

General Dental Practice Inspection Report (Announced)

Compton House Dental Practice,
Cwm Taf Morgannwg University
Health Board

Inspection date: 04 October 2023

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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 Compton House Dental Practice, Cwm Taf Morgannwg University Health Board on 04 October 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. A total of 11 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 most patients said it was easy to get an appointment when they need one.

There was a good range of information throughout the practice in both Welsh and English with some staff able to provide treatment in Welsh. Patients said they 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:

- Blinds to be fitted to surgery windows to preserve patient dignity and respect during hours of darkness
- General Dental Council registration numbers to be clearly displayed
- Consider how information can be made available in other formats that considers the needs of patients with reading difficulties.

This is what the service did well:

- Online portal enables patients to provide personal information prior to their appointment
- Use of an 'exemption sheet' allowing patients to indicate their financial situation non-verbally
- Appropriate lighting adjustments for autistic and neuro-divergent patients, coloured doors for dyslexic patients and appointments later in the day for the elderly.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice 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. We found only one first aid appointed person and therefore required additional cover be arranged for times when they are absent.

We found good compliance with fire safety precautions but saw that a fire exit sign required repositioning to provide patients with better evacuation guidance in event of a fire.

We found dental records lacked detail and several checks had not been recorded in the patient notes.

This is what we recommend the service can improve:

- To install fire exit signs in first floor waiting area
- Recommended checklists to be used to prevent wrong tooth extraction

This is what the service did well:

- Good compliance with radiography policies and procedures and information for patients regarding the risks and benefits of x-rays
- Good safeguarding procedures evident with referral flow charts available throughout the practice.

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.

We saw a good induction process in place in line with British Dental Association (BDA) recognised format. We found compliance with staff training and professional obligations was generally good although there were some staff who needed to complete infection control and Duty of Candour training.

We were told that staff from a sister practice can be utilised in the event of any staffing shortages.

We saw evidence of a suitable complaints process in accordance with the practice policy, and that adjustments had been made because of patient feedback.

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:

- Staff to complete Duty of Candour training
- Re-install suggestions box in patient waiting area to encourage feedback.

This is what the service did well:

- We found the practice was well led with good relationships with other local healthcare services
- A range of policies were readily available to staff to support them in their work roles
- Comprehensive range of audits and use of quality improvement training tools with an aim to continually improve standards.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 11 respondents rated the service as 'very good' or 'good.'

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

"Always find members of staff friendly informative and after a lifetime of fearing the dentist I no longer feel like this as I am put at ease."

"I have been registered here for many years and the staff have come and gone and the service remains. It is beyond good. It is professional, entertaining and excellent."

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 saw an abundance of patient information available throughout the practice, including risks and benefits of x-rays, oral cancer, implants and veneers. We saw information about how to raise a complaint and the price lists for both NHS and private treatments were also on display.

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. All 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, in accordance with current legislation.

Dignified and Respectful Care

Throughout the inspection we observed staff treating patients with kindness and respect.

We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. We saw that the practice windows had a reflective coating which prevented the public from looking into the premises. However, we noticed that whilst this worked well during daylight, the reverse happened when dark, allowing the public to see into the practice.

We recommend the registered manager installs blinds to the surgery windows to preserve the privacy and dignity of patients and staff during the hours of darkness.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

Whilst the reception area was open plan within the patient waiting room, an online portal enables patients to provide personal information prior to attending their appointment. All information recorded is stored securely on the digital cloud. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients and use an 'exemption sheet' which allows patients to indicate their financial situation non-verbally. We were told an unused surgery would be used for confidential or sensitive discussions.

The General Dental Council (GDC) core ethical principles of practice were clearly displayed in the waiting areas in both Welsh and English. The names of the dentist and dental care professionals working at the practice were clearly displayed however their GDC registration numbers were not shown.

The registered manager must ensure the names and GDC numbers are displayed in an area where it can be easily seen.

Individualised care

All respondents who completed a HIW patient questionnaire said that there was enough information given to understand the treatment options available and said they were given enough information to understand the risks/benefits associated with those treatment options.

All 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 the practice uses live chat software to update reception staff of any delays. Alternatively, the dentist or dental nurses would let patients know should there be a delay in them being seen at their appointment. Patients would be given the option of rescheduling their appointment if they wished to do so.

The practice currently arranges appointments by telephone, or via an online portal.

We were told the practice keeps appointment slots available after 3:30pm for school children and work late every Tuesday and Saturday mornings for patients that cannot attend due to work commitments. We were also told the practice runs dental care professional (DCP) clinics during school holidays covering fluoride application and diet advice.

The practice opening hours were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should they require urgent dental care and treatment out of hours was also clearly visible.

We were told patients who require urgent dental care could telephone the reception and be offered an emergency appointment slot, which are scheduled throughout the day. We were told that the practice uses a short notice waiting list enabling available slots to be offered to patients based on priority that is indicated by a traffic light system.

Most respondents who completed a HIW patient questionnaire said it was 'very easy' or 'fairly easy' to get an appointment when they needed one, although two disagreed, saying it was not easy. Most respondents agreed they would know how to access the out of hours dental service if they had an urgent dental problem, although again, there were three who did not agree.

We were told patients generally wait about two to three weeks between each treatment appointment depending on the urgency and dentist availability. However, one patient did comment:

“Receptionists are not people friendly, very difficult to get an appointment in the case of an emergency. Appointments for follow up treatment that should be carried out as soon as possible are offered months down the line. Reminders are sent late for routine checkups and appointments are then unavailable for two to three months.”

We recommend the registered manager reflects on the issues raised in this feedback to ensure patients receive treatment in a timely manner.

Equitable

Communication and Language

We found lots of written information displayed in the practice was available in Welsh and English including the patients' information leaflet and statement of purpose. We also found the practice had created a patient information folder which was available in the waiting area, containing a lot of other dental treatment information. Much of this information was also bi-lingual.

We were told further documents were in the process of translation. We found there were no leaflets available in other formats, such as easy read or large font, but were told this could be easily obtained if required, from the local health board.

The registered manager is required to provide HIW with details of action taken to make information available to patients with reading difficulties.

We saw signage at reception inviting patients to notify staff if they wished to speak Welsh. We were told there are two Welsh speaking staff working at the practice and can provide care in Welsh if requested.

We found a hearing loop system in place to assist patients with hearing difficulties.

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 its contents.

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

We saw there was level access from outside for wheelchair access with two surgeries located downstairs, providing easy access to treatment for patients with mobility issues. We found an accessible patient toilet located on the ground floor.

We were told of reasonable adjustments that had been made to the practice to account for patient needs, including dimmer switches on chair lights for autistic

and neuro-divergent patients, coloured surgery doors for dyslexic patients and appointments made later in day for elderly patients.

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible, though one felt it was only partially accessible and another was unsure.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was well maintained with spacious, well lit, treatment rooms. Surgeries were located on both the ground and first floor. Internally, the environment was decorated and furnished to a good standard however we found there was no buildings maintenance policy.

The registered must ensure a building maintenance policy is in place to ensure the premises are always fit for purpose.

There was a business continuity 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. It was confirmed that all staff were aware of the procedures.

Patient areas were uncluttered and free from hazards. We saw there were facilities for staff to change in privacy and lockers available to store personal items.

We saw a health and safety policy was in place and an approved health and safety poster was clearly displayed for staff to see.

We found a fire risk assessment had been reviewed within the last year and that all staff working had completed fire safety training. We saw weekly checks of fire safety equipment and regular fire drills were being conducted and recorded. We saw a current fire equipment maintenance contract was in place and that the fire extinguishers had been serviced within the last year.

We found fire exits were clear of obstructions and evacuation signage was displayed throughout the premises. However, we found there was no fire exit sign on the first floor. This was raised with the registered manager who ordered a replacement at the time of the inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We confirmed current 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.

All respondents who completed a HIW patient questionnaire felt the setting was very clean and felt infection and prevention control measures were evident.

We saw the waiting room and the dental surgeries were clean however we found the upstairs waiting area seating was covered in fabric with some slight staining, suggesting the material prevented effective cleaning.

The registered manager must change the seating material used in the upstairs waiting area to enable effective infection prevention and control procedures.

Suitable handwashing and drying facilities were available in each surgery and in the toilets. 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. However, we found the automatic spring closure fitting for the decontamination room was broken resulting in the decontamination door remaining open at various times during our inspection.

The registered manager must repair or replace the automatic spring closure fitting to the decontamination room door.

Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments. We found that there were two autoclaves available, however one autoclave did not record any of the parameters of the decontamination cycles and there were no printouts or digital recordings available. We recommended the registered manager stop using this autoclave until a recorder or printer is fitted. A replacement autoclave was ordered, supplied and installed during our inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We found that the latest infection prevention and control (IPC) audit was conducted within the last year.

We saw clinical waste produced by the practice was stored in appropriate containers while awaiting collection and that a current contract was in place to safely transfer the waste from the practice. Whilst the clinical waste bins were locked, they were insecurely located at the front of the practice with easy access for members of the public.

The registered manager must ensure the clinical waste containers are securely fixed to the premises.

We found good arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH).

We reviewed training records for staff working at the practice and found that three had not completed infection prevention and control training.

The registered manager must ensure all staff complete up-to-date infection control and prevention training.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice and that these were handled safely and stored securely. We saw that any medicines administered were recorded in the patient notes. Additionally, we were told the practice disposes of out-of-date drugs at the local pharmacy, but there were no receipts available.

The registered manager must put in place a system to account for all unused medicines disposed of at the pharmacy and provide HIW with the details of that system.

We were told adverse incidents involving medicines would be recorded in an accident book and reported to the General Practitioner. The practice manager was advised to inform staff at the practice to report adverse reactions via the Yellow Card scheme.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice. We were told this could be made available to patients on request.

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. Whilst Midazolam as part of the emergency drugs were available, we found that it was not available in the correct dosages for patients of all ages.

The registered manager must ensure that emergency drugs are available in the correct dosages for patients of all ages.

Additionally, we found oropharyngeal airway size 0 and the self-inflating bag with reservoir for child and clear face masks as part of emergency equipment were missing. The registered manager ordered replacements at the time of inspection.

Our concerns regarding these were dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

The registered manager must put in place a process of regular checks to ensure the required emergency equipment is always available and provide HIW with evidence of this being completed.

The first aid kit was available and found to be in order. We found that the practice had one trained and appointed first aider however there was no cover in the event of the current first aider not being present.

The registered manager must ensure an additional person is trained and appointed as a first aid responder.

We found most staff working at the practice had completed resuscitation training within the last year, however there were two staff members who had not.

The registered manager must ensure resuscitation training is completed by all staff and provide HIW with evidence of this being completed.

Safeguarding of Children and Adults

We saw written policy and 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. We saw each surgery had a safeguarding action flow chart to assist staff should they have a safeguarding concern.

We saw all staff were appropriately trained and knowledgeable about safeguarding and the practice manager and safeguarding lead had the All-Wales safeguarding app on their phones to ensure they had up-to-date guidance.

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. 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 found local rules available in each surgery.

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 saw information displayed for patients in the waiting area explaining the risks and benefits of having an X-ray.

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. However, we found the practice did not use recommended checklists to minimise the risk of wrong tooth extraction.

The registered manager must ensure recommended checklists are used to prevent wrong tooth extractions.

Patient Records

We saw a suitable system was in place to help ensure records were safely managed and stored securely. We saw a consent policy and processes to uphold the rights of patient who lack capacity were in place. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental care records of ten patients. All the records we reviewed had suitable patient identifiers, and had previous dental history recorded. However, we found the initial medical history had not been signed by patients and dentists and there were three occasions where there were no entries to indicate whether an updated medical history had been checked.

The registered manager must ensure the patients' dental, and any other relevant medical history is always checked and recorded within patient records.

We also noted the treatment plan, extra and intra oral examination, oral hygiene and diet advice, types of materials used, amount of local anaesthetic, recalls and X-ray grading, justification and findings had not always been recorded. We saw that more information regarding treatment options needed to be recorded and that treatment plans were not always signed. Smoking cessation is to be provided and recorded as required. We found one patient record where a record of examination, discussion of treatment and details, amount of anaesthetic used was not recorded.

The registered manager must ensure that a contemporaneous and accurate note of all assessment, treatment planning and treatment provided is always recorded in the patient records.

Of the patient records reviewed, we found that informed consent had not been recorded in two records, and that patient language choice had not been recorded in any patient records.

The registered manager must ensure informed consent is recorded in patient records at each visit.

The registered manager must ensure patients preferred choice of language is recorded within 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.

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. We were told that DCP clinics are available to provide patients with oral hygiene guidance.

We were told weekly checks of referrals were carried out and that rejected referrals were addressed by the practice manager.

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

We found good leadership and clear lines of accountability in place. There were two practice managers in post and responsible for the day-to-day management of the practice.

Suitable arrangements were described for sharing relevant information with the practice staff team. These included staff meetings and ad hoc face to face communication with staff depending on the urgency of the matters. We saw minutes of meetings were taken and forwarded to staff who were absent to ensure they remain up to date with work related issues.

We confirmed a range of written policies were readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to review within the last 12 months 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.

Workforce

Skilled and Enabled Workforce

All staff working at the practice had a contract of employment. We also saw that there was an induction programme in place, which followed a BDA recommended format. This helped ensure new staff were aware of the practice's policies, procedures and that they understood their roles and responsibilities. We saw evidence that staff appraisals were also undertaken and up to date.

We saw a workforce rota was prepared three to four weeks in advance to ensure the number and skill mix of staff were appropriate to deliver the dental services provided across six surgeries. We were told that neither temporary nor agency staff were used, and that staff from a sister practice are utilised if there were staffing shortages due to holidays and sickness.

We were told the practice pays for the GDC registration of the nursing staff and that they monitored the whole dental team to ensure registration was maintained and current.

A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found that the practice manager and registered manager to be open and approachable to their staff with an open-door policy in evidence.

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 reviewed the files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate and (where required) evidence of indemnity insurance, and evidence of immunisations.

We saw mandatory staff training was accessed via a recognised online platform, with local training records held at the office. We saw that staff had attended training on a range of topics relevant to their roles within the practice. However, we found that Duty of Candour training had been assigned to staff but had not yet been completed.

We recommend the registered manager ensure staff undergo Duty of Candour training and provide HIW with evidence of this when completed.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including questionnaires, email and social media. We were told that a suggestions box was previously available in the patient waiting area, but this was removed during COVID-19.

We recommend the registered manager reinstates the suggestions box to enable patients to leave anonymised feedback at the practice.

We were told that feedback is regularly assessed, analysed and discussed. We saw evidence that the practice acknowledged feedback, and of actions taken because of feedback such as bicycle racks installed at the front of the premises and longer appointments for consultations.

We saw an up-to-date written complaints procedure was in place for managing complaints about dental care provided at the practice. This was on display in the waiting areas and included the details of the complaints manager and stated the

expected response timescale. Details of other organisations that patients could approach for help and support were also included. We also saw Putting Things Right posters on display.

Most respondents who completed a HIW patient questionnaire told us they had been given information on how the practice would resolve any concerns or complaints post-treatment although two respondents disagreed.

We saw complaints were recorded on the practice IT system and saw the resolution process documented throughout. We saw evidence of this process in relation to the most recent complaint received by the practice.

Information

Information Governance and Digital Technology

A Reporting and Managing Incidents policy was in place describing a system to record patient safety incidents. It also included guidance and set out staff responsibilities in relation to Duty of Candour. Significant events and patient safety information would be recorded and discussed at team meetings with staff informed immediately of any urgent issues via in-house social media.

To date, there has been no incidents where Duty of Candour has been exercised.

We were told that the practice conducts annual audit and analysis of the service via the All-Wales Dental Practice Quality Assurance Self-assessment (QAS) toolkit.

Learning, Improvement and Research

Quality Improvement Activities

We were provided with examples of audits which were conducted as part of the practice's quality improvement activity. These included record cards audit, radiograph audit, environmental audit and data and information audit in accordance with General Data Protection Regulations. We were also told the practice had completed antimicrobial prescribing and smoking cessation audits via the Health Education and Improvement Wales (HEIW) and the CAPRO Audit of antibiotic prescribing.

We saw that the practice had used quality improvement training tools such as Designed to Smile and Skills Optimiser Self Evaluation Tool (SOSET).

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 |
|--|---|---|---|
| We found there was no fire exit sign on the first floor. | Patients could be at risk because of a lack of directions for evacuation in the event of a fire at the practice | We raised this immediately with senior staff. | Replacement ordered by registered manager. |
| Oropharyngeal airway size 0, self-inflating bag with reservoir for child and clear face masks as part of emergency equipment were missing. | 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. |
| We found one autoclave did not record the parameters of the decontamination cycles with no | We were unable to check the equipment was performing the | We recommended the registered manager stop using this autoclave until a | Replacement autoclave ordered by registered manager and was supplied and installed during the inspection. |

| | | | |
|--|------------------------------------|--------------------------------|--|
| printouts or digital recordings available. | decontamination process correctly. | recorder or printer is fitted. | |
|--|------------------------------------|--------------------------------|--|

Appendix B - Immediate improvement plan

Service: Compton House Dental Practice

Date of inspection: 04 October 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 further immediate non-compliance concerns were identified on this inspection other than those identified in Appendix A. | | | | | |

Appendix C - Improvement plan

Service: Compton House Dental Practice

Date of inspection: 04 October 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 saw the windows had a reflective coating preventing public from looking into the premises during daylight, however this was ineffective when dark. | We recommend the registered manager installs blinds to the surgery windows to preserve the privacy and dignity of patients and staff during night-time. | Regulation 15 (1) - The Private Dentistry (Wales) Regulations 2017. | Blinds purchased and fitted | Ann | Completed 5/12/23 |
| We saw names of the dental care professionals at the practice were displayed however the GDC registration numbers were not shown. | The registered manager must ensure the names and GDC numbers are displayed in an area where it can be easily seen | Quality Standard - Person Centred | All displayed on foyer board | Ann | Completed 7/11/23 |

| | | | | | |
|---|---|--|--|------|----------|
| We found some patient feedback indicated that it was not easy to get an appointment when needed. | We recommend the registered manager reflects on the issues raised in this feedback to ensure patients receive treatment in a timely manner. | Quality Standard - Timely | Patient audit to be completed and action any issues identified | Lisa | 3 months |
| We found there were no leaflets available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties. | The registered manager is required to provide HIW with details of action taken to make information available to patients with reading difficulties. | Quality Standard - Equitable | Larger, easier font leaflets in practice folder | Lisa | 5/12/23 |
| We found there was no buildings maintenance policy. | The registered must ensure a building maintenance policy is in place to ensure the premises are always fit for purpose. | Regulation 8 (1)(c) - The Private Dentistry (Wales) Regulations 2017. | Completed monthly since October and kept in maintenance file in office | Ann | 5/12/23 |
| We found the upstairs waiting area seating was covered in fabric with some slight staining, suggesting the material | The registered manager must change the seating material used in the upstairs waiting area to enable effective | Regulation 13(6)(b)(iii) - The Private Dentistry (Wales) Regulations 2017. | Plastic chairs purchased and installed | Ann | 5/10/23 |

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| prevented effective cleaning. | infection prevention and control procedures | | | | |
| We found the automatic spring closure for the decontamination room was broken resulting in the decontamination door remaining open. | The registered manager must repair or replace the automatic spring closure fitting to the decontamination room door | Regulation 22(2)(b) - The Private Dentistry (Wales) Regulations 2017. | Keep door closed sign placed on decontamination room and staff trained to adhere to sign | Ann | 5/12/23 |
| Locked clinical waste bins were located at the front of the practice but were not secured, giving easy access for members of the public. | The registered manager must ensure the clinical waste containers are securely fixed to the premises. | Quality Standard - Safe | Chain and locked purchased and applied | Ann | 11/10/23 |
| We found all staff had not completed infection prevention and control training. | The registered manager must ensure all staff complete up-to-date infection control and prevention training. | Regulation 17 (3)(a) - The Private Dentistry (Wales) Regulations 2017. | Completed and documented | Lisa | 5/12/23 |
| We were told the practice disposes of out-of-date drugs at the local pharmacy, but there | The registered manager must put in place a system to account for all unused medicines disposed of at the pharmacy and provide HIW | Regulation 13 (4)(a) - The Private Dentistry (Wales) Regulations 2017. | Receipt policy in place and since used, filed in first aid file | Lisa | 3/11/23 |

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| were no receipts available. | with the details of that system. | | | | |
| Midazolam as part of the emergency was not available in the correct dosages for patients of all ages. | The registered manager must ensure that emergency drugs are available in the correct dosages for patients of all ages. | Regulation 13 (4)(b) - The Private Dentistry (Wales) Regulations 2017. | Syringe/pot available in emergency drug box with clear instructions and dose recommendations for all ages, staff trained | Lisa | 5/12/23 |
| We found oropharyngeal airway size 0 and the self-inflating bag with reservoir for child and clear face masks as part of emergency equipment were missing | The registered manager must put in place a process of regular checks to ensure the required emergency equipment is always available and provide HIW with evidence of this being completed. | Regulation 31 (3)(b) - The Private Dentistry (Wales) Regulations 2017. | Purchased and in place; Check list of equipment in place and checked with medical drugs/ first aid box weekly | Ann | 5/12/23 |
| We found that the practice had one trained and appointed first aider however there was no cover if that person was not present. | The registered manager must ensure an additional person is trained and appointed as a first aid responder. | Regulation (8)(q) -The Private Dentistry (Wales) Regulations 2017. | Catherine Jenkins Second first aider Course completed | Cath | 17/11/23 |

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| We found some staff working at the practice had not completed resuscitation training within the last year. | The registered manager must ensure resuscitation training is completed by all staff and provide HIW with evidence of this being completed. | Regulation (31)(3)(a) - The Private Dentistry (Wales) Regulations 2017. | CPR training booked via Postgrad | Ann | 3 months |
| We found the practice did not use recommended checklists to minimise the risk of wrong tooth extraction. | The registered manager must ensure recommended checklists are used to prevent wrong tooth extractions. | Quality Standard - Effective | 1000 lives/locsip document placed in six surgeries | Ann | 5/12/23 |
| We found initial medical history had not been signed and there were three records with no entries to indicate updated medical history had been checked. | The registered manager must ensure the patients dental, and any other relevant medical history is always recorded. | Regulation (20)(1)(a)(ii) -The Private Dentistry (Wales) Regulations 2017. | We are working with dentally to rectify this situation; to be included in record audit | Anwen/Lisa | 3 months |
| We found various omissions throughout the sample of patient records including recording of assessments and treatment planning. | The registered manager must ensure that a contemporaneous and accurate note of all assessment, treatment planning and treatment | Regulation 20(1)(a)(i) - The Private Dentistry (Wales) Regulations 2017. | Record card audit to be completed | Lisa | 3 months |

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| | provided is always recorded in the patient records. | | | | |
| We found that informed consent had not been recorded in two records. | The registered manager must ensure informed consent is recorded in patient records at each visit. | Regulation 13(9)(d) - The Private Dentistry (Wales) Regulations 2017. | Check box repositioned to top of the page and audit to be incorporated with record card audit | Lisa | 3 months |
| We found patient language preference were not recorded in 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. | Although asked on medical history on clini pad, working with dentally to record on patient file and to be checked on audit | Anwen / Lisa | 3 months |
| We found that Duty of Candour training had not been completed by staff. | We recommend the registered manager ensure staff undergo Duty of Candour training and provide HIW with evidence of this when completed. | Regulation 8 (2)(a) - Training and Support - Duty of Candour (Wales) Regulations 2023 | Completed by all staff and checked | Lisa | 5/12/23 |
| We found the suggestions box had been removed from the patient waiting area during Covid. This | We recommend the registered manager reinstates the suggestions box to enable patients to | Regulation 16(2)(c) - The Private Dentistry | New lockable box purchased and installed. | Ann | 5/12/23 |

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| may discourage feedback from patients who wish to remain anonymous. | leave anonymised feedback at the practice | (Wales) Regulations 2017. | In reception | | |
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Ann Collins

Job role: Practice Manager

Date: 05/12/23