

General Dental Practice Inspection Report (Announced)

Celtic Dental Practice

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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 Celtic Dental Practice on 15 November 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 36 questionnaires were completed by patients or their carers and 5 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 the practice provided patients with dignified and respectful care by communicating with them through their chosen language, providing an individualised service to patients and seeing patients in a timely manner. This was supported by what patients told us in the HIW patient questionnaire and some patients informed us they didn't know how to access urgent dental care.

This is what we recommend the service can improve:

- The information available to patients regarding access to urgent dental care.

This is what the service did well:

- Patients were seen in a timely manner and emergency appointments were appropriately triaged
- Supporting patients through the language of their choice wherever possible
- Patients rated the service they received as 'very good' (30/34) or 'good' (4/34).

Delivery of Safe and Effective Care

Overall summary:

We found a clean and tidy practice internally and externally, we saw there was also an appropriate assessment of the risks associated with the care being provided. We saw areas for improvement around Infection, Prevention and Control and decontamination as well as the detail included in patient records. We noted the practice safeguarding procedures were compliant and business continuity plans were satisfactory.

This is what we recommend the service can improve:

- Ensure robust and routine checks on emergency equipment
- The storage of clinical and cleaning equipment
- The testing of equipment for decontamination and the layout for the process to take place safely
- Areas of patient records required strengthening.

This is what the service did well:

- Clean and tidy practice

- Risk assessments were detailed and up to date.

Quality of Management and Leadership

Overall summary:

- We heard from staff their enjoyment at working in the practice and we saw staff meetings that took place regularly, all mandatory training having been undertaken by staff and professional obligations all in place for the staff records we reviewed. We noted improvements on the assessment of risk around missing pre-employment checks for long standing staff members, on the collection of patient feedback and we noted some audits required completion.

This is what we recommend the service can improve:

- Conduct a team development exercise, such as that provided by Health Education and Improvement Wales (HEIW)
- Assess the risk of missing pre-employment information for long standing staff members
- Develop a system for the collection and publication to patients of feedback.

This is what the service did well:

- Staff training records were up to date and all staff compliant with mandatory requirements
- Staff meetings were routine and minutes taken.

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

Overall, the responses from patients were positive. All respondents who answered the question rated the service as ‘very good’ (30/34) or ‘good’ (4/34). Some comments provided by patients on the questionnaires included:

“Always very attentive and polite. Good receptionists”

“Very friendly staff, lovely atmosphere”

“Regular appointment reminder emails”

“Excellent practice”

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

“Disappointed that is no longer a NHS practice. With all expenses across health to come etc it is a serious consideration to totally embrace paying so much for access to dental care”

“I’m currently on private but would like to know if options to go back to NHS are available in the future”

“No NHS option for children”

Person Centred

Health Promotion

We saw clear information on display in the reception area promoting good teeth brushing, the benefits of flossing and support documentation for diabetes and smoking cessation. We noted the details of charges, the names and General Dental Council (GDC) numbers of practitioners alongside opening hours and emergency contact details on display.

We found information was available bilingually for patients and most respondents to the HIW patient questionnaire (34/35) said staff explained their oral health to them in a manner they could understand throughout their appointment, and that suitable aftercare advice was provided (34/35).

Dignified and Respectful Care

We saw the privacy and dignity of patients was maintained by frosted glass on surgery doors and blinds to prevent patients being observed from the outside. We found a combined waiting and reception area with an offer given to patients to speak with staff in a private side room for confidential conversations. We also saw the use of screening at the desk to prevent phone calls being overheard.

We overheard respectful and professional discussions taking place between patients and staff throughout our inspection. The GDC codes of practice were displayed behind the reception desk.

Most of the patients that completed the HIW questionnaire (34/35) said staff treated them with dignity and respect, that they listened to them during their appointment and answered their questions (33/34).

Individualised care

All of the respondents to the HIW questionnaire said they felt involved as much as they wanted to be in the decisions about the treatments that were available, including having the risks and benefits explained to them by staff.

All but one patient (27/32) that responded to the question in the HIW questionnaire told us they knew what to do in the event of an emergency or infection, with four patients selecting 'not applicable'. Most patients said they were given information on how the practice would resolve any post-treatment concerns or complaints (25/32), with one patient disagreeing and six others selecting 'not applicable'.

All staff indicated in the HIW staff questionnaire they were satisfied with the quality of care and support they give to patients.

Timely

Timely Care

We were told patients would be informed of delays longer than five minutes by reception prior to an appointment. We saw the patient record management system had a messaging function which could inform patients of any longer-term delays or cancellations.

We saw emergency appointment slots were planned twice daily for each dentist. Patient triage took place over the telephone by reception staff in consultation with a dental practitioner. We were told patients requiring emergency treatment would be seen within 24 hours.

Most patients said they found it very easy (20/35) or fairly easy (13/35) to find an appointment when they needed one. 12 respondents to the HIW patient questionnaire said they would not know how to access out of hours dental services if they had an urgent dental problem.

The registered manager should improve the information available to patients on access to urgent dental care.

Equitable

Communication and Language

We saw signs and leaflets available in both English and Welsh, with staff telling us efforts were always made to make any information available in Welsh. We saw 'Iaith Gwaith' badges being worn by staff and we were told online translation tools were used to provide a service in the preferred language of a patient.

We observed the use of a digital device to capture patient information upon arrival. We saw this device could be provided in different languages for patients whose first language may not be English. Staff told us they would make information available in the preferred language of patients wherever possible.

All respondents to the HIW questionnaire confirmed healthcare information was available in their preferred language.

Rights and Equality

We saw the practice upheld the rights and equality of patients by using a suitable patient acceptance policy. We also found a comprehensive diversity and equality policy that was recently updated and saw equality and diversity were a prominent feature in recruitment process and checklists.

We saw the practice maintained a zero-tolerance approach to abusive behaviour from patients, using posters to promote this around the practice. We also saw staff being supported through reasonable adjustments to support them in the workplace.

Staff informed us they supported transgender patients by amending their records, where requested, to include their preferred gender pronouns as well as system pop ups for staff to ensure patients were treated with dignity and respect.

All of the patients that responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service. A majority of patients (34/35) stated that the building was accessible, one respondent indicated they were 'not sure'.

Delivery of Safe and Effective Care

Safe

Risk Management

We found a clean, tidy and well-maintained practice both internally and externally. We saw three appropriately sized surgeries accompanied by a suitably sized waiting and reception area. We found lighting, heating and ventilation to be appropriate and the signage throughout the practice was clear. Staff responses to the HIW questionnaire indicated they felt the facilities available to them were appropriate for them to carry out their specific tasks and appropriate in ensuring patients receive the care they require.

Telephone lines were heard working effectively, while changing facilities were available for staff and there was an acceptable staff toilet facility. We saw the practice was suitable for patients with mobility difficulties and the patient toilet was also appropriately equipped and set up to accommodate disabled patients.

We noted dental equipment that was in working order and single use items were used where appropriate. We saw needle holders were used to promote safe and effective treatment and prevent injuries.

We found an appropriate business continuity plan in place and staff understood their responsibilities in the event of an emergency. We saw a disaster planning and emergency procedures policy in place and a practice closure notification policy, both of which were recently updated. We noted an annual review took place on the practice health and safety policy. We saw annual reviews also took place on the health and safety risk assessment well as the environmental risk assessment.

We noted the practice employer liability insurance certificate at reception and the Health and Executive poster on display in the staff room.

Fire risks were assessed appropriately in the recently updated risk assessment documentation we reviewed. We also found:

- Fire fighting equipment and emergency lighting service checks took place annually and were next due in December 2023
- Fire alarms were tested weekly
- Fire evacuation drills took place every six months, having last been conducted in June 2023
- Contracts were in place for the maintenance and servicing of fire alarms, emergency lighting and fire fighting equipment

- Fire extinguishers were appropriately placed and stored correctly throughout the building and all were within their service dates.

We saw that fire exit signs and means of escape were signposted and checked by staff weekly. No smoking signs were also prominently displayed throughout the practice. We noted a fire call point near to the staff room was obscured by clutter and a cabinet, this was escalated to staff on the day and made clear. Checks on call points did not feature in the practice fire checklist.

The registered manager should ensure robust checks are in place for all aspects of fire safety.

Infection, Prevention, Control (IPC) and Decontamination

We found an up to date and suitable policy for the management of IPC and decontamination. We observed staff utilising appropriate levels of personal protective equipment (PPE) and changing them regularly. Respondents to the HIW staff questionnaire all told us they were given appropriate PPE and that there was an effective cleaning schedule in place.

We noted that a member of staff had recently become responsible for cleaning the practice since the departure of a designated cleaner. All of the patients that responded to the HIW questionnaire said they felt the practice was very clean (35/35). A majority of the respondents (33/35) felt that IPC measures were being followed by staff, with one patient saying:

“Completely confident in the cleanliness”

Another patient said:

“No masks on staff today”

We saw separate mops were used for different areas of cleaning but found these were stored in different areas around the practice, that two mops were stored in the kitchen area, and mops were left to dry within their buckets.

The registered manager should leave mops to dry appropriately and store them all in a suitable area.

The staff we spoke to understood their duties around effective IPC and decontamination and named their designated lead. We found staff training in IPC to all be in place from the records we reviewed. We saw the practice moved to become a private only practice from April 2023 but was still utilising the

occupational health support of the health board, the practice was advised to speak with the health board and review this provision.

In the surgeries, we found drawers containing reusable oral clinical equipment that had been cleaned but stored uncovered. We also found x-ray holders in surgeries left unpackaged.

The registered manager must ensure all clinical equipment is kept sterile and stored appropriately.

We reviewed the practice decontamination processes which take place within each surgery and found that manual instrument cleaning takes place prior to equipment sterilisation. We found the autoclave machines had no digital recording devices, with manually timed testing taking place for every cycle, which could not assure us that the sufficient amount of testing was taking place.

The registered manager must provide assurance to HIW that testing is being undertaken robustly on autoclave machines.

We found there was limited space in the decontamination areas in each surgery and that these spaces were not clearly defined into 'clean' and 'dirty' areas, both of which could increase the risk of cross contamination. We also noted the impression bath used for decontamination was kept in the 'clean' area of a decontamination zone.

The registered manager must clearly and visually indicate the 'clean' and 'dirty' spaces in decontamination areas.

The registered manager should remove the impressions bath from the 'clean' area of the decontamination process.

We reviewed records that indicated routine audits of IPC, in line with the Welsh Health Technical Memorandum 01-05 and saw that there was a regular schedule of maintenance on autoclave machines. We found daily surgery check documentation hadn't been completed since December 2022.

The registered manager must ensure daily surgery checklists are routinely recorded.

We saw that all areas of the practice were generally well-maintained, however, we did note a tear in the material of a treatment chair in one of the surgeries. We were not assured that these chairs could be cleaned effectively due to their condition.

The registered manager must ensure equipment is maintained to enable safe cleaning and decontamination.

We saw evidence the process for the Control of Substances Hazardous to Health (COSHH) was suitably managed, risk assessed, and we reviewed the comprehensive practice COSHH folder. We saw practice waste was handled appropriately by staff and was removed through a suitable waste disposal contract except for gypsum models which were returned to patients.

The registered manager should include gypsum as part of their waste disposal contract.

Medicines Management

We saw medicines were not routinely dispensed by staff other than those used in an emergency. We noted a suitable policy for the obtaining, handling, use and safe keeping of medicines. We found that expired emergency medicines were disposed of at a local pharmacy, which included those scheduled as controlled drugs under misuse of drugs legislation. Staff told us that they received no receipts when disposing of these controlled drugs and we saw no evidence of the disposal on file.

The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.

We saw in patient records that any administered medicines were clearly recorded, and practitioners gave clear information to patients. This was supported by what patients told us.

We saw a satisfactory policy in place for the management of medical emergencies which was reviewed annually. In staff records we noted that qualifications in cardiopulmonary resuscitation and first aid were all compliant. We saw evidence of weekly checks taking place on emergency medicines and prescription pads were securely locked away. On review of the emergency equipment, we found the first aid kit equipment was all in date and oxygen cylinders were regularly checked and serviced. We found the following areas which required improving:

- The adult and paediatric self-inflating bags were out of their original packing leaving their expiry dates unknown
- The face masks for the self-inflating bag-valve-masks were either missing or out of date.

Due to the potential impact on patient safety, these concerns were resolved during the inspection and the actions taken can be seen in Annex A.

Safeguarding of Children and Adults

We found an appropriate safeguarding policy and procedure in place for the safeguarding of children and adults. We noted within the policy a named safeguarding lead and local contact details to report concerns. We saw this policy was recently updated, regularly reviewed through their corporate provider, and had reference to the All-Wales Safeguarding Procedures. On review of staff records, we found all staff were trained in adult and child protection.

Management of Medical Devices and Equipment

We saw the clinical equipment was in a safe condition, with records showing an appropriate schedule of maintenance. We observed staff operating the equipment correctly, while staff confirmed to us their confidence on using the equipment. The records we reviewed indicated appropriate training in the safe use of clinical equipment. We noted satisfactory contingency plans outlining the reporting procedures and alternative arrangements for the timely care of patients.

We saw in the radiation protection folder information regarding the effective management of X-ray equipment, including a named radiation protection advisor, an up to date and informative risk assessment alongside the radiation policy. We found local rules were readily available for staff.

Effective

Effective Care

We saw services being delivered in line with the clinical needs of patients in a suitably sized and staffed premises. We found patients were given timely access to care through a robust triage process, prioritising those with the most urgent need. We noted an appropriate means for the referral of patients to other services and saw these referrals were monitored by practice staff.

Patient Records

We reviewed a total of 10 patient records which were stored in a fully digital system in line with the General Data Protection Regulations, overseen by an appropriate records management policy. We noted legacy records were kept in a locked cabinet.

We found the reason for patient attendance, signed medical histories, full base charting and basic periodontal examination findings were all recorded routinely. Of the ten records reviewed, we identified the following areas which require patient notes to be strengthened:

- Only four records evidenced oral hygiene and diets being recorded

- Health promotion advice was given to six of the nine relevant patients
- Half of the records reviewed did not show checks on extra and intra oral examinations
- Evidence of cancer screening was not present in any record
- Out of nine relevant records only one had treatment planning evidence recorded
- Evidence of informed consent was only present in only one record
- Risk assessments based on cavities, perio, tooth wear and oral cancer were only present in three records
- None of the records showed evidence of patients being asked their language preference nor the details of any action taken following that preference being stated.

The registered manager must ensure accurate, comprehensive and complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

The registered manager must ensure the language preference of patients and any actions relating to preferred language choice are recorded.

From the records we reviewed, we saw X-rays were only used where necessary as an appropriate evidence-base for the treatment of patients, though the justification and clinical findings of X-rays were not always recorded.

The registered manager should ensure all radiograph treatment records are complete.

Practitioners utilised radiographic risk assessments to support the safe treatment of patients, with both patients and, where relevant, their carers informed of the risks and benefits of radiographic treatment. We also saw evidence of suitable X-ray grading and quality improvement activities taking place.

Quality of Management and Leadership

Leadership

Governance and Leadership

We found satisfactory leadership arrangements in place which supported the effective running of the practice. We saw evidence of staff meetings taking place regularly and minutes indicating discussions on staff training to attendance management and fire drills. We did not see evidence of a team development tool being used, for example, those provided by Health Education and Improvement Wales (HEIW).

The registered manager should undertake a team development exercise, utilising the support available to them.

We saw use of an online system for managing the practice through a compliance contractor, which gave all staff access to up-to-date policies and procedures. We saw staff levels were monitored using a rota to ensure an appropriate number of suitably qualified staff working at the practice.

All staff responding to the HIW questionnaire told us they felt the practice took positive action on health and well-being, that their current working pattern allows for a good work life balance and their job is not detrimental to their health.

Workforce

Skilled and Enabled Workforce

We reviewed a sample of five staff records out of the ten staff records available. We saw that all staff were up to date with mandatory training requirements and membership of an online training provider was paid for by the practice for each staff member. We heard from staff and saw in meeting minutes that a recent staff meeting was devoted to discussions around continued professional development.

We saw evidence staff appraisals were routine and this was confirmed by what staff told us. We also saw induction processes were managed via a checklist for new starters. In the staff records we observed:

- GDC registrations in place and managed by the registered manager
- Hepatitis B certification and enhanced Disclosure and Barring Service certificates for all staff
- Indemnity insurance was in place for all practitioners

- Copies of employment contracts were on file for each employee.

We saw employment history and references acquired during the recruitment process were either missing or only some of the required information captured. Six of all ten staff records had no details on file. We saw the practice had recently changed ownership and the staff employed prior to that time did not have that information stored on file. We saw the recruitment undertaken by new management had all details correctly stored and a robust process in place.

The registered manager must provide assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.

We found satisfactory policies and procedures in place for recruitment and for staff whistleblowing.

Culture

People Engagement, Feedback and Learning

We found patient feedback hadn't been formally collected by the practice since the recent change in ownership. Staff told us informal feedback was discussed in team meetings and there was an intention to formalise the collection and publication to patients of feedback moving forward.

The registered manager must develop a system for the collection and publication to patients of feedback.

On review of the complaints procedure, we saw the process was designed to respond to patient complaints in a timely manner. We saw signposting to support and advocacy and a named complaints lead for patients. We noted posters on display at reception advertising the procedure to patients and forms kept at reception to capture informal feedback from patients.

We reviewed a sample of complaint records that were compliant with the practice policy.

Learning, Improvement and Research

Quality Improvement Activities

We found the practice conducts audits for IPC, radiographic treatments, patient records and clinical waste. However, formal peer reviews were not taking place and we did not see evidence of antibiotic prescribing audits or audits on smoking cessation.

The registered manager must ensure formal peer reviews are taking place and also review their policy and procedures for audits on antibiotic prescribing and smoking cessation.

While we saw evidence that patient record audits were taking place, we identified a number of issues outlined elsewhere in this report which should have been picked up during an audit.

The registered manager must improve the effectiveness of their patient records audit procedure, considering the support available through HEIW.

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
<p>The adult and paediatric self-inflating bags were out of their original packing leaving their expiry dates unknown</p> <p>The face masks for the self-inflating bag-valve-masks were either missing or out of date.</p>	<p>In the event of a medical emergency, there being an immediate risk to patient safety.</p>	<p>This was escalated to staff during the inspection.</p>	<p>All expired items were ordered and delivered the next working day.</p>

Appendix B - Immediate improvement plan

Service: Celtic Dental Practice

Date of inspection: 15 November 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 additional immediate concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Celtic Dental Practice

Date of inspection: 15 November 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
12 respondents to the HIW patient questionnaire said they would not know how to access out of hours dental services if they had an urgent dental problem.	The registered manager should improve information on access to urgent dental care available to patients.	Private Dentistry (Wales) Regulations 2017, Section 13 (1)	<p>Emergency access information is available and displayed in the waiting room and on the entrance door.</p> <p>The information is also available on our practice leaflets.</p> <p>On ringing the practice out of working hours the emergency contact information is listed.</p> <p>Patients are also advised verbally of the</p>	Angela Hudson	Already in place.

			out of hours emergency procedures and the World Wide Emergency cover associated with their dental plan if appropriate.		
We noted a fire call point near to the staff room was obscured by clutter and a cabinet, this was escalated to staff on the day and made clear. Checks on call points did not feature in the practice fire checklist.	The registered manager should ensure robust checks are in place for all aspects of fire safety.	Section 22 (4) (e)	The cupboard has now been moved so the call point can be accessed.	Angela Hudson	Completed 15 th November 2023
We saw separate mops were used for different areas of cleaning but found these were stored in different areas around the practice, that two mops were stored in the kitchen area, and mops were left to dry within their buckets.	The registered manager should leave mops to dry appropriately and store them all in a suitable area.	Section 22 (2) (a)	A mop storage area has now created outside the kitchen where the mops and buckets are stored and a mop holder where the mops can be clipped into to dry.	Angela Hudson	Completed 24 th November 2023.

<p>In the surgeries, we found drawers containing reusable oral clinical equipment that had been cleaned but stored uncovered. We also found x-ray holders in surgeries left unpackaged.</p>	<p>The registered manager must ensure all clinical equipment is kept sterile and stored appropriately.</p>	<p>Section 13 (2) (a)</p>	<p>Practice policy has been updated and it is now routine to cover sterilised instruments in drawers and bag the x ray holders.</p>	<p>Angela Hudson</p>	<p>Completed 24th November 2023</p>
<p>We found the autoclave machines had no digital recording devices, with testing taking place manually for every cycle, which could not assure us that the sufficient amount of testing was taking place.</p>	<p>The registered manager must provide assurance to HIW that testing is being undertaken robustly on autoclave machines.</p>	<p>Section 13 (2)</p>	<p>All 3 autoclaves now have digital Wi-Fi data loggers installed. A full record of every cycle is now updated weekly</p>	<p>Angela Hudson</p>	<p>Completed 15th December 2023</p>
<p>We found there was limited space in the decontamination areas in each surgery and that these spaces were not clearly defined into ‘clean’ and ‘dirty’ areas, both of which could</p>	<p>The registered manager must clearly and visually indicate the ‘clean’ and ‘dirty’ spaces in decontamination areas.</p> <p>The registered manager should remove the</p>	<p>Section 13 (3) (b)</p>	<p>The ‘Clean’ and ‘Dirty’ signs have been reinstated on the back wall of the surgery workspace and a black line demarcating the</p>	<p>Angela Hudson</p>	<p>Completed 24th November 2023</p>

increase the risk of cross contamination. We also noted the impression bath used for decontamination was kept in the 'clean' area of a decontamination zone.	impressions bath from the 'clean' area of the decontamination process.		'clean' and 'dirty' sides of the worktop.		
We found daily surgery check documentation hadn't been completed since December 2022.	The registered manager must ensure daily surgery checklists are routinely recorded.	Section 22 (2)	A daily surgery checklist log has now been placed in each surgery that is signed and dated daily.	Angela Hudson	Completed 30 th November 2023
We noted a tear in the material of a treatment chair in one of the surgeries. We were not assured that these chairs could be cleaned effectively due to their condition.	The registered manager must ensure equipment is maintained to enable safe cleaning and decontamination.	Section 13 (2) (a)	We are awaiting quotes to recover or repair the small tears in the chairs.	Angela Hudson	Due for completion March 2024
We saw gypsum models were returned to patients.	The registered manager should include gypsum as	Section 22	A contract is now in place with Initial Waste services and we have a	Angela Hudson	Completed 30 th

	part of their waste disposal contract.		tub for disposal of plaster models.		November 2023
We found that expired emergency medicines were disposed of at a local pharmacy, which included those scheduled as controlled drugs under misuse of drugs legislation. Staff told us that they received no receipts when disposing of these controlled drugs and we saw no evidence of the disposal on file.	The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.	Section 13 (4)	It is now practice policy that any out of date medications that are taken to the pharmacy will retain a receipt.	Angela Hudson	Completed 30 th November 2023
We identified the following areas which require patient notes to be strengthened: Only four records evidenced oral hygiene and diets being recorded	The registered manager must ensure accurate, comprehensive and complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.	Section 20 (1) Section 13 (1) (a)	The Exam notes now have a proforma where the risks of caries, perio, Oral hygiene, TSL, Cancer risk are all assessed. As well as Intra and extra oral examinations	Angela Hudson	30 th November 2023

<p>Health promotion advice was given to six of the nine relevant patients</p> <p>Half of the records reviewed did not show checks on extra and intra oral examinations</p> <p>Evidence of cancer screening was not present in any record</p> <p>Out of nine relevant records only one had treatment planning evidence recorded</p> <p>Evidence of informed consent was only present in only one record</p> <p>Risk assessments based on cavities, perio, tooth wear and oral cancer were only present three records</p>	<p>The registered manager must ensure the language preference of patients and any actions relating to preferred language choice are recorded.</p>		<p>We have a small number of patients that prefer to be addressed in Welsh and this is logged as a 'pop up' note on their clinical records.</p>		
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<p>None of the records showed evidence of patients being asked their language preference nor the details of any action taken following that preference being stated.</p>					
<p>The justification and clinical findings of X-rays were not always recorded.</p>	<p>The registered manager should ensure all radiograph treatment records are complete.</p>	<p>Section 20 (1)</p>	<p>A 'quicknote' proforma is also available to log radiographic justification, grading and clinical findings. Staff advised of the availability of these resources.</p>	<p>Angela Hudson</p>	<p>30th November 2023</p>
<p>We did not see evidence of a team development tool being used, for example, that provided by Health Education and Improvement Wales (HEIW).</p>	<p>The registered manager should undertake a team development exercise, utilising the support available to them.</p>	<p>Section 16 (1) (a)</p>	<p>Enquiries have been made to register the team on the MMD</p>	<p>Angela Hudson</p>	<p>e-mailed 1st January 2024</p>

<p>We saw employment history and references acquired during the recruitment process were either missing or only some information saved. Six of all ten staff records had no details on file. We saw the practice had recently changed ownership and the staff employed prior to that time did not have that information stored on file. We saw the recruitment undertaken by new management had all details correctly stored and a robust process in place.</p>	<p>The registered manager must provide assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.</p>	<p>Section 18</p>	<p>A risk assessment will be made on historic staff.</p>	<p>Angela Hudson</p>	<p>To be completed prior to March 2024</p>
<p>We found patient feedback hadn't been formally collected by the practice since the recent change in ownership. Staff told us informal</p>	<p>The registered manager must develop a system for the collection and publication to patients of feedback.</p>	<p>Section 16</p>	<p>A patient feedback box with forms has now been placed in the waiting room.</p>	<p>Angela Hudson</p>	<p>Completed 7th December 2023</p>

<p>feedback was discussed in team meetings and there was an intention to formalise the collection and publication to patients of feedback moving forward.</p>					
<p>Formal peer reviews were not taking place and we did not see evidence of antibiotic prescribing audits or audits on smoking cessation.</p>	<p>The registered manager must ensure formal peer reviews are taking place and also review their policy and procedures for audits on antibiotic prescribing and smoking cessation.</p>	<p>Section 16 (1) (a)</p>	<p>Informal peer review had been taking place already- this will now be formalised and logged accordingly.</p>	<p>Angela Hudson</p>	<p>Completed 30th November 2023</p>
<p>While we saw evidence that patient record audits were taking place, we identified a number of issues outlined elsewhere in this report which should have been picked up during an audit.</p>	<p>The registered manager must improve the effectiveness of their patient records audit procedure, considering the support available through HEIW.</p>	<p>Section 16 (1) (a)</p>	<p>A new clinical audit tool will be used based on HEIW recommendations. The audit tool we used was over complicated and did not focus on the essential information required.</p>	<p>Angela Hudson</p>	<p>Ongoing- finish date April 2024 when staff available.</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): Angela Hudson
Job role: Principle Dentist
Date: 1st January 2024