

# General Dental Practice Inspection Report (Announced)

Fairwater Green Dental Practice,  
Cardiff and Vale University Health  
Board

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

## Our purpose

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

## Our values

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

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

## Our goal

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

## Our priorities

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



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# 1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Fairwater Green Dental Practice, Cardiff and Vale University Health Board on 16 August 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors 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 25 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:

Patients provided very positive feedback about the care and service provided by the dental practice.

We found that staff worked hard to treat their patients with kindness, dignity, and respect throughout the inspection.

We found the practice made efforts to accommodate unscheduled emergency treatment on the same day and that patients were given enough information to understand the treatment options available along with their risks and benefits.

This is what we recommend the service can improve:

- Install a blind between the decontamination room and downstairs surgery
- Improve wheelchair access to patient toilet.

This is what the service did well:

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

### Delivery of Safe and Effective Care

Overall summary:

We saw the practice premises was well maintained, clean and tidy and decorated to a good standard.

Generally, we found suitable arrangements were in place at the practice to provide patients with safe and effective care and that staff were clear regarding their work roles and responsibilities.

Dental records were detailed and easy to follow with some minor points for improvement.

This is what we recommend the service can improve:

- More in depth fire risk assessment to be carried out for the premises
- Designated hand washing basin to be installed in decontamination room
- Ensure informed consent is always obtained and recorded in patient records.

This is what the service did well:

- The practice had a separate decontamination room and an effective process for the cleaning and decontamination of reusable dental instruments was described and demonstrated
- Comprehensive policies and procedures that were recently reviewed and version controlled.

## Quality of Management and Leadership

Overall summary:

The registered manager was visible, and we found clear reporting lines for staff and an effectively run practice. Staff were found to be adequately supported within their roles with evidence of regular appraisals.

Staff training compliance and professional obligations was generally considered to be very good however several staff required Duty of Candour training.

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

This is what we recommend the service can improve:

- Suitable checks be conducted prior to commencing employment of new staff
- Pro-active approach to gathering and analysing feedback
- Duty of Candour training for nursing staff

This is what the service did well:

- Good compliance with mandatory training
- A range of policies were readily available to staff to support them in their work roles
- Comprehensive induction programme and continued support for staff.

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

All 25 respondents rated the service as 'very good'.

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

*"Everyone very welcoming and friendly. Relaxing atmosphere."*

*"After a number of negative experiences accessing dental care with other practices, I have finally found a dentist that is understanding of my fears around dental treatment and my treatment focusses on reducing these fears. I am very pleased with the care and treatment I receive."*

#### Person Centred

##### Health Promotion

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

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

We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises. This was in accordance with current legislation.

##### Dignified and Respectful Care

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

We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. We saw blinds on windows in the surgeries



for privacy, although surgery one had a window that looked into the decontamination room without a blind. This would leave patients having treatment in this surgery visible to staff using the decontamination room.

**We recommend the registered manager installs a blind to the window between surgery one and the decontamination room to protect patient privacy and dignity.**

All respondents who completed a HIW patient questionnaire told us staff had treated them with dignity and respect.

The reception desk was in the downstairs waiting room. However, reception staff were mindful of the need to maintain patient confidentiality when speaking with patients, including conversations over the phone. We were told an unused surgery would be made available to discuss sensitive matters with practice staff.

The General Dental Council (GDC) core ethical principles of practice were displayed in the reception area.

### **Individualised care**

Most respondents (24/25) who completed a HIW patient questionnaire told us they were given enough information to understand the treatment options available to them, together with the risks and benefits of treatment.

Most respondents told us they had been involved as much as they had wanted to be in decisions about their treatment.

## **Timely**

### **Timely Care**

We were told that the practice uses an instant messaging service in the surgeries that alerts reception of any delays. Reception staff would let patients know should there be a delay in them being seen at their appointment time.

The practice currently arranges appointments by telephone or via a webchat service on the practice website. We were told if patients required urgent dental treatment this would be arranged by the same method.

We were told the practice does not offer drop-in appointments but can accommodate emergencies on the day with availability for unscheduled treatments either at the start or end of the day, or accommodated where there are gaps in appointments. We were told on evenings and weekends the health board out-of-hours emergency service is available.

We were told that the practice prioritised swelling, cancer treatments and other emergency issues along with Denplan and private patients.

The practice's opening hours were prominently displayed outside the premises along with the practice telephone number. Just over a third of respondents told us that they would not know how to access out-of-hours dental services if they had an urgent dental problem. We saw that the out-of-hours emergency contact numbers were included in the patients' information leaflet obtainable from reception and on the practice website for patients with digital access. However, we noted the out-of-hours emergency contact numbers were not displayed outside the practice.

**We recommend the registered manager displays the out-of-hours emergency contact numbers outside to inform patients who do not have digital access and evidence of this be provided to HIW.**

We were told patients could wait between 24 hours and two weeks between each treatment appointment, depending on what issue was presented. All respondents told us they had found it easy to get an appointment when they needed one.

## Equitable

### Communication and Language

We found limited information available for patients in the medium of Welsh. Written information displayed in the practice was mainly available in English only, with only three leaflets supplied by NHS Wales being bilingual. We were told the practice is considering options for translating leaflets but were currently limited to what their external providers supplied.

We were told there were no Welsh speaking staff working at the practice and therefore the 'Active Offer' is not made. We were told the practice uses an IT package which provides alternative language, easy read and verbal instructions for visually impaired patients and were also told staff could access the Wales Interpretation and Translation Service (WITS). However, we recommend the practice contact the local health board for advice and support to implement the 'Active Offer' in accordance with the Welsh Language Standards<sup>1</sup>.

**The registered manager is required to provide HIW with details of the action taken to implement the 'Active Offer'.**

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

## **Rights and Equality**

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

We saw the practice had an up-to-date equality and diversity policy in place that all staff had read and agreed to the contents.

We saw that patients with mobility issues were booked for treatment in surgery one on the ground floor.

There was level access into the practice premises and ramps for access to surgery one and the patient toilet located on the ground floor. However, it was noted that the doorway to the patient toilet was narrow and would not allow wheelchair access. Additionally, there were no handrails within the toilet to aid patients with mobility issues in using these facilities. Furthermore, there is no mention of accessibility issues with the toilet within the practice information literature.

**We recommend the registered manager considers how the practice can best serve the needs of wheelchair users with regards to toilet facilities.**

**We recommend the registered manager update the patient information leaflet and statement of purpose to advise patients of the access requirements for the toilets at the practice.**

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible. However, two respondents said they felt it was only partially accessible whilst another two said they were not sure. Comments provided by patients on the questionnaires indicated the stairs as an accessibility problem.

All respondents who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We saw the premises was well maintained with spacious, well lit, air-conditioned treatment rooms. Surgeries were located on both the ground and first floor. Internally, the environment was decorated and furnished to a good standard however there was no buildings maintenance policy. We discussed this with the registered manager who subsequently provided a buildings and premises maintenance policy following the inspection.

Patient areas were uncluttered and free from hazards. We saw there were facilities for staff to change in privacy although there were no lockers for staff to store their personal belongings securely.

**The registered manager must improve storage facilities for staff personal belongings.**

We saw a health and safety policy was in place and that a health and safety risk assessment had been conducted within the last month. An approved health and safety poster was clearly displayed for staff to see.

We saw that fire exits were clear of obstructions and evacuation signage were easily visible throughout the premises. A current fire equipment maintenance contract was in place and service checks had been conducted within the last 12 months. We saw fire safety equipment was located at several locations and was available for staff to use in the event of a fire. We saw that fire drills were being conducted monthly and were recorded in a logbook.

We found most staff working at the practice had completed fire safety training. There was one new member of staff with this training scheduled.

We saw a rudimentary fire risk assessment had been completed within the last year, however this was part of the overall Health and Safety Risk assessment and was not as detailed as expected.

**We recommend the registered manager arranges a separate fire risk assessment be conducted of the premises, identifying risks and the actions required to mitigate them and provide evidence of this.**

There was an emergency contingency policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to events such as equipment failure, flood, or a system failure. This included contact details for the designated emergency response team and a list of emergency contact numbers for contractors. This was linked to the business continuity plan.

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

### **Infection Prevention and Control (IPC) and Decontamination**

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination. We saw a cleaning schedule was in place to support effective cleaning routines.

We saw the waiting room and the dental surgeries were visibly clean and furnished to promote effective cleaning. Most respondents who completed a HIW patient questionnaire told us, in their opinion, the practice environment was 'very clean'. The other two respondents said it was 'fairly clean'. Most (24/25) also felt infection prevention and control measures were being followed, with one respondent saying that they did not know.

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

There was a designated decontamination room with a suitable system in place to safely transport used instruments from surgeries to the decontamination room. Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments however it was noted that whilst there were two separate basins within the decontamination room, these were considered too close together to avoid cross contamination. It was noted that there was no separate basin for hand washing in accordance with Welsh Health Technical Memorandum WHTM 07-01 guidelines.

**We recommend the registered manager installs a separate basin for staff to wash their hands during the decontamination process.**

We inspected the records for the autoclave equipment and found checklists were made for the start and end of the day checks however we found that the installation commissioning documentation for one recently purchased autoclave was not available. HIW was subsequently provided the required documentation shortly after the inspection which confirmed the commissioning was conducted

prior to the inspection. In addition, we identified that daily Helix tests were not being performed on this vacuum autoclave and there were no Helix test kits present. The registered manager ordered Helix test kits at the time of the inspection.

**We recommend that the registered manager ensures a daily Helix test is conducted on all vacuum autoclaves and provide evidence of this.**

We found that the latest decontamination audit was conducted within the last year.

We saw waste produced by the practice was stored securely in appropriate containers while awaiting collection. We also saw a current contract was in place to safely transfer waste from the practice. However, it was found that the gypsum waste not separated for disposal in accordance with Welsh Health Technical Memorandum WHTM 07-01 guidelines.

**We recommend the registered manager has a separate designated container for gypsum waste to be collected and disposed of appropriately.**

Some out-of-date dental materials were found in the drawer in one of the surgeries during the inspection.

**We recommend the registered manager ensures there is a system in place to check the expiry dates of the dental materials at the practice.**

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

### **Medicines Management**

We found there was no policy in place for the management of medicines at the practice. However, this was implemented at the time of the inspection.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice. This was based on the current national resuscitation guidelines and reviewed within the last 12 months.

We inspected equipment and medicines for use in the event of an emergency at the practice. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. A suitable system was in place for checking stocks and identifying when medicines need to be replaced. We also saw records of checks having been completed, and confirmed all medicines were within their

expiry date. However, masks and oxygen tubes part of emergency equipment were past expiry dates, and we could not be assured that they could be used effectively in event of an emergency. The registered manager ordered replacements at time of inspection.

The first aid kit was available but we found some items were out of date. Replacement items were immediately ordered by the registered manager.

We found that the only appointed first aider was the registered manager. We suggested that they consider appointing another member of staff in the event of the current first aider not being present. A second member of staff completed their first aid training and was appointed at the time of the inspection.

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

### **Safeguarding of Children and Adults**

We saw written procedures were in place in relation to safeguarding and relevant contact details for local safeguarding teams were available for staff in the event of a concern. The practice had a safeguarding lead in place.

We saw that most staff were appropriately trained and knowledgeable about safeguarding with several staff members waiting to complete the training course. We were told all staff had downloaded the All-Wales safeguarding app on their phones to ensure they had access to up-to-date guidance.

**The registered manager must ensure that an appropriate level of safeguarding training has been completed by all relevant staff and evidence of this be provided to HIW.**

### **Management of Medical Devices and Equipment**

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

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment at the practice. We also saw documentation showing the equipment had been subject to the required maintenance and testing and that a radiation risk assessment was in place.

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

We found clinical evaluations and justifications for each X-ray exposure were noted in patient records.

## Effective

### Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their work roles and responsibilities at the practice and that regulatory and statutory guidance was being followed.

We were told the practice used recommended checklists to help minimise the risk of wrong tooth extraction.

We were told that staff obtained relevant professional advice where required. Most respondents (22/25) who completed a HIW patient questionnaire told us they had been given aftercare instructions to maintain good oral health. Most respondents (21/25) agreed they had received clear guidance on what to do and who to contact in the event of an infection or emergency, however one respondent disagreed.

### Patient Records

We reviewed the dental care records of ten patients. We saw a suitable system was in place to help ensure records were safely managed and stored securely. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

All the records we reviewed had suitable patient identifiers, such as the name and date of birth of the patient, the reason for attending and the symptoms described by the patients had also been recorded.

All records reviewed contained the previous dental history including alcohol and tobacco use where applicable. However, it was noted that oral health promotion, such as smoking cessation advice, was not recorded as being provided in two relevant patient records.

**The registered manager must ensure smoking cessation advice is provided and recorded in the patient notes of smokers.**

We found the patient records featured a system to ensure the medical history was checked at each consultation. Most respondents (23/25) who completed a HIW patient questionnaire confirmed this was the case.



We saw evidence of full base charting, Basic Periodontal Examination (BPE), soft tissue examination, and extra and intra oral examination, however there were no entries made within the patient records to indicate whether or not cancer screening had been carried out.

**The registered manager must ensure that oral cancer screening is conducted and recorded in the patient records.**

All respondents who completed a HIW patient questionnaire told us staff had explained to them what they were doing throughout their appointment and staff had answered their questions. However, we found records for two patients did not record that informed consent was obtained prior to their treatment.

**The registered manager must ensure that informed consent is always obtained and recorded in patient records.**

We noted that patient language choice was not recorded for four patients.

**The registered manager must ensure patients preferred choice of language is recorded within the patient records.**

## **Efficient**

### **Efficient**

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided.

The practice benefitted from an electronic system to ensure that arrangements for referral to other healthcare services was effective and that relevant information is shared.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were used efficiently with urgent dental care being accommodated around routine pre-booked appointments.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

The practice is second generation family owned and operated with the registered manager being the current owner and principal dentist. A practice manager was in post and responsible for day-to-day management. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team. These included staff meetings and ad hoc communication with staff via email or face to face. We saw minutes of meetings were taken and were told these are emailed to absent staff to ensure they remain up to date with work related matters.

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

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. Both documents had been reviewed within the last 12 months. However, it was noted that the statement of purpose contained a now defunct NHS Direct telephone number for patients requiring out-of-hours treatment. Whilst this number re-directs patients to the correct number, we suggest the registered manager amends the statement of purpose to the current NHS out-of-hours contact telephone numbers.

**We recommend the registered manager amends the statement of purpose to show the current NHS out-of-hours contact details and provides a copy to HIW.**

## Workforce

### Skilled and Enabled Workforce

In addition to the principal dentist and the practice manager, the practice team consisted of three dentists, a foundation therapist, seven dental nurses, and receptionists. We were told agency staff were not used.

The names of the dentists working at the practice along with their GDC registration numbers were clearly displayed at the entrance of the practice.

The practice had an up-to-date recruitment policy which set out all the information and documentation that must be available in respect of staff working at dental practices.

We saw an induction process including a probation period was in place for new staff to the practice. This helped ensure new staff were aware of the practice's policies, procedures and that they understood their roles and responsibilities.

We reviewed the personnel files of staff working at the practice. We saw evidence of indemnity insurance and evidence of current registration with the GDC and evidence of immunisations. Most staff had a valid Disclosure and Barring Service (DBS) certificate except for one new employee.

**The registered manager must ensure that a valid DBS certificate for the new employee has been obtained and provide evidence to HIW.**

We were told that staff were responsible for maintaining their own GDC registration but that costs were covered by the practice.

We saw staff professional obligations such as GDC registration and professional indemnity were checked. We saw evidence that staff employed by the practice had regular work appraisals and were told that staff training was managed using appropriate software. Within the sample of files we reviewed, we saw staff who worked at the practice had attended training on a range of topics relevant to their roles within the practice.

## **Culture**

### **People Engagement, Feedback and Learning**

Arrangements were described for seeking feedback from patients about their experiences of using the practice. A Complaints Guidance notice was seen available in the patient waiting areas.

We were told that patients can leave feedback verbally, written or on-line. We saw feedback forms were available upon request from the receptionist, which could be left in a patient feedback box when completed. However, we were informed that not many forms had been completed by patients. We considered that having to request the feedback form from the receptionist may be a potential deterrent to patients who want to remain anonymous.

**We recommend feedback forms be readily available for patients to access without the need to ask staff.**

We saw written complaints procedures were in place for both NHS and Private patients. These were on display in the reception area and stated expected timescales and details of other organisations available for help and support. However, the name given as complaints manager was for a former employee. This was rectified immediately during the inspection.

The majority of respondents who completed a HIW patient questionnaire agreed they had been given information on how the practice would resolve any concerns/ complaints post-treatment, with one respondent disagreeing.

There was a paper-based system for recording complaints made to the practice, which was being maintained by the practice manager. However, we were told verbal complaints were only being recorded on patients records. The practice manager was aware these needed to be also recorded in the complaints folder. We were told that complaints would be analysed to identify common themes, however, as they were so few and far between, no conclusions could be drawn. We suggest that the registered manager ensures verbal complaints are also recorded in the complaints folder to ensure they are part of any complaints analysis process.

We saw the practice had a Duty of Candour policy in place however when we spoke with staff, the dental nurses seemed unaware and stated they had not received any training in relation to this matter. The registered manager stated that the dentists were trained and thought that was sufficient.

**We recommend that the registered manager ensures Duty of Candour training is completed by all nursing staff and evidence of this be provided to HIW.**

## **Learning, Improvement and Research**

### **Quality Improvement Activities**

We saw a recently reviewed quality assurance policy was in place and were told that the practice conducts regular audits as part of the quality improvement activity of the practice. We saw a record keeping audit and a staff satisfaction survey had been completed in recent months.

The practice is a member of the British Dental Association Good Practice scheme and utilises Quality Improvement Training tools such as the Skills Optimiser Self-Evaluation Tool (SOSET) and has completed the Improving Quality Together Silver workshop delivered by Health Education and Improvement Wales (HEIW).

## Whole Systems Approach

### Partnership Working and Development

We assessed the arrangements in place for the practice to engage with external quality management systems to support improvements in providing a quality service. Senior staff informed us that the practice NHS metrics is downloaded and checked on a regular basis to manage and assess whether they were reaching their NHS targets.

## 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
Helix tests required on vacuum autoclave to ensure effective sterilisation process of dental instruments.	This could result in dental equipment not being adequately sterilized leading to an infection risk.	We raised this immediately with senior staff.	Helix test kit ordered by registered manager.
Masks and oxygen tubes part of emergency equipment were past expiry dates.	We could not be assured that they could be used effectively in event of an emergency.	We raised this immediately with senior staff.	Replacements ordered by registered manager.
Additional first aider to be appointed	Patients may be at risk if the only appointed first aider was not available.	We raised this immediately with senior staff.	Staff member completed on-line first aid course and appointed at time of inspection.

# Appendix B - Immediate improvement plan

**Service:** Fairwater Green Dental Practice

**Date of inspection:** 16 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
No immediate non-compliance concerns were identified on this inspection.					



## Appendix C - Improvement plan

**Service:** Fairwater Green Dental Practice

**Date of inspection:** 16 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
We found a window between the decontamination room and ground floor surgery compromising patient privacy and dignity.	We recommend the registered manager installs a blind to the window between surgery one and the decontamination room.	Regulation 15 (1) - Privacy & Dignity - The Private Dentistry (Wales) Regulations 2017.	A blind has been installed already	Timothy Phillips	Already completed
We found emergency contact details were not displayed outside to inform patients who do not have digital access.	We recommend the registered manager displays the out-of-hours emergency contact numbers outside and evidence of this be provided to HIW.	Quality Standard - Person Centred	Vinyl lettering has been installed with the CAV 24/7 number on exterior show window.	Timothy Phillips	Already completed

<p>We found limited information available in the medium of Welsh meaning Welsh speaking patient needs may not be identified or met.</p>	<p>The registered manager is required to provide HIW with details of the action taken to implement the ‘Active Offer.’</p>	<p>Quality Standard - Equitable</p>	<p>Practice leaflets have already been translated into Welsh.</p>	<p>Timothy Phillips</p>	<p>Already completed</p>
<p>Access to patient toilet narrow restricting wheelchair access meaning patients may not be able to access basic facilities.</p>	<p>We recommend the registered manager:</p> <ul style="list-style-type: none"> <li>• Considers how the practice can best provide serve the needs of wheelchair users with regards to toilet facilities.</li> <li>• Update the patient information leaflet and statement of purpose to advise patients of the access requirements for the toilets at the practice.</li> </ul>	<p>Regulation 22 (c) - The Private Dentistry (Wales) Regulations 2017.</p> <p>Regulation 5 &amp; 6 - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Due to the layout of the building it would not be possible to widen the door and hallway leading into the patient toilet to improve access for wheelchair users. This information has been included on the updated practice information leaflet and</p>	<p>Timothy Phillips</p>	<p>Already completed</p>

			statement of purpose.		
We found there were no lockers for staff to store their personal belongings securely.	The registered manager must improve storage facilities for staff personal belongings.	Regulation 22 (3)(b)	Lockers have been purchased and installed in the downstairs staff communal area. It is not possible to increase the size of the downstairs cloakroom which functions as a changing room.	Timothy Phillips	Already completed
Basic fire risk assessment found in Health and Safety Risk Assessment could mean that all risks have not been fully considered.	We recommend the registered manager arranges a separate fire risk assessment be conducted of the premises, identifying risks and the actions required to mitigate them and provide evidence of this.	Regulation 22 (f) - The Private Dentistry (Wales) Regulations 2017.	Additional fire risk assessment has been carried out by external company on 20 <sup>th</sup> October.	Timothy Phillips	Risk assessment report to be ready in 1 week.

No hand wash basin in decontamination room meaning staff hygiene is potentially compromised.	We recommend the registered manager install a separate sink for staff to wash their hands during the decontamination process.	Regulation 13 (3)(b) - The Private Dentistry (Wales) Regulations 2017.	Additional wash hand basin has already been installed.	Timothy Phillips	Installed on 13 <sup>th</sup> October 2023
We found Helix test not being conducted on vacuum autoclave meaning the effectiveness of sterilisation equipment is not being checked.	We recommend that the registered manager provides assurance that a daily Helix test is conducted on all vacuum autoclaves and provide evidence of this.	Regulation 13 (3)(b) - The Private Dentistry (Wales) Regulations 2017.	Helix test equipment was purchased and testing being carried out at necessary intervals	Timothy Phillips	Already completed
We found gypsum waste was not being separated from other waste which could result in harmful materials being released into the environment.	The registered manager must provide a separate designated container for gypsum waste to be collected and disposed of appropriately.	Quality Standard - Safe	Gypsum waste has been added to our contract with Initial Medical Waste	Timothy Phillips	Already completed
Some out-of-date dental materials were found in the drawer in one of the surgeries during the inspection.	We recommend the registered manager ensures there is a system in place to check the expiry dates of the	Regulation 13 (6)(b)(iii) - The Private Dentistry (Wales) Regulations 2017.	A logbook has been set up for each surgery where weekly checks have	Timothy Phillips	Already completed

	dental materials at the practice.		been made for any expired materials.		
We found some staff had not completed adult safeguarding training could mean vulnerable adults needs may not be identified.	The registered manager is to ensure outstanding safeguarding training has been completed and provide evidence of this.	Regulation 14 (b) - The Private Dentistry (Wales) Regulations 2017.	There was only one staff member who did not have the certificate at hand but had completed the training. This certificate has already been sent to HIW	Timothy Phillips	Already completed
Smoking cessation advice was inconsistently recorded in patient records	The registered manager must ensure smoking cessation advice is provided and recorded in the patient notes of smokers.	Regulation 20(1)(a)(i) - The Private Dentistry (Wales) Regulations 2017.	A template has been set up on the practice software to ensure the recording of smoking cessation advice is more reliable	Timothy Phillips	Already completed

<p>We found no entries made within the patient records to indicate whether or not cancer screening had been carried out.</p>	<p>The registered manager must ensure that oral cancer screening is conducted and recorded in the patient records.</p>	<p>Regulation 20(1)(a)(i) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Cancer screening had been carried out under the extra- and intra-oral examinations, with record keeping declaring if any abnormalities detected, but the templates on the practice software have now been updated to include the term 'cancer screening'</p>	<p>Timothy Phillips</p>	<p>Already completed</p>
<p>Verbal consent was inconsistently recorded in patient records.</p>	<p>The registered manager must ensure that informed consent is always obtained and recorded in patient records.</p>	<p>Regulation 13(9)(d) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>A record keeping audit is currently in progress and one dentist has been identified</p>	<p>Timothy Phillips</p>	<p>Initial findings completed, changes implemented, record keeping</p>

			as lacking in recording the verbal consent. It was advised for him to make better use of the practice software for this. This will be reviewed at re-evaluation of audit.		re-audit due in 6 months
We found patients' language preference were not recorded within patient records, which could inhibit effective and individualised care.	The registered manager must ensure patients preferred choice of language is recorded within the patient records	Regulation 13(1)(a) - The Private Dentistry (Wales) Regulations 2017.	The practice software had already been updated to include the section for language preference prior to the inspection, but some records that were checked pre-	Timothy Phillips	Already in place

			dated this update.		
We found the statement of purpose contained a defunct NHS out-of-hours contact number.	The registered manager must amend the statement of purpose to show the current NHS out-of-hours contact details and provides a copy to HIW.	Regulation 5(1), Schedule 1(9) - The Private Dentistry (Wales) Regulations 2017.	This has been amended to feature the CAV 24/7 Helpline and NHS 111	Timothy Phillips	Already completed.
We found pre-employment check (Disclosure and Barring Service) missing for new employee.	The registered manager must ensure that a valid DBS certificate for the new employee has been obtained and provide evidence to HIW.	Regulation 18 (2)(b) -The Private Dentistry (Wales) Regulations 2017.	This has been applied for Lucy Robinson, and obtained for additional staff member Olivia Grainger-Smith.	Timothy Phillips	Awaiting DBS certificate for Lucy Robinson, have snapshot from provider Criminal Records Services Ltd
Patient feedback forms were available from receptionist which may discourage feedback from patients who wish to remain anonymous.	We recommend feedback forms be readily available for patients to access without the need to involve staff	Regulation 16(2)(c) - The Private Dentistry (Wales) Regulations 2017.	The feedback form box is usually in the waiting area not behind reception. It had been moved by the	Timothy Phillips	Already completed.



			cleaner the day before the inspection to behind reception and not replaced.		
We found nursing staff unaware of Duty of Candour meaning patients may not be informed if things go wrong with their treatment.	We recommend that the registered manager ensures Duty of Candour training is completed by all nursing staff and evidence of this be provided to HIW.	Regulation 8 (2)(a) - Training and Support - Duty of Candour (Wales) Regulations 2023	All staff have since completed Duty of Candour training	Timothy Phillips	Already completed, certificates already sent to HIW

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): Timothy Phillips**

**Job role: Principal Dentist**

**Date: 20/10/2023**