

General Dental Practice Inspection Report (Announced)

Craig y Don Dental Practice, Betsi
Cadwaladr 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 Craig y Don Dental Practice, Betsi Cadwaladr University Health Board on 4 September 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 73 questionnaires were completed by patients or their carers and 6 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 that Craig y Don Dental Practice was committed to providing a positive experience for their patients.

In response to a HIW questionnaire, overall comments were positive and all patients who provided an opinion rated the service as 'very good' or 'good'.

We observed staff greeting patients in a polite and friendly manner both in person and on the telephone.

This is what we recommend the service can improve:

- Ensure staff understand their responsibilities under the Duty of Candour
- Seek advice about implementing the 'Active Offer' of Welsh.

This is what the service did well:

- Pleasant, clean and well-maintained premises
- Patients were treated with respect in surgeries that preserved their dignity
- Ramps were available to enable wheelchair users to access the practice.

Delivery of Safe and Effective Care

Overall summary:

We found Craig y Don 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. There was a dedicated room for the cleaning and sterilisation (decontamination) of dental instruments.

Safeguarding policies and procedures were seen to be robust and well understood, with up-to-date contact details available to staff.

We found that clinical equipment was well maintained, and that staff were appropriately trained in its use.

This is what we recommend the service can improve:

- Ensure that equipment and medicines for treating medical emergencies are checked regularly and replaced as needed
- Improve the testing regime used to check ultrasonic cleaning equipment

- Ensure staff are formally trained in fire prevention and keep records of fire drills.

This is what the service did well:

- The safeguarding lead has undergone Level 3 training, which is considered best practice
- Patient records were good and included relevant clinical information
- Good arrangements were in place for infection prevention and control.

Quality of Management and Leadership

Overall summary:

We found Craig y Don Dental Practice had good leadership and clear lines of accountability. The owner was also the principal dentist and registered manager. The staff team worked well together and were committed to providing a high standard of care to their patients.

There was evidence of a robust system for recruitment and induction of staff, followed by supervision and annual appraisals.

This is what we recommend the service can improve:

- Implement a system to review policies and procedures on a regular basis
- Improve systems for monitoring and improving the quality of service.

This is what the service did well:

- A comprehensive range of policies and procedures were in place
- Good systems were in place to ensure staff were appropriately qualified and trained
- Clear leadership with staff seen to work well together as a team.

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:

" I have been a patient here with my family for over 20 years. Their care, professionalism and compassion are amazing. The practice has especially looked after my children and offered them NHS dentistry which has supported excellent oral health".

" Person centred care provider who will go the extra mile. The best dentist I have seen in years".

"The dental practice is well organised. The staff are knowledgeable, caring and there is a nice calm atmosphere. I am very happy with my dentist and dental care".

Person Centred

Health Promotion

Leaflets about oral health were available in the waiting room, along with posters and leaflets about smoking cessation.

Oral hygiene and diet advice was noted as given in all 10 of the patient records that were reviewed. In addition, smoking cessation advice was noted as given where relevant.

Patients that expressed an opinion in the HIW questionnaire said that staff explained oral health to them in a way they understood, that staff listened and answered questions, and that they were given aftercare instructions on how to maintain good oral health.

A no smoking sign was displayed at the entrance to the practice, confirming it adhered to the smoke-free premises legislation.

Dignified and Respectful Care

We saw that external windows in treatment areas were frosted and that doors were closed during treatment, to promote patient privacy and dignity.

Patient privacy was supported by having a waiting room separate to the reception area. Staff told us that surgeries could be used for confidential conversations, if needed.

The core ethical principles of practice, as set out by the General Dental Council (GDC) were included in posters in the reception area and waiting room. The principles set out what patients should expect from dental professionals.

There was a 'meet the team' poster at the entrance to the practice showing pictures of the staff members, including their names and GDC registration numbers.

Patients who expressed an opinion in the HIW questionnaire said staff treated them with dignity and respect.

We saw that current HIW registration certificates were on display. We noted that some certificates relating to individuals, rather than the practice, were also displayed. As these have been superseded, we advised that the old certificates should be removed.

We found that the practice did not have a policy on the Duty of Candour. However, the practice addressed this immediately after the inspection and a copy of their Policy was supplied as evidence.

We recommended that the Duty of Candour policy is shared with staff as part of their training and development.

Individualised care

We reviewed a sample of 10 patient records and found there was comprehensive evidence of treatment planning and options noted for those patients.

Patients who expressed an opinion in a HIW questionnaire said they were given enough information to understand which treatment options were available. All but one respondent said they were given enough information about the risks and benefits of treatment options.

Timely

Timely Care

The practice website allows patients to book appointments online, and patients can also book appointments by phone or visiting in person.

We saw that the practice opening hours were clearly displayed outside the front entrance, along with practice contact details and instructions to ring the normal telephone number in the case of an out of hours emergency. Staff told us that outside of normal practice hours a voicemail message provides a mobile phone number for the principal dentist, for patients to use if they need to access emergency treatment.

Staff told us that emergency treatment appointments were made available every day and that they would make every effort to accommodate patients needing urgent care.

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

All patients who responded to a HIW questionnaire said that it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and Language

We saw that the practice website included a short section in Welsh and that some leaflets in the waiting room were bilingual, but most of the information displayed was in English only.

Four patients that completed a HIW questionnaire said that their preferred language was Welsh, of which two said that they were offered the opportunity to speak Welsh, and two said they were not.

There was no evidence that the 'Active Offer' of Welsh was being implemented, in accordance with Welsh language standards.

We recommend that the practice implements the active offer and seeks advice and support from their local Health Board in order to do so.

Some staff were unclear about how to access translation services, to accommodate the needs of patients whose first language was not English. The registered manager

told us that translation services were available and that this would be clarified with staff.

We recommend that staff are advised about the availability of translation services and how to access them.

Rights and Equality

All patients who expressed an opinion in a HIW questionnaire said they had not experienced any discrimination when using the service.

The practice had a brief 'recognition of human rights' policy, stating that staff would recognise the human rights of patients and attend refresher courses, with review at annual appraisals. The policy did not make reference to protected characteristics, as defined in the Equality Act 2010. We advised that a more detailed policy should be implemented, and this was done immediately after the inspection. The practice provided a copy of their updated policy and procedures, which included appropriate dates for review.

We recommended that the updated policy about equality and diversity is shared with staff as part of their training and development.

We saw that the practice had removable ramps at the front door and all patient-facing areas were on the ground floor with level access, making them accessible to wheelchair users. Staff told us that a hearing loop was not installed at the practice.

A clearly signposted toilet was available to patients and staff. This was seen to be visibly clean with handwashing and drying facilities and a sanitary disposal unit. There was a grab handle installed but the toilet was not wheelchair accessible.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the premises to be clean, visibly well maintained, and free from obvious hazards. There were appropriate measures in place to ensure that risks to staff and patients at the surgery were minimised.

We saw policies relating to health and safety, emergency contingency and ensuring the premises were fit for purpose.

There was an up-to-date fire risk assessment in place, and evidence of a fire equipment maintenance contract with regular checks taking place. Fire exits were signposted, along with annually maintained fire extinguishers. There was also a heat detector and a smoke detector.

All staff had received in house training on fire prevention and safety and we saw evidence to that effect. However, we advised that staff should undertake formal training and include evidence of this in their training records.

The registered manager must ensure that all staff undertake formal training on fire safety and prevention.

We saw a fire plan outlining actions to take and a template for recording fire drills. However, there was no evidence to show that fire drills had taken place. We were told that evacuation exercises had been carried out but not recorded. This could increase the risk to patients in the event of a fire.

The registered manager must ensure records are kept to show that fire drills have been conducted and which staff took part.

We saw that the Employers Liability Insurance Certificate on display was out of date. However, an up-to-date certificate was available in the practice records and the correct version was put on display during the inspection. There was also a Health and Safety at Work poster displayed in the staff area.

Infection, Prevention, Control (IPC) and Decontamination

Nearly all patients who expressed an opinion in the HIW questionnaire said the dental practice was 'very clean', with one respondent saying it was 'fairly clean'.

We saw that surgeries were clean and furnished to promote effective cleaning. There was a designated IPC lead and appropriate policies and procedures in place.

The practice had a separate room for the cleaning and sterilisation (decontamination) of dental instruments, in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05. There were appropriate decontamination protocols in place, and we saw records showing that staff were adequately trained in these.

We observed that a handwashing sink in the decontamination room had a plug and overflow. It is good practice to use sinks that do not have these features to ensure handwashing is done in free-flowing water and reduce infection risk.

We recommend that the handwashing sink in the decontamination room have the plug removed and the overflow closed off.

We noted that the maintenance checks of the ultrasonic baths used should be improved. Foil tests were carried out, but soil and protein tests were not being carried out. This could increase the risk of equipment failure not being identified in a timely manner.

The practice must review their testing regime for ultrasonic baths, to include foil, soil and protein tests at appropriate intervals.

There was a system in place to manage waste appropriately and safely, including the separation and storage of clinical waste. Unused or expired medicines and emergency drugs were taken to a local pharmacy for disposal. We advised that a pharmaceutical waste bin should be used, under a waste management contract, to ensure appropriate disposal.

We recommend that pharmaceutical waste be disposed of under a waste management contract.

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

We reviewed a sample of staff records to ensure staff had been vaccinated against Hepatitis B infection. We found this to be the case, however one member of staff had received vaccinations but had no record of their immunity response. We advised that this information be requested and that, until confirmed, a risk assessment be carried out and their exposure to hazardous procedures minimised.

We recommend that a risk assessment be carried out for one member of staff to reduce their risk of exposure to potential Hepatitis B infection, until their immunity response can be confirmed.

Medicines Management

There were appropriate and safe arrangements in place for medicines management. Medicines were issued by prescription rather than directly to patients, and prescription pads were stored securely.

We reviewed arrangements for managing medical emergencies. There were appropriate policies and procedures in place, and records to show that staff had received up-to-date cardiopulmonary resuscitation (CPR) training.

The practice had equipment and drugs for use in the event of a medical emergency. However, the system to check these was not robust. We found that some resuscitation items were missing or out of date, and that the kit included the incorrect type of aspirin. This could significantly increase the risk to patient safety in the event of a medical emergency.

We informed the registered manager who ordered the required items during the inspection and provided evidence of this, followed by documentary and photographic evidence immediately after the inspection that the items had been delivered. An improved checklist was put in place during the inspection to ensure items would be checked and replaced appropriately. We were assured that the measures taken resolved the issue satisfactorily.

We noted that Midazolam was being stored in a locked safe. However, as a Schedule 3 controlled drug, it does not require secure storage and should be stored to enable easy access in an emergency.

We advise that Midazolam be stored with emergency equipment rather than in a locked safe.

Safeguarding of Children and Adults

We found the practice to have clear safeguarding policies and procedures in place, which were available to all staff. We noted that up-to-date safeguarding contact details were displayed in the staff area. We advised that the policy should be revised to direct staff to this list. We received evidence immediately after the inspection to show that this revision had been made.

The policies and procedures did not refer to the All Wales Safeguarding Procedures, which contain the most up to date guidance.

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

The registered manager was the designated safeguarding lead and had undergone training to Level 3, which is best practice. Staff were trained at a level appropriate to their roles.

The practice routinely noted on patient records if they failed to attend appointments (FTA). We advised that for children and young people that this would be better noted as 'was not brought' (WNB), as this could help identify potential safeguarding issues.

We recommend that children and young people that do not attend appointments have this recorded as 'was not brought' rather than 'failed to attend'.

Management of Medical Devices and Equipment

We found clinical equipment at the practice to be safe, 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 reviewed included designation of controlled areas 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.

We advised that quality assurance (QA) tests should be carried out on the phosphor plates used and computer screens used to view the images. This is to provide assurance that patient images are of an adequate quality.

We advise that regular QA tests be carried out on phosphor plates used for X-ray images and computer screens used to view those images.

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 extraction.

We advised that the practice should implement LocSSIPs checklists.

Patient Records

We reviewed a sample of 10 patient records and found these to be of a good standard with comprehensive recording of patient and clinical information.

We saw consistent recording of patient identifiers, medical history, symptoms, treatment planning and options, risk assessments, patient consent and treatment provided. None of the records reviewed included the patients' language preference.

We advised that patient language preferences be recorded.

Efficient

Efficient

We found that the premises and facilities were appropriate for the services being delivered. Staff told us that waiting times between treatments were typically no more than two weeks and that patients requiring urgent care were prioritised where possible.

A comment provided by one patient on the questionnaires was that the practice provided an *“efficient email appointment reminder service”*.

Quality of Management and Leadership

Staff feedback

All staff who expressed an opinion in the HIW questionnaire agreed they had received appropriate training for their role, and that there were enough staff, with suitable skills, at the practice.

All respondents agreed the practice encouraged the reporting of errors, near misses and incidents and acted upon these. Most, but not all, agreed that staff involved in doing this were treated fairly and given feedback about changes made as a result.

Staff who completed the questionnaire all agreed that care of patients was the dental practice's top priority, and were satisfied with the quality of care and support that they provided to patients.

Leadership

Governance and Leadership

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

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

We saw evidence of staff meetings with minutes, but held annually, and we advised that meetings should take place more regularly, to share information, review patient feedback or incidents, and identify potential service improvements.

We recommend that staff meetings are held regularly, with minutes recorded and shared with all staff.

The practice had a comprehensive range of policies and procedures in place to support staff in their roles. However, documents were not dated and there was no system in place to ensure they were reviewed at appropriate intervals.

We recommend that a system be put in place to ensure that policies and procedures are reviewed on a regular basis, in line with regulatory requirements.

Workforce

Skilled and Enabled Workforce

We saw evidence that all dental care professionals at the practice were registered with the GDC.

There were robust systems in place to ensure new staff, and any temporary agency staff, underwent appropriate checks. Staff files included evidence of GDC registration, Disclosure and Barring Service (DBS) certificates, and contracts of employment.

We were told that staff had annual appraisals, and the staff files reviewed showed good compliance with mandatory training requirements.

Culture

People Engagement, Feedback and Learning

The practice encouraged patient feedback. A poster in the waiting room included quick-response (QR) codes for patients to leave reviews on social media. There was also a suggestion box in the waiting room. Staff told us that printed cards were normally available for patients to complete and place in the suggestion box, although none were available on the day of inspection.

The practice had a clear complaints procedure, which included appropriate timescales for response and how to escalate complaints and contact external bodies. We were told that the Registered Manager was responsible for handling complaints. However, the procedure did not clearly identify the person to contact to raise a complaint.

We recommend that the complaints procedure be updated to identify the member of the team responsible for handling complaints.

Posters in the corridor and waiting room outlined the complaints procedure and that a copy could be requested from the reception area. In addition, the full procedure was detailed on the practice website.

We were told that written complaints were logged and kept on file, but verbal complaints were not.

We recommend that a system be used to capture verbal complaints, to enable the review of issues and any actions.

Information

Information Governance and Digital Technology

We found patient records were being stored electronically and securely. The practice encouraged patients to use an online booking system on their website, where electronic payments could also be made.

Learning, Improvement and Research

Quality Improvement Activities

We were told the practice carried out regular audits, including infection control, patient waiting times, X-ray image grading and patient record keeping and saw evidence of these.

The practice had not carried out a smoking cessation audit or a Clinical Audit and Peer Review (CAPRO) audit of antibiotic prescribing.

We recommend that the practice uses the Health Education and Improvement Wales (HEIW) toolkits to carry out audits on smoking cessation and antibiotic prescribing.

We found that the practice carried out quality improvement work, such as audits and collecting patient feedback. However, there was not a robust system to review and share the outcomes, identify issues and actions, and monitor progress to ensure that this work resulted in improvements to the quality of the service.

We recommend that systems be put in place to regularly assess and monitor the quality of the services provided and ensure any actions identified are carried out.

Whole Systems Approach

Partnership Working and Development

Staff told us they typically made referrals to secondary care or general practitioners by letter, to ensure that details were formally and correctly transferred.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

Appendix A - Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The Employers Liability Insurance Certificate on display was out of date.	Dental professionals must, by law, have an indemnity arrangement or insurance policy in place. This is so that any patient who suffers harm can make a claim for compensation.	This was raised with the registered manager.	An up-to-date insurance certificate was available in the practice files. The certificate being displayed was updated during the inspection.
The practice had equipment and drugs for use in the event of a medical emergency, however the system to check these was not robust. As a result, some items were missing, incorrect or out of date.	This could significantly increase the risk to patient safety in the event of a medical emergency.	This was raised with the registered manager and the IPC lead.	An improved checklist was put in place during the inspection to ensure items would be checked and replaced as needed. We were assured that the checklist was appropriate.

Appendix B - Immediate improvement plan

Service: Craig y Don Dental Practice

Date of inspection: 4 September 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 during this inspection.					

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Craig y Don Dental Practice

Date of inspection: 4 September 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan, telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
Staff had not received training on the Duty of Candour and their obligations under it.	We recommend that the Duty of Candour policy is shared with staff as part of their training and development.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(3)	I can confirm training has been given and policy circulated, read and confirmed.	RM	Now completed
The 'Active Offer' of Welsh was not being implemented.	We recommend that the practice implements the active offer and seeks advice and support from their local Health Board in order to do so.	The Welsh Language (Wales) Measure 2011 Standard: Person-centred	We now have an active offer of Welsh speaking preference in place and displayed as a poster at reception.	RM	Now completed

Staff were unclear about how to access translation services, to assist patients whose first language was not English.	We recommend that staff are advised about the availability of translation services and how to access them.	Standard: Person-centred	We have access to translation services now, set up via the LHB and staff are aware.	RM	Now done
There was no evidence that staff had received training on equality and diversity issues.	We recommended that the updated policy about equality and diversity is shared with staff as part of their training and development.	Standard: Person-centred	Staff have updated their equality and diversity training and have re-read the updated policy on the subject. Signed and confirmed.	RM	Now done
Staff had undertaken 'in-house' fire safety training, but we recommend that staff undertake a formal training course.	The registered manager must ensure that all staff undertake formal training on fire safety and prevention.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	A course has been booked for early 2024 with a local provider	RM	Booked for early 2024
There was no evidence to show staff had taken part in fire evacuation drills.	The registered manager must ensure records are kept to show that fire drills have been conducted and which staff took part.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	This was done and this inaccuracy was noted for you on the inaccuracy form	RM	This was already done prior to 2023 inspection

<p>A handwashing sink in the decontamination room had a plug and overflow fitted.</p>	<p>We recommend that the handwashing sink in the decontamination room have the plug removed and the overflow closed off.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)</p>	<p>This has now had a blanking plate fitted</p>	<p>RM</p>	<p>Done</p>
<p>Recommended tests for checking the performance of ultrasonic baths were not being carried out.</p>	<p>The practice must review their testing regime for ultrasonic baths, to include foil, soil and protein tests at appropriate intervals.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)</p>	<p>Ultrasonic performance tests have been implemented to current guidelines and training given to all staff.</p>	<p>RM</p>	<p>Now completed</p>
<p>The practice relied on a local pharmacy to dispose of unused or expired drugs and medicines.</p>	<p>We recommend that pharmaceutical waste be disposed of under a waste management contract.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)</p>	<p>Contract with waste collector updated</p>	<p>RM</p>	<p>Done</p>
<p>One member of staff had received vaccinations against Hepatitis B infection but had no record of their immunity response.</p>	<p>We recommend that a risk assessment be carried out for one member of staff to reduce their risk of exposure to potential Hepatitis B infection, until their immunity response can be confirmed.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)</p>	<p>Awaiting response from their GP</p>	<p>RM</p>	<p>Within the month</p>

An emergency medicine (Midazolam) was kept in locked storage. This was not a requirement and potentially restricted access to the drug in an emergency.	We advise that Midazolam be stored with emergency equipment rather than in a locked safe.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	Now stored in the correct box	RM	Done
Safeguarding policies and procedures did not reference the All Wales Safeguarding Procedures.	We recommend that the All Wales Safeguarding Procedures be referenced in relevant policies and procedures, and that staff be made aware of them.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)	Actioned as per your recommendations	RM	Done
Children and young people that did not attend appointments were recorded as 'failed to attend' rather than 'was not brought'.	We recommend that children and young people that do not attend appointments have this recorded as 'was not brought' rather than 'failed to attend'.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(d)	Actioned as per your suggestion, staff trained & documented	RM	Done
Quality assurance tests were not being carried out on phosphor plates used for X-ray images or	We advise that regular QA tests be carried out on phosphor plates used for X-ray images and computer	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	Actioned, staff trained & documented	RM	Done

computer screens used to view the images.	screens used to view those images.				
Local Safety Standards for Invasive Procedures (LocSSIPs) checklists, to help prevent wrong site tooth extraction, were not used.	We advise that the practice should implement LocSSIPs checklists.	Standard: Effective	This has been actioned on the day of inspection	RM	Done
Patients' language preferences were not recorded in the patient records.	We advise that patient language preferences be recorded.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	Actioned on the day of inspection	RM	Done
Staff meetings were held annually.	We recommend that staff meetings are held regularly, with minutes recorded and shared with all staff.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	This has been implemented	RM	Done
Policies and procedures were not all dated and there was no system in place to ensure they were reviewed at appropriate intervals.	We recommend that a system be put in place to ensure that policies and procedures are reviewed on a regular basis, in line with regulatory requirements.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(6)	Policies and procedures will have an addition at the end for updates/ amendments and will be reviewed at appropriate intervals and a system in place	RM	Over the next 4 weeks

			to remind the RM to do that.		
The practice complaints procedure did not specify a designated person responsible for handling complaints.	We recommend that the complaints procedure be updated to identify the member of the team responsible for handling complaints.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)	I think it always said RM/ owner so I believe this may be a factual inaccuracy	RM	Already in place
There was no system in place to record verbal complaints.	We recommend that a system be used to capture verbal complaints, to enable the review of issues and any actions.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(5)	We now have a book to record the info.	RM	Done
The practice had not carried out a smoking cessation audit or a Clinical Audit and Peer Review (CAPRO) audit of antibiotic prescribing.	We recommend that the practice uses the Health Education and Improvement Wales (HEIW) toolkits to carry out audits on smoking cessation and antibiotic prescribing.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)	We are going to do these	RM	Over the next 8 weeks
Systems were not in place to adequately monitor and assess the	We recommend that systems be put in place to regularly assess and monitor the	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)	We are instigating a system to monitor and assess quality of	RM	

quality of services provided.

quality of the services provided and ensure any actions identified are carried out.

services after the annual QAS report has been returned to the practice every year.

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): John Johnson

Job role: Registered Manager

Date: 26/10/2023