

General Dental Practice Inspection Report (Announced)

Portfield Dental Practice, Hywel Dda
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 Portfield Dental Practice, Hywel Dda Health Board on 15 August 2023.

Our team for the inspection comprised of 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 16 were completed by patients or their carers and three 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:

We found Portfield Dental Practice was committed to providing a positive experience for their patients.

All the patients who completed a HIW questionnaire rated the service provided as very good or good.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone. We found that there were systems and processes in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Seek advice in order to implement the 'Active Offer' of Welsh
- Ensure staff understand their responsibilities under the Duty of Candour

This is what the service did well:

- Bright, clean and well-maintained practice environment
- Patients were treated in a caring and friendly manner within surgeries that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

We found that Portfield Dental practice was in a good state of repair and well equipped to deliver services and treatments to patients.

Dental surgeries were clean and fit for purpose with well-maintained equipment. There was a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments.

Immediate assurances:

- Staff had not received fire safety and prevention training
- There was no evidence of fire drills having been carried out.

This is what we recommend the service can improve:

- Ensure patient records are completed consistently
- Implement Local Safety Standards for Invasive Procedures (LocSSIPs) checklists

- Ensure patient records clearly show which treatments were provided by which staff.

This is what the service did well:

- Appropriate systems used for infection prevention and control
- Safe arrangements in place for medicines management
- Clear understanding of safeguarding procedures.

Quality of Management and Leadership

Overall summary:

Portfield Dental practice had clear lines of accountability and staff that were committed to providing a high standard of care to their patients.

This is what we recommend the service can improve:

- Ensure staff have regular appraisals
- Have regular team meetings for all staff
- Implement a structured process for capturing, reviewing and learning from patient feedback and complaints
- Introduce systems to monitor and promote quality improvements
- Ensure policies and procedures are reviewed regularly

This is what the service did well:

- Staff records well maintained
- Comprehensive range of policies and procedures

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:

" The staff are always polite and helpful."

" Excellent service. Receptionist a pleasure to deal with."

We asked what could be done to improve the service. Comments included the following:

"Had routine appointments cancelled by surgery at very short notice and next availability was a few months."

"It has been very difficult to get routine and emergency appointments at the practice...things appear to have improved a lot now. The staff are very friendly."

Person Centred

Health Promotion

Leaflets were available in the waiting area, covering a range of topics relating to oral health and treatments. Posters were also displayed, providing information on health issues such as alcohol consumption, and the benefits and risks of X-rays.

No smoking signs were on display, which confirmed the practice adhered to the smoke-free premises legislation.

All patients who responded to the HIW questionnaire agreed that staff explained oral health to them in a way they could understand. 15 out of the 16 respondents agreed that they were given aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

During the inspection, we saw that doors to surgeries were closed during treatment and that music was played in the reception area to promote patient privacy and dignity.

Staff told us that voicemail messages were directed to a private office upstairs, to promote privacy. Staff also told us that confidential conversations could take place in an available surgery or upstairs office, if needed.

All patients who responded to the HIW questionnaire agreed that staff treated them with dignity and respect, and that staff listened to them and answered their questions.

The core ethical principles of practice, as set out by the General Dental Council (GDC), were available in a patient information folder and on display in the reception area. HIW registration certificates were displayed in the waiting area.

Individualised care

All patients who responded to the HIW questionnaire agreed that staff explained what they were doing throughout the appointment. Also, that they were given enough information to understand which treatment options were available, and the cost was made clear before treatment. Fifteen respondents said they were given enough information to understand the risks and benefits of the treatment options available, one respondent said they did not.

We reviewed a sample of nine patient records and found there was comprehensive evidence of treatment planning and options.

Timely

Timely Care

We saw that the practice opening hours were clearly displayed outside the front entrance, along with the practice contact details and an out-of-hours emergency telephone number.

Staff told us that emergency treatment appointments were made available every day and that cancelled appointments were offered to other patients.

There was an instant messaging system between the surgeries and reception, and staff told us they would verbally inform patients of delays and offer to re-book appointments as required.

Most respondents to the HIW questionnaire (14 out of 16) said that it was 'easy' or 'very easy' to get an appointment when they needed one, and two respondents said it was 'not very easy'. One respondent commented:

“Mostly positive although I found it difficult to get an appropriate emergency care last year...”

Equitable

Communication and Language

At the time of inspection, no Welsh speaking staff were employed at the practice. There was no evidence that the 'Active Offer' of Welsh was being implemented, in accordance with the Welsh language standards.

One respondent to the HIW questionnaire stated that their preferred language was Welsh and that they were not actively offered the opportunity to speak Welsh.

We recommend that the practice seeks advice and support in order to implement the 'Active Offer'.

We saw very little information provided to patients in Welsh, or in other languages or formats (such as large print). Staff told us that they found it difficult when dealing with non-English speaking patients.

We recommend that the practice considers providing materials in alternative formats to meet patient needs, and ensures that staff can access translation services as required.

Rights and Equality

We saw that the practice had an 'equality and diversity policy' and an 'anti bullying and harassment policy' in place. These policies acknowledged the need to deliver services and treatment to all patients regardless of protected characteristics under the Equality Act 2010.

Staff told us that to promote the dignity of transgender patients, their preferred pronouns were recorded on their medical notes and staff directed to use them.

We saw that a hearing loop was available to patients in the waiting area.

There was a ramp leading to the front door and all patient-facing areas were on the ground floor, making them accessible to wheelchair users.

The patient toilet was clearly signposted, including in braille. The toilet was located on the ground floor but was not wheelchair accessible, however this was made clear in the practice's Patient Information Leaflet.

All respondents to the HIW questionnaire agreed that they had not faced discrimination when using the service, and that they could access the right healthcare regardless of any protected characteristics (as defined in the Equality Act 2010).

Delivery of Safe and Effective Care

Safe

Risk Management

We found that the premises were clean, visibly well maintained, and free from obvious hazards. We saw that the practice had a building maintenance policy in place.

The patient toilet was visibly clean with handwashing and drying facilities, and a sanitary disposal unit.

We saw that the practice had a 'disaster planning and business continuity policy and plan' in place. This included details how to direct patients to another practice in an emergency.

We saw that there was a policy in place for risk management, which referred to a range of risk assessments.

We were told that the practice manager carried out daily inspections of the premises to note any issues, risks and actions.

We found that a full fire risk assessment had been carried out in July 2022. Although a partial review had been carried out prior to the inspection, it was of concern that some actions identified as being of 'high priority', relating to staff training and fire drills, had still not been carried out.

We reviewed staff training records. The training records indicated that: one member of staff had received fire safety training in the last 12 months; three members of staff had received training but not in the last 12 months; and four members of staff did not have any evidence of fire safety training. We could not be assured that all staff understood fire prevention and safety.

No evidence was available at the practice to show that fire drills had taken place. We could not be assured that all staff understood the procedures to be followed in the event of a fire.

Our concerns regarding fire safety training and fire drills were dealt with in a non-compliance notice. This means that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliance we identified are provided in Appendix B.

An Employer's Liability Insurance certificate and a Health and Safety at Work poster were displayed in the staff-only area.

Staff were provided with a storage area for personal belongings, and both a staff toilet and the lockable staff room could be used as a changing area.

Infection, Prevention, Control (IPC) and Decontamination

We saw that surgeries were visibly clean and furnished to promote effective cleaning.

There were appropriate arrangements in place to ensure a good standard of infection control, which included policies and procedures and a designated infection and control lead. There was a cleaning schedule in place that supported an effective cleaning routine, and there was a daily maintenance programme in place for checking sterilisation equipment.

The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments. The facility was small, clean and well organised. We found staff to be competent in the decontamination protocols but recommend that competency logs be used and kept up to date to show staff are fully trained and on which equipment.

We recommend that competency logs be used to identify that staff have been appropriately trained on the use of decontamination equipment and protocols.

We were told that the practice had occupational health arrangements with the local hospital for vaccinations and sharps injuries. We noted that a re-sheathing device was used for sharps and advised that the use of safe syringes is recommended.

We recommend that the practice use 'safer sharps devices' to reduce the risk of needlestick injuries to staff.

There was a system in place to manage waste appropriately and safely, to include the separation and storage of clinical waste.

There were appropriate arrangements in place for the handling of substances subject to Control of Substances Hazardous to Health (COSHH).

Medicines Management

There were policies and procedures in place for medicines management.

Medicines were stored safely and there was a clear record of medicines administered.

Equipment and medicines for use in the event of an emergency were readily available at the practice. We were told that all staff had received training in medical emergencies and a review of staff training records supported this.

Safeguarding of Children and Adults

We found the practice to have clear safeguarding policies and procedures in place, which were available to all staff. An up-to-date poster of relevant contact numbers was seen.

From discussions with staff, the procedures were understood, and the practice's safeguarding lead clearly identified.

The policies and procedures did not make reference to the All Wales Safeguarding Procedures, and as such did not contain the most up-to-date information. We advised that the All Wales Safeguarding Procedures be used, and this was resolved during the inspection by the practice manager adding the website as a bookmark on the practice computers.

We recommend that the All Wales Safeguarding Procedures on safeguarding be referenced in the relevant policies and procedures and that staff be made aware of them.

We were told staff that had to deal with a safeguarding concern could be offered support through Occupational Health arrangements.

Management of Medical Devices and Equipment

We found clinical equipment at the practice to be in good condition and suitable for the intended use. Re-usable dental equipment was cleaned and disinfected appropriately.

We saw that appropriate procedures were in place for the safe use of X-ray equipment. Documents seen included an inventory of equipment and a radiation risk assessment, the name of a Radiation Protection Advisor (RPA), arrangements for testing and maintenance of equipment, and arrangements for investigating and reporting incidents.

Effective

Effective Care

We found that, overall, there were appropriate arrangements in place for the acceptance, assessment, diagnosis and treatment of patients.

Staff told us that the practice did not use Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to help prevent wrong site tooth extractions.

We recommend that the practice should implement LocSSIPs checklists.

Patient Records

We reviewed a sample of nine patient records and found good recording of patient identifiers, history, symptoms, treatment planning and informed consent.

In the records reviewed we saw one instance where a risk assessment hadn't been recorded, one instance where smoking cessation advice had not been offered and none of the records reviewed included the patients' language preference.

We recommend that patient records should be completed consistently, to ensure all relevant information is included.

We recommend that patient language preferences be recorded as part of their patient record.

In the records reviewed we saw examples where it was not accurately recorded which treatment was provided by which clinician.

We recommend that all records must be claimed by the relevant clinician at the time the treatment occurred, to ensure an accurate record of the care provided and by whom.

Efficient

Efficient

We found that the premises and facilities were appropriate for the services being delivered. Staff told us that cancelled appointments were offered to other patients and that those requiring urgent care were prioritised where possible.

Quality of Management and Leadership

All staff who responded to the HIW questionnaire agreed that the environment and facilities enabled them to provide appropriate care to patients. Staff also agreed that the care of patients was the practice's top priority, and all respondents were satisfied with the quality of care and support they gave to patients.

All staff who responded to the questionnaire agreed that they had received appropriate training to undertake their role. However, all respondents said that they had not received an appraisal, annual review or development review of their work in the last 12 months.

Staff comments included the following:

“Patients in this practice are well treated and made to feel extremely welcome and cared about by all staff members.”

We asked what could be done to improve the service. Comments included the following:

“I find it impossible to raise my concerns or approach management regarding problems.”

“Staff input is not encouraged.”

Leadership

Governance and Leadership

We saw that there were clear management structures in place, with the practice under the direction of the owner, who is also the principal dentist and registered manager, and a practice manager.

The clinical team worked well together to provide a good standard of care to patients.

However, we saw no evidence of team meetings taking place. We advised that having structured, regular team meetings would be an opportunity to share information and enable staff to contribute to service improvements. This could include standing agenda items such as policy and procedure updates, learning from patient feedback, complaints and significant events, to plan and share outcomes from audits and to seek staff views on service provision and improvement.

To help monitor and improve the quality of the services provided, we recommend the practice have regular team meetings. Minutes of these meetings should be recorded and shared with any staff unable to attend.

We were told that staff appraisals did not take place at the practice. We advised that in addition to being a regulatory requirement, regular individual staff appraisals were an important tool to review performance and discuss training requirements.

The practice must ensure that all staff have regular appraisals.

We did not find any evidence of team development tools being used to identify training needs and improve service and quality.

We recommend that the practice considers the use of the Maturity Matrix Dentistry Self-evaluation tool as provided by Health Education and Improvement Wales (HEIW).

We found that a comprehensive range of policies and procedures were in place. However, there was no evidence of a structured programme to ensure the documents were reviewed within the timescales required by legislation.

The practice manager should establish a system to record the policies and procedures in place and appropriate planned review dates.

We noted that the practice had submitted a Statement of Purpose and a patient information leaflet to HIW. These had since been updated to reflect changes at the practice, but new versions had not been submitted to HIW.

Updated versions of the Statement of Purpose and patient information leaflet must be submitted to HIW.

Workforce

Skilled and Enabled Workforce

Staff told us that there was a suitable mix and number of clinical staff to deliver services to patients. We saw evidence that all dental care professionals at the practice were registered with the General Dental Council (GDC). Staff names and GDC registration numbers were on display.

We found that there were good systems in place to ensure appropriate checks were carried out when appointing staff. There was also an 'employment and induction' policy in place.

We reviewed a sample of three staff files. We saw evidence of Disclosure and Barring Service (DBS) certificates and of training on safeguarding of children and adults, cardiopulmonary resuscitation (CPR), dealing with medical emergencies and radiation protection.

We saw that a Duty of Candour policy was in place. However, we found staff had not received training and had no understanding of their responsibilities under Duty of Candour.

The practice must ensure that all staff receive training on the Duty of Candour.

Culture

People Engagement, Feedback and Learning

The practice provided paper feedback forms in the patient waiting area, and a box so that they could be submitted anonymously if desired.

There was also a copy of a complaints procedure, displayed in both English and Welsh, in the waiting area with details about how to raise a complaint and response times. A more detailed version of the complaints procedure was included in a patient information folder, kept in the waiting area. This included sources of support and advocacy, how to proceed if no resolution could be agreed and contact details for HIW. The folder also included a copy of the NHS 'Putting Things Right' document.

We were told that verbal complaints were addressed where possible but not logged. We also found that there was no central log for recording complaints and feedback, including those submitted verbally, and any actions taken as a result. We advised that keeping a log of complaints and feedback, and regularly reviewing these, was important to highlight any themes or learning points.

The practice should establish a system to record complaints and feedback, including those submitted verbally, any actions taken as a result and ensure that they are regularly reviewed.

Information

Information Governance and Digital Technology

We found patient records were being stored electronically and securely. A privacy notice and a data protection registration certificate were displayed.

Learning, Improvement and Research

Quality Improvement Activities

We found little evidence of processes in place to improve the quality of services.

We saw evidence of a limited number of local audits but no national audits. We did not find evidence of a system for auditing and improving the quality of patient records, the Clinical Audit and Peer Review CAPRO audit of antibiotic prescribing or of a smoking cessation audit. We found that no peer review of clinical staff had been undertaken.

We recommend that a programme of clinical audits is established, including CAPRO, quality of patient records and smoking cessation.

No evidence was available to show that the practice monitored, reviewed and improved the quality of services based on service reviews, patient comments or staff views.

We recommend that the practice regularly assesses and monitors the quality of the services provided, taking account the views of both patients and staff.

The practice did not use the Quality Improvement training tools provided by HEIW.

We recommend that the practice reviews the Quality Improvement training tools provided by HEIW and adopts those relevant to the services provided.

Whole Systems Approach

Partnership Working and Development

Staff told us that they liaised by telephone with other healthcare providers, such as pharmacists or hospitals, to discuss patient care and medical treatment.

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 summarises 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
Staff did not have access to the All Wales Safeguarding Procedures.	Staff did not have access to national guidance, which could affect their ability to deal with a safeguarding issue effectively.	The issue was discussed with the practice manager.	The practice manager added a 'background tab' as a default on all practice PCs, linked to the website showing the All Wales Safeguarding Procedures.

Appendix B - Immediate improvement plan

Service: Portfield Dental Practice

Date of inspection: 15 August 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
HIW reviewed staff training records during the inspection. The training records indicated that: one member of staff had received fire safety training in the last 12 months; three members of staff had received training but not in the last 12 months; and four members of staff did not have any evidence of fire safety training.	The registered person must ensure that staff are provided with suitable training in fire prevention, and that this is then documented in the staff training records.	The Private Dentistry (Wales) Regulations 2017, Regulation 22 (4)(c)	Basic Fire Safety Awareness and Fire Marshal Training are booked in to be provided by our designated Practice Support Consultant provided by Dental Directory (DD). They will deliver training at Portfield Dental Practice on Wednesday 27 th September. Email confirmation of this booking and the invoice	Dr Raminta Urbonaviciene	To occur on Wednesday 27 September

<p>This indicates an increased risk to patient and staff safety.</p>			<p>for this training are provided as evidence.</p>		
<p>HIW reviewed fire safety documentation during the inspection. No evidence was available at the practice to show that fire drills had taken place or that staff had practiced following the procedures. This indicates an increased risk to patient and staff safety in the event of a fire.</p>	<p>The registered person must ensure that staff carry out fire drills or practices to ensure they are aware of the procedures to follow in the event of a fire. Records must be kept of when fire drills have been carried out and which staff took part.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 22 (4)(d)</p>	<p>A fire drill was performed at 12:55pm on 18.8.23 at Portfield Dental Practice. All team members attended. Attendance, actions performed and evacuation time are recorded in the 'Fire Drill Evacuation Training Log'. The Fire Marshal (receptionist) recorded all persons arriving to the Fire Assembly point and attending members signed as they arrived. Both documents are provided as evidence.</p>	<p>Dr Raminta Urbonaviciene</p>	<p>Actioned on 18.8.23 with all team members present</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 Raminta Urbonaviciene

Job role: Principal Dentist and Registered Manager

Date: 18 August 2023

Appendix C - Improvement plan

Service: Portfield Dental Practice

Date of inspection: 15 August 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
The 'Active Offer' of Welsh was not being implemented.	To seek advice and support from the local Health Board in order to implement the 'Active Offer'.	The Welsh Language (Wales) Measure 2011 Standard: Person-centred	We recognise the need for providing an individual centred service that enables all patients to be assured they are in control and which ensures patients fully understand the services and treatment options being offered to them. To ensure our patients are offered the opportunity of communicating with our team members using their Language of first choice, we have introduced a two-way voice translator device	Anthony Moore Practice Manager	Completed by 06/10/2023

allowing for language translation in between 137 different languages.

Currently, all our team members speak the English language and none speak in Welsh. Sadly, there are no handheld voice/text translation devices or Apps available on today's market which support Welsh to English translation whilst providing security in line with the general data protection regulation (GDPR). All those using our translation service device will be required to sign a form which advises users of the security risks inherent in our current translation service and which requests them to avoid the use of personal identifiable data (such as name, home address, date of birth, and contact details,) whilst the

translation is in progress. Language translation can be performed in line with GDPR when this rule is followed. Patients can then best discuss proposed treatments, treatment options, their expectations, and they are then best placed to provide informed consent for treatment.

We are currently able to offer an offline translation service which is compliant with the GDPR security and privacy regulation. This is a more limited translation service which can translate far fewer words and provides secure translation for 16 languages. Sadly, an offline service providing translation in between English and Welsh is not currently attainable. We offer an online language translation service for 137 different

			<p>languages which include Welsh. As new recruitment opportunities arise, we will endeavour to acquire a Welsh speaking member of our team whilst ensuring this selection from candidates does not present any form of discrimination against other applicants.</p>	
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			<p>Clear signage is displayed at our reception desk in both the English and Welsh language, which actively offers the free use of our translation Services, offers translation of our patient literature upon request, and informs patients of the requirement to complete our 'Translation service Patients' advice and Consent to restricted use' form.</p>	
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<p>Little information available in Welsh, other languages, or other formats (such as large print). Staff told us that they found it difficult when dealing with non-English speaking patients.</p>	<p>To consider providing materials in alternative formats to meet patient needs and ensure that staff can access translation services as required.</p>	<p>Standard: Person-centred</p>	<p>We are now able to offer translation of literature upon request. The use of this translation service is actively offered.</p> <p>Additional information will be provided for patients and displayed in the Welsh language. Signage offering the provision of larger print versions of Practice forms will be displayed.</p> <p>Copies of translator purchase receipt can be made available to HIW upon request.</p>	<p>Anthony Moore Practice Manager</p>	<p>Completed on 05/10/2023</p>
<p>No records were available to show staff had been trained on decontamination protocols and use of equipment.</p>	<p>Establish competency logs to record staff training on the use of decontamination equipment and associated protocols.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(b)</p>	<p>A Competency log is now created which records the existing competency of all team members who are responsible for decontamination and sterilisation procedures. This includes additional training</p>	<p>Anthony Moore Practice Manager</p>	<p>Completed on 04/10/2023</p>

			<p>beyond the required qualification for performing these tasks. A record of all team members Continual Professional Development (CPD) training has always been maintained. All team members performing decontamination and sterilisation procedures are trained and qualified to do so. Our Dental Nurses responsible for decontamination of dental instruments are all registered with the General Dental Council (GDC). Our current team of Dental Nurses all possess many years of personal experience using the types of decontamination equipment deployed at Portfield Dental Practice, and all are very familiar with the routine daily, weekly, and quarterly tests used to ensure this equipment is working to</p>	
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			<p>manufacturers' specifications, and that all instruments cleaned by this equipment are reprocessed reliably and consistently. We maintain records of all equipment testing and daily records are maintained for all decontamination and sterilisation processes performed. We ensure sterilisation of all dental instruments used in Surgery and consider the safety of all patients to be of paramount importance.</p> <p>A Copy of the Staff Competency log can be provided to HIW upon request.</p>		
A re-sheathing device was used for sharps.	To use 'safer sharps devices' where appropriate, to reduce the risk of needlestick injuries.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)	Our current use of needle blocks to allow for one-handed recapping of needles where exceptional circumstances dictate, is provided to control the risk	Anthony Moore Practice Manager	Completed by 06/10/2023

			of injury to the Dentist. We have now introduced the use of 'safer sharps' into all three treatment rooms for routine use by Dentists and Dental Therapists. Collection of used safer sharps containers for safe transportation and disposal is performed by our contracted clinical waste disposal experts.		
Safeguarding policies and procedures did not reference the All Wales national procedures.	To update safeguarding documents to refer to the All Wales national procedures and ensure staff are aware of the updates.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)	Portfield Dental Practice provides regular Safeguarding training for all team members. Our Practice policy 'Safeguarding children and adults at risk of abuse and neglect' has now been reviewed and updated to reference the All-Wales national procedures. This updated version of our policy has been added to the Team Members Handbook, added to our Practice leaflet	Anthony Moore Practice Manager	Completed on 04/10/2023

			<p>available in the waiting room area, and copies provided to all team members. This will be discussed at our end of the month team meeting.</p> <p>A Copy of Our Practice policy 'Safeguarding children and adults at risk of abuse and neglect' can be provided to HIW upon request.</p>		
<p>Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to help prevent wrong site tooth extractions, were not used.</p>	<p>To introduce the use of LocSSIPs checklists.</p>	<p>Standard: Effective</p>	<p>We warmly welcome the use of LocSSIPs checklists as a method of providing a more structured approach to our existing processes which are in place to ensure against wrong site tooth extractions.</p> <p>I have introduced a 'Local Safety Standards for Invasive Procedures' (LocSSIPs) Policy, which has been added to our Team Members Handbook and was discussed at our recent 'end of the month' team meeting. A</p>	<p>Anthony Moore Practice Manager</p>	<p>Completed on 29/09/2023</p>

			<p>video was also played to the team to enhance learning of this checklist process. The LocSSIPs checklist is now placed into our Practice software program for the purpose of addition to all future treatment plans for tooth extraction procedures. Because our policy requires display of X-rays during extraction procedures, a physical printed list of the LocSSIPs checklist is now displayed at all computer monitors in Surgery.</p> <p>A Copy of Our ‘Local Safety Standards for Invasive Procedures’ (LocSSIPs) Policy can be provided to HIW upon request.</p>		
Some information in the patient records reviewed was not recorded consistently, and patient language	To ensure clinical staff complete records with all relevant information,	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	In addition to our ‘active offer of Welsh’ and language translation services, a pop-up note will be added to patients’ computer notes to	Raminta Urbonaviciene NHS Contract registered	Completed on 17/08/2023

<p>preference was not recorded.</p>	<p>including the patient's preferred language.</p>		<p>alert team members of their language preference in every case where their language of first choice is not English.</p> <p>The patients choice of first language is also recorded in their clinical records.</p> <p>I am working closely with my team to ensure that a more uniform approach to patients' record keeping is applied.</p>	<p>Manager and Principal Dentist</p>	
<p>In the records reviewed, it was not always clearly recorded which clinician had provided which treatments.</p>	<p>To ensure that all clinical staff accurately record the treatment provided by them as part of the patient's record.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)</p>	<p>There have been occasions where the clinician has not added their name to the clinical notes they are making. However, in addition to the patients' clinical notes made during an appointment, a record has always been maintained on our computer software of which clinician provided which treatments, the details of the patient</p>	<p>Raminta Urbonaviciene NHS Contract registered Manager and Principal Dentist</p>	<p>Completed on 29/09/2023</p>

			receiving treatment, at what date and time this occurred, and in which Surgery the patient was treated. Our Dentists and Dental Therapist, all assure me that they will ensure their initials are added to all clinical notes moving forward.		
Regular staff meetings were not being held, as part of processes to monitor and improve service quality.	To hold regular staff meetings, and share the recorded minutes with any staff that did not attend.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	<p>We have added to our existing process of Team huddles and daily dissemination of information as the opportunity presented itself, (at the start of day and during lunch breaks), with more formal 'end-of-the-month' Team Meetings.</p> <p>This has proved both useful, primarily as a way of providing additional training, and popular with the team who always enjoy chatting with management and refreshing their knowledge.</p>	Anthony Moore Practice Manager	Completed 29/08/2023

The team meeting on 29/08/2023 provided the opportunity to discuss in depth our fire drill which took place on Friday 18th August, and to remind the team of the 'Basic Fire Awareness' and 'Fire Marshalling' course scheduled for 27/09/2023. We also introduced a 'Team Members Self Evaluation and Feedback form' which has proved a most useful team building tool. Additionally, the team watched refresher training course videos on Legionella Awareness and 'Duty of Candour.'

The accessibility of Risk Assessments and Audits by the team was raised, and so relevant documents are now available in the Staff Restroom.

Our subsequent Team Meeting on 29/09/2023 was also attended by all team members and covered the introduction of a new safety policy adding a more structured approach to our existing methods deployed to prevent a wrong tooth extraction. A discussion was held regarding lessons learned from recent fire training, and a video about Fire Marshall activities was enjoyed by the team.

Due to the lack of patients' feedback to discuss at team meetings, it was suggested that we add to our existing methods of encouraging patients' valuable feedback, with additional signage and data collection forms being added to the reception desk. We aim by this to encourage more frequent Patient

			<p>feedback and ensure patients' GP details and multiple methods for making contact are collected, up-to-date and available for Dentists. This signage is now in place.</p> <p>A copy of signed attendance forms for Team Meetings held can be provided to HIW upon request.</p>		
Staff had not received regular appraisals.	To ensure staff have regular, formal appraisals.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(4)	<p>6-monthly formal staff appraisals have now been introduced. This 'Team Members Self Evaluation and Feedback form' has proved a most useful team building tool, as well as providing insight into team training aspirations.</p> <p>The Team has been assured that these self-appraisal forms are Private and confidential and will not be shared with anyone else.</p>	Anthony Moore Practice Manager	Completed 29/08/2023

			The team is also aware that all documents will be made available to HIW inspectors upon request.		
Team development tools were not being used to identify training needs and improve service quality.	To consider the use of the Maturity Matrix Dentistry self-evaluation tool provided by HEIW.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	We have found the use of team member self-assessment forms to be most useful in identifying team members aspirations and potential areas for additional staff training. Portfield Dental Practice routinely provides continuing professional development training in essential 'Core' subjects for all team members throughout every year. We are assessing the Maturity Matrix Dentistry self-evaluation tool and considering its implementation following consideration of its benefits given our currently assessed training requirements.	Anthony Moore Practice Manager	Will complete by 06/10/2023

<p>There was no process in place to ensure policies and procedures were reviewed at the required intervals.</p>	<p>To establish a system to show policies and procedures in place and review dates.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 8(6)</p>	<p>A contents list which includes latest review dates, has now been added to our 'Team Members Handbook' which contains all our Practice policies and procedures. This allows for easier assessment of review dates and implementation of future policy review based upon latest review date, rather than upon perceived policy importance as was previously the case. We will review our policies on an annual basis, or when changes to regulations or operating practices occur. All new team members read through our 'Team Members Handbook' over the first three days of their induction period. We aim to ensure all team members reread the 'Team Members Handbook' annually thereafter. All updates to our policies and</p>	<p>Anthony Moore Practice Manager</p>	<p>Completed 06/10/2023</p>
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			<p>procedures are brought to the attention of our team members as they occur. This used to happen only during lunch times or at the start of the day, with copies of new policies provided individually to the team. This now also occurs at our end-of-the-month Team Meetings. The 'Team Members Handbook' containing latest copies of all Practice policies and procedures, is always available for the team to read in our Staff Rest-room area.</p> <p>A contents list can be made available to HIW upon request.</p>		
The practice Statement of Purpose and patient information leaflet had been updated but copies of the new versions had	To submit updated versions of the practice Statement of Purpose and patient information leaflet to HIW.	The Private Dentistry (Wales) Regulations 2017, Regulation 7	This document is submitted to HIW	Anthony Moore Practice Manager	Submitted to HIW ON 06/10/2023

not been submitted to HIW.					
Staff were not aware of their responsibilities under the Duty of Candour.	To ensure all staff receive training on the Duty of Candour.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(3)	Staff training on Duty of Candour was provided to the whole team at our team meeting on 29/08/2023 A signed attendance log of this meeting can be provided to HIW upon request.	Anthony Moore Practice Manager	Completed on 29/08/2023
There was no process in place to record and review feedback, complaints, and resultant actions, to improve service quality.	To establish a system to record feedback and complaints, including verbal complaints, and to regularly review these to identify potential improvements to service quality.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(d)	It is our aim to always have satisfied patients, to meet their expectations of care and delivery of services. We aim to address all concerns raised and resolve any complaints made, as efficiently and politely as possible. We actively encourage all forms of patient feedback, which is always viewed as a valuable source of information we can learn from. Complaints and other valuable feedback are	Anthony Moore Practice Manager	Completed on 05/10/2023

			<p>warmly encouraged in our waiting room area. Clear signage is displayed regarding our system for addressing complaints and concerns raised and a clipboard with pen is waiting in the reception waiting room area for patients' use. A clearly marked post box is fixed on the patients' information notice board. This enables feedback to be submitted anonymously should this be preferred. Anthony Moore is stated to be the Practice Complaints manager and information regarding raising concerns, making complaints, and providing all feedback is in our 'Practice Leaflet,' a copy of which always remains in the waiting room area. Feedback is invited via our patients' feedback form, via email to portfielddental@outlook.com</p>	
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and by post addressed to the complaints manager at our business address. Patients are always very welcome to discuss a complaint, raise a concern or provide any form of feedback, by speaking directly with Anthony Moore who is our complaints manager.

The Practice Manager eagerly assesses the feedback post box daily. All feedback is placed into our Patients' feedback box folder in the Managers office and we aim to always resolve a verbal concern or complaint raised to the patient's complete satisfaction within 48 hours. If the complaint investigation takes longer than anticipated, the Complaints Manager will keep patients informed of the reason for the delay, the

			<p>progress of the investigation and the proposed date it will be completed. This response timescale applies to Complaints made in writing and by email with the following amendments: if either a complaint made or concern raised are submitted in writing, the Complaints Manager will acknowledge its receipt in writing within 2 working days, and will aim to provide a full written response within 10 working days.</p>	
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We always take complaints very seriously. We investigate them in a full and fair way and we always take great care to protect patient confidentiality. We never discriminate against patients who make a complaint.

			<p>An anonymised log book has been added to our Patients' Valuable Feedback folder. This will provide a more systematic approach to assessment of feedback and can be used at future Team Meetings to discuss concerns raised without identifying the person or persons who provide valuable feedback.</p> <p>This will then assist in improving service quality.</p> <p>Evidence of team meetings discussing anonymised patient feedback logs can be provided upon request by HIW.</p>		
There was little evidence of clinical audits being carried out, to improve service quality.	To establish a programme of clinical audits, including CAPRO, quality of patient records and smoking cessation.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(d)	We have recently performed audits of X-ray quality which led to the purchase of new digital X-ray film plates, and we have also recently	Anthony Moore Practice Manager	Completed and ongoing from 05/10/2023

			<p>performed an audit of Antimicrobial Prescribing.</p> <p>We will endeavour to achieve more frequent clinical audits moving forward, and to include those suggested.</p> <p>We recognise the purpose and benefits of performing clinical audits and how this assists our aim for continuing improvement for all of our services provided.</p>		
No evidence was seen that the practice monitored, reviewed, and improved the quality of services.	To establish processes to regularly assess and monitor the quality of services provided, taking account of both patient and staff views.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	The quality of our services is under constant ongoing assessment with improvements being made regularly. To provide a written log record of such improvements, a file will be created to document these ongoing changes as they occur moving forward.	Anthony Moore Practice Manager	Completed and ongoing from 05/10/2023

The practice did not use the Quality Improvement training tools as provided by HEIW.	To review the Quality Improvement training tools provided by HEIW and adopt those relevant to the services provided by the practice.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	We will continue to assess the Quality Improvement training tools as provided by HEIW and consider their appropriate implementation into our assessment of services provided.	Anthony Moore Practice Manager	Completed and ongoing from 05/10/2023
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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): Dr Raminta Urbonaviciene
Job role: Principal Dentist, Registered Manager
Date: 06/10/2023