

# General Dental Practice Inspection Report (Announced)

MyDentist, Quay Street,  
Haverfordwest, Hywel Dda 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 MyDentist, Quay Street, Haverfordwest, Hywel Dda University Health Board on 30 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 12 questionnaires were completed by patients or their carers and 3 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 patients being treated with dignity and respect and their care being delivered in a way to meet their individual needs. We heard from patients that staff were considerate and listened to them regarding their care. We found there were delays to NHS appointments due to unavailability of NHS dentists. We saw patients proactively encouraged to use their preferred language.

This is what we recommend the service can improve:

- Ensure the availability and timeliness of NHS-provided care.

This is what the service did well:

- We noted that staff listened to their patients and explained care in a manner they could understand
- We saw a zero tolerance approach to harassment and discrimination.

### Delivery of Safe and Effective Care

Overall summary:

We found care being provided safely in a clean, modern and tidy practice. We found improvements could be made to the detail captured in patient records and to the advertisement of occupational health services to employees. We saw risks were managed appropriately, though did find the practice could improve aspects of fire safety equipment checks.

This is what we recommend the service can improve:

- Ensure that patient records are comprehensive, contemporaneous and accurately recorded
- Improvements could be made to the checking of fire safety equipment
- Practice management should improve their communication to staff regarding occupational health services.

This is what the service did well:

- We saw evidence of patient care being delivered in a safe manner
- We saw a comprehensive management of health and safety risks.

## Quality of Management and Leadership

Overall summary:

We found suitable management and governance arrangements in place to support the effective management of the practice. Staff were trained to the mandatory requirements and recruitment was appropriately managed. We noted in staff feedback some concerns relating to wellbeing and on the raising of concerns. We saw good compliance with required audits pertaining to smoking cessation, antibiotic prescribing, patient records and X-rays.

This is what we recommend the service can improve:

- Practice management should look to survey staff regarding their wellbeing
- Arrangements should be put in place to increase the encouragement of staff to raise concerns.

This is what the service did well:

- Clinical audits were regularly completed and comprehensive
- Staff meetings and appraisals were frequent and detailed.

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

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

All of the 12 patients that completed a HIW questionnaire said they would rate the service either 'very good' or 'good'. Some of the comments provided by patients on the questionnaires included:

*"My Dentist is very sympathetic to my needs. The receptionists are very helpful."*

*"Reception staff very friendly. Dentist knowledgeable and talk to me so I understand."*

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

*"Decor - needs painting outside. Parking issues."*

#### Person Centred

##### Health Promotion

We found a range of patient information on display around the practice, with bilingual options available for patients.

Advice notices on smoking cessation and oral cancer awareness leaflets were on display and we found bilingual patient information leaflets available for patients to take away. Costs for private and NHS services were on display at reception. Outside, we saw the opening times, emergency out of hours details as well as the names and GDC numbers of dental clinicians on display.

All respondents to the HIW patient questionnaire said staff explained their oral health to them in a manner they could understand, and that suitable aftercare advice was provided.

##### Dignified and Respectful Care

We observed staff treating patients in a professional manner, with dignity and respect. We found the practice and its surgeries were designed to allow for private



consultations through a mixture of frosted glass and closed doors during appointments.

Staff told us they would discuss any sensitive matters in a side office with patients and we saw screening up in the reception area to enable private conversations over the telephone that could not be easily overheard.

Respondents to the HIW patient questionnaire all felt that staff treated them with dignity and respect. All respondents also noted that they felt listened to and staff answered their questions in a way they could understand.

### **Individualised care**

All of the respondents to the HIW patient questionnaire noted that they were given all the information they needed to make a decision about their dental care and that they all felt involved in the decisions regarding their care.

Respondents also noted their medical history was checked prior to any treatment, and said that treatment options, including the risks, benefits and costs, were explained in a manner they could understand.

## **Timely**

### **Timely Care**

We saw an appointments process in place that aimed to reduce delays and cancellations to improve timely access to care.

Staff told us patients would be informed about any delays or cancellations either in person upon arrival or over the telephone should the patient not yet have arrived. We saw that appointments were mainly made over the telephone but that they could be made over email.

We were told that patients with any urgent requirements would be triaged over the telephone by reception staff in consultation with a dentist. We heard NHS patients being referred to 111 over the phone by reception staff due to the practice not currently having an NHS dentist and we were told that any NHS patients were unable to be seen through an emergency appointment. One patient told us:

*“[there are] longer wait times now since April '22.”*

Staff told us that any existing new private patients were seen within 24 hours.

We were told that clinicians worked to meet patient needs by seeing patients at the times of their choice as much as possible within their operating hours. Most patients (8/12) that responded to the HIW questionnaire said they found it fairly easy to get an appointment when they needed one, and one patient said they didn't find it easy at all. A majority of patients (10/12) explained they would know how to access out of hours dental services if they had an urgent dental problem.

## **Equitable**

### **Communication and Language**

We found a practice that encouraged patients to use the language of their choice and supported those whose first language was not English. We heard patients being asked upon arrival to indicate their language preference and a poster was on display to encourage patients to indicate their preference.

Staff told us that they had access to Welsh language courses through the health board and that while no Welsh speakers worked at the practice efforts would be made to allow patients to communicate in their preferred language using language line and other online services.

We saw that bilingual information was available to patients and on display around the reception area. A majority of respondents to the HIW questionnaire (10/12) noted their preferred language as English, with two noting Welsh as their preference. Of these two respondents, both indicated they were not offered the opportunity to speak Welsh throughout their patient journey, with one noting that they did feel comfortable using their preferred language.

Staff explained a satisfactory understanding of the 'Active Offer' and that while they had a small proportion of Welsh speaking patients that they would accommodate their language needs. We saw that the practice had processes in place to support the language needs of all of their patients.

### **Rights and Equality**

We saw the practice promoted equal treatment and their patients' rights through a comprehensive patient acceptance policy as well as a satisfactory equality and diversity policy. We also saw a suitable section in the recruitment policy that outlined the practice's approach to equal employment opportunities and an induction loop to assist those with hearing difficulties.

We observed a poster on display at reception that showed a zero tolerance approach to harassment or abuse and noted a robust policy to deal with any patients that treated staff or other patients inappropriately.

All of the patients that responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service. Most patients (10/12) felt that the practice was either fully or partially accessible, with two respondents unsure.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found a clean, modern and well-maintained practice that was suitably clinically equipped and set up throughout to enable safe care to patients. The practice was spread over two floors with well equipped surgeries, an appropriately sized waiting room and dedicated decontamination room. A downstairs surgery, wide corridors and level access to the front door accommodated appropriate disabled access.

One respondent to the HIW staff questionnaire, out of the 16 staff at the practice stated they did not think the facilities were appropriate for them to carry out their specific task. All respondents noted the environment was appropriate for ensuring patients received the care they required.

We found appropriate lighting and heating at a suitable level with an overall hazard free environment that enabled safe care for patients. We noted sufficient signage, including those for fire safety and emergency exits. We saw that changing facilities for staff and the toilets for both patients and staff were all clean, properly equipped and modern.

We noted a detailed and suitable approach to risk management through the use of a health and safety risk assessment, which was last reviewed and updated in August 2023. This risk assessment complemented the health and safety policy in place that was last reviewed in April 2023 and signed by all staff as being read and understood. The practice maintained an acceptable business continuity plan that had appropriate signposting to the corporate support available through MyDentist.

We saw telephone communications working well and we saw the practice employer liability insurance displayed on the wall in reception. These were alongside a Health and Safety Executive poster and the no smoking signs on display throughout the practice.

We saw a fire risk assessment that was reviewed and updated annually, with evidence showing daily means of escape checks, weekly fire alarm checks, monthly emergency lighting checks and fire drills undertaken every six months. Fire equipment maintenance checks were undertaken by an external contractor on an annual basis and weekly by practice staff. We saw that two carbon dioxide (CO<sub>2</sub>) extinguishers were still in use by the practice, even though their service dates had expired. We saw that the weekly staff checks on the equipment did not account

for expiry date checks. Due to the risk posed by the expired extinguishers to patient safety this was escalated to staff on the day and resolved. See Appendix A for further details.

**The registered manager must ensure portable fire equipment is routinely and comprehensively checked to be ready in the event of an emergency.**

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

We saw all areas of the building kept to a good standard of repair enabling effective cleaning. We observed personal protective equipment (PPE) being used appropriately, and we saw evidence of daily checks of clinical areas taking place. The practice had detailed policies and procedures for the management of IPC and decontamination, utilising an experienced member of staff as the named lead.

All of the of patients that responded to the HIW questionnaire told us they thought the practice was 'very clean' or 'fairly clean', and all patients felt that infection prevention and control measures were being followed.

We saw appropriate and clear policies in place for occupational health matters and we also saw safer sharps devices used to prevent injuries. On the day of our inspection, staff told us they knew how to access occupational health services if they needed to. In response to the HIW staff survey, two staff members indicated they were not aware of the occupational health support available to them.

**The registered manager should regularly promote occupational health services to their staff.**

We saw evidence of autoclave and washer-disinfector tests being undertaken in line with the Welsh Health Technical Memorandum (WHTM) 01-05, which were undertaken in a suitably laid out and dedicated decontamination room. These tests complemented daily maintenance programme checks. We observed staff undertaking a full decontamination cycle to a satisfactory standard and we observed staff safely transporting equipment from the surgery to the decontamination room. We saw evidence of routine infection control audits taking place, with the last undertaken in July 2023.

We noted that all waste at the practice was disposed of using an appropriate waste management company and the Control of Substances Hazardous to Health (COSHH) items was satisfactorily managed. We saw that the COSHH folder was up to date and comprehensive.

## **Medicines Management**

We found the management of medicines at the practice was undertaken appropriately and in line with all regulatory requirements. The practice did not dispense medicines. The only medication held on site were for use in the case of a medical emergency. We saw a robust process in place to ensure these medicines were suitably managed and kept secure. We saw the practice prescription pad was stored securely.

We saw that the first aid kit and emergency resuscitation equipment were both within their expiry dates and we examined records which showed they were inspected regularly. We saw the procedure for managing an emergency was robust, reviewed regularly and in line with Resuscitation Council (UK) guidelines.

On review of staff records we saw that there were two trained first aiders and 10 out of the 16 staff had undertaken cardiopulmonary resuscitation (CPR) training within the last year. We saw evidence that a training course that was due to take place in July 2023 was cancelled at short notice by the provider, though a rearranged course was due to be held in September 2023. We reviewed the robust risk assessments that had been put in place for each of the six individual staff members. We were assured by the actions that were being undertaken to mitigate the risk of the annual refresher training having not taken place.

## **Safeguarding of Children and Adults**

We noted a comprehensive, corporately owned, MyDentist policy that had been tailored to meet the needs of this practice. We saw up to date contact details and suitable signposting information available to staff with the procedures and easily locatable on the wall in the practice office. These documents referenced the two named leads for safeguarding at the practice.

We saw that all staff had signed and agreed to the recently reviewed policy and in our discussions with staff we confirmed they knew what to do in the event of a safeguarding incident. We observed that the policy referenced the All Wales safeguarding procedures and that there was corporate support available from a dedicated patient support team at MyDentist.

In all of the staff records we reviewed, we saw training to level 2 in adult and child safeguarding. We also noted examples where some staff exceeded the mandatory requirements attaining level 3 accreditation.

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

We found the clinical equipment to be clean and in a good state of repair, with a suitable system in place to ensure that it was maintained. We saw a satisfactory

and corporately managed system in place for any equipment failure and the maintenance records we reviewed were comprehensive.

In staff files we found training was up to date on the use of clinical equipment and the staff we spoke to confirmed they were comfortable using the equipment with the training they had received.

We saw X-ray equipment being managed safely and appropriately to enable the safe care of patients. We observed a suitable policy and procedure, alongside a detailed set of local rules and radiation risk assessment contained within the radiation protection folder.

Of the completed records we reviewed, we saw that X-rays were being used as an appropriate evidence-base for the care delivered. We saw X-rays only being used following necessary justification and after a comprehensive risk assessment. We found that quality improvement activities took place in line with a MyDentist corporate process that met the required standards. We noted that an old system of X-ray grading was still being used on some records e.g. the 1, 2 and 3 scale.

**The registered manager should ensure all image quality ratings of dental radiographs are recorded in line with the latest national guidelines.**

## Effective

### Effective Care

We heard from staff that they were clear on their responsibilities related to the safe assessment, diagnosis and treatment of patients. We found that this treatment was delivered in line with professional, regulatory and statutory guidance locally or available through MyDentist corporately.

We saw a robust process in place to record and escalate patient safety incidents. Whilst there were no patient safety incidents for us to review, we were assured by the processes that were in place.

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

We saw in patient records that fluoride varnish was not being applied during dental procedures when required in line with 'Delivering Better Oral Health'.

**The registered manager must ensure the routine application of fluoride varnish when required.**

## **Patient Records**

We reviewed a total of 18 patient records, finding that both digital and paper records were all stored in line with the General Data Protection Regulations (GDPR). In 10 of the records we reviewed we found a full and complete picture of the care provided, justifications and details of treatments as well as symptoms and medical history discussions. Patient feedback confirmed that these discussions took place and that all patients felt their treatment was explained in a manner they could understand.

We did identify aspects of record keeping which required strengthening, including;

- In eight of the records we reviewed, we found multiple entries in patient notes were missing. These omissions ranged from details of the treatments provided to the recording and updating of baseline basic periodontal examination (BPE).
- All of the records we reviewed used a template that was not appropriate for all patient needs, for example smoking cessation advice being noted to children.
- We also observed that no records contained patient language preference, the recording of this as a decision and any actions taken in response to this preference.

Staff told us that they had experienced some technical difficulties for a period of time when the patients with the eight records missing details had been treated.

**The registered manager must ensure accurate, contemporaneous and appropriately tailored patient records are kept at all times.**

**The registered manager must ensure language and communication needs of patients are recorded.**

## **Efficient**

### **Efficient**

We noted a suitable skills mix in an appropriate setting for the services being delivered that enabled efficient progress through the care pathway.

We saw evidence of an effective means for the referral of patients to other services and saw these referrals were monitored by practice staff.

We found that private patients were given timely access to the care that they needed, enabled through the utilisation of suitable triage and emergency



appointments processes for private patients. We found that NHS patients were unable to see clinicians in a timely manner nor in the event of an emergency.

As referenced elsewhere in this report, patients that responded to the HIW questionnaire said they found it 'very easy' (3/12) or 'fairly easy' (8/12) to get an appointment. However, two patients felt it wasn't easy at all to get an appointment. One patient also said they felt wait times had got worse since April 2022.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

We found satisfactory leadership arrangements in place at the practice through the practice manager with support of the MyDentist group. We saw staff working well as part of a team and heard good feedback on the overall management of the practice.

The practice manager explained they used an annual leave recording tool to ensure an adequate number of staff on duty with the correct mix of skills. We saw that all staff were in the process of undertaking appraisals with records indicating these took place regularly.

Staff told us they made use of corporately provided tools from MyDentist to promote team development. We saw detailed minutes of staff meetings that took place on a monthly basis, where staff discussed policy updates, health and safety and patient feedback.

All of the policies we reviewed were detailed and appropriately signposted staff and while we saw no policy or procedure list at the practice, staff confirmed they knew where to find them and that they were easily locatable.

## Workforce

### Skilled and Enabled Workforce

We reviewed a total of eight staff files and found they met the mandatory requirements and we saw a comprehensive policy and procedure in operation to ensure all relevant recruitment checks were undertaken in a timely manner. We saw evidence of General Dental Council (GDC) membership and indemnity insurance, with appropriate processes in place for renewal management.

Staff training records were kept to a good standard and we saw evidence of compliance across all of the files we reviewed for mandatory training. We saw there was satisfactory corporate oversight as well as local management of all training courses and employment checks at the practice, which enabled effective recruitment and retention of staff. Respondents to the HIW staff survey all indicated they felt they had received appropriate training to undertake their role.

## Culture

### People Engagement, Feedback and Learning

We found an appropriate process in place for patients to provide feedback and for the response by the practice. We saw a box for submissions at reception and forms that patients could take away. Staff told us that the practice manager supervised the feedback process and conducted weekly reviews of feedback that were communicated during practice meetings. We saw there was a corporate MyDentist process also monitoring feedback and complaints digitally.

We saw that complaints were overseen by the practice manager and that there was a suitable process in place to submit and respond to complaints, including those given verbally. We saw posters on the wall in reception that advertised the route for complaints to patients with a named contact. We found a satisfactory policy in place that outlined a 10-day response for complaints, with appropriate signposting and fully aligned with the NHS Putting things Right complaints process.

We reviewed a sample of complaints and we saw a common theme of delays to NHS waiting times. We were told the practice has been without an NHS dentist since August 2023, but efforts were being made to address this, in the meantime patients are being referred on to 111 for treatments.

Out of the 16 members of staff at the practice, three members of staff responded to the HIW staff questionnaire with one staff member strongly disagreeing that their job was not detrimental to their health. Another member of staff disagreed that the practice takes positive action on health and well-being. One respondent also disagreed that their working pattern allowed for a good work life balance. As this was a limited sample of staff views collected, we consider it important the practice investigate these issues further.

**The registered manager should conduct an all-staff wellbeing survey and conduct an accredited staff development exercise.**

We found suitable reference to the Duty of Candour in a detailed incident reporting procedure and that there was a suitable whistleblowing policy. Through MyDentist corporately, staff had accessed online training for the Duty and the practice had also created a Duty of Candour study case for staff to review to deepen their understanding.

Staff we spoke to told us they would feel confident raising concerns related to patient safety or whistleblowing, that they knew the processes to follow and that they would feel supported when raising any. Although, two out of the three respondents to the HIW staff questionnaire disagreed that their organisation

encourages them to raise concerns when something has gone wrong and to share this with the patient. As this was a small sample of staff views due to the number of respondents, we propose an anonymous survey of staff to understand the reasons why staff don't feel encouraged and to take action on the findings. A review of the practice process for raising concerns should also be undertaken.

**The registered manager must assure HIW they are actively encouraging staff to raise concerns and that any concerns are acted on appropriately.**

## **Learning, Improvement and Research**

### **Quality Improvement Activities**

Staff told us they were supported by MyDentist corporately to undertake quality improvement activities, which included peer reviews, routine audits and quality assurance checks. This was supported by a suitable policy and procedure documentation.

We saw evidence of audits for antibiotic prescriptions and X-rays taking place in August 2023. Record card audits took place in May 2023, which included an audit on smoking cessation. We saw changes being made to practice procedures following local and national service reviews as well as changes as a result of clinical audit.

## **Whole Systems Approach**

### **Partnership Working and Development**

Staff explained that working relationships with other primary care services were good, adding that they operated an efficient digital referral system with other local services. We saw this process was suitable to manage the referrals of patients with the most urgent needs and there was a robust process to manage any follow up actions.

We observed good working relationships between staff internally, including corporate MyDentist staff, which was confirmed by what staff told us.

## 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
Two carbon dioxide (CO2) fire extinguishers were found to have been condemned by a contractor and servicing was out of date.	A fire would not be able to be properly tackled which would impact patient safety.	This was brought to the attention of staff on the day.	2 new extinguishers were ordered and arrived the same day.

## Appendix B - Immediate improvement plan

**Service:** MyDentist, Quay Street, Haverfordwest

**Date of inspection:** 30 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
There were no immediate assurance issues.					

## Appendix C - Improvement plan

**Service:** MyDentist, Quay Street, Haverfordwest

**Date of inspection:** 30 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
In response to the HIW staff survey, two staff members indicated they were not aware of the occupational health support available to them.	The registered manager should regularly promote occupational health services to their staff.	Private Dentistry (Wales) Regulations 2017, Section 13 (5)	This will be discussed with all staff in the next practice meeting	Practice Manager	30/11/2023
We noted that an old system of X-ray grading was still being used on some records e.g. the 1, 2 and 3 scale.	The registered manager should ensure all image quality ratings of dental radiographs are recorded in line with the latest national guidelines.	Section 13 (2)	This has been discussed with all clinical staff and dentist are now using the correct grading system	Practice manager / dentists	Completed



<p>We saw in patient records that fluoride varnish was not being applied during dental procedures when required in line with 'Delivering Better Oral Health'.</p>	<p>The registered manager must ensure the routine application of fluoride varnish when required.</p>	<p>Section 13 (1)</p>	<p>Delivering better oral health guidance will be discussed in the next practice meeting. The DBOH guidance will also be saved to each clinician's PC desktop for easy access</p>	<p>Practice Manager</p>	<p>30/11/2023</p>
<p>In 8 of the records we reviewed, we found multiple entries in patient notes were missing. These omissions ranged from details of the treatments provided to the recording and updating of baseline basic periodontal examination (BPE).</p> <p>All of the records we reviewed used a template that was not appropriate for all patient needs, for example smoking cessation advice being noted to children.</p>	<p>The registered manager must ensure accurate, contemporaneous and appropriately tailored patient records are kept at all times.</p> <p>The registered manager must ensure language and communication needs of patients are recorded.</p>	<p>Section 20 (1)</p>	<p>The clinical development advisor has arranged to visit all clinicians to discuss any improvements which can be made to record keeping templates</p> <p>The record keeping policy will also be reviewed in the next practice meeting</p>	<p>Practice Manager</p>	<p>30/11/2023</p>

<p>We also observed that no records contained patient language preference, the recording of this as a decision and any actions taken in response to this preference.</p>			<p>The practice was recording the patients preferred language on the day of the inspection however had only recently started</p>	<p>Practice team</p>	<p>Ongoing</p>
<p>Out of the 16 members of staff at the practice, three members of staff responded to the HIW staff questionnaire with one staff member strongly disagreeing that their job was not detrimental to their health. Another member of staff disagreed that the practice takes positive action on health and well-being. One respondent also disagreed that their working pattern allowed for a good work life balance. As this was a</p>	<p>The registered manager should conduct an all-staff wellbeing survey and conduct an accredited staff development exercise.</p>	<p>Section 16 (1)</p>	<p>Staff 1-2-1's have been arranged to be completed to discuss the findings from the staff survey</p> <p>The company has is also in the process of sending out a staff survey</p>	<p>Practice Manager</p>	<p>30/11/2023</p>

<p>limited sample of staff views collected, we consider it important the practice investigate these issues further.</p>					
<p>Two out of the three respondents to the HIW staff questionnaire disagreed that their organisation encourages them to raise concerns when something has gone wrong and to share this with the patient.</p>	<p>The registered manager must assure HIW they are actively encouraging staff to raise concerns and that any concerns are acted on appropriately.</p>	<p>Section 17 (3) (e)</p>	<p>The Whistle Blowing policy and Duty of candour policy had recently been discussed in a practice meeting however both these policies will be reviewed in the next practice meeting again</p>	<p>Practice Manager</p>	<p>30/11/2023</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):** Barbara Nowinska / Sarah-Jane Davies

**Job role:** Practice Manager / Regulatory Officer

**Date:** 26/10/2023