.</p>	<p>Section 8 (1) (i)</p>	<p>This was discussed on the day of inspection and now completed in our policy folder, which will make it easier for future employees so that we can follow.</p>	<p>Mykaela</p>	<p>Completed</p>
<p>We recommended that a system be implemented to show patients the action taken by the practice in response to their feedback should any be received.</p>	<p>The registered manager should implement a suitable system to explain to patients the action taken in responding to feedback.</p>	<p>Section 16 (1) (a)</p>	<p>We have now introduced a wall in the waiting room where we can display feedback and any feedback that requires action patients can see we are improving a listening to the feedback.</p>	<p>Mykaela</p>	<p>Completed</p>

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

Service representative

Name (print): Dr Dusza / Dr Sobhani

Job role: Lead dentists

Date: 24/08/2023