

General Dental Practice Inspection Report (Announced)

PD Care Limited, Cardiff and Vale
University Health Board

Inspection date: 29 November 2023

Publication date: 29 February 2024



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83577-700-8

© Crown copyright 2024

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.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care	13
• Quality of Management and Leadership	18
4. Next steps.....	24
Appendix A - Summary of concerns resolved during the inspection	25
Appendix B - Immediate improvement plan.....	26
Appendix C - Improvement plan	30

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 PD Care Limited, Cardiff and Vale University Health Board on 29 November 2023.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors and a Dental Peer Reviewer. The inspection was lead by a HIW Senior Healthcare Inspector.

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 38 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:

PD Care Limited was committed to providing a caring and positive service to their patients. Patient responses received through HIW questionnaires were mostly positive, with all respondents rating the service as 'very good' or 'good'.

We found patient rights were upheld. There was a ramp or steps to access the practice, ensuring those with mobility issues could access the practice with ease.

Whilst the setting was quite small, we saw that staff maintained patient confidentiality as far as reasonably practicable. We observed care undertaken in a manner that preserved the dignity of the patients.

There was a range of information available to the practice patients to enable them to improve their oral health, much of which was bilingual. We found staff at the practice spoke a variety of languages including one Welsh speaker. Staff understood the importance of speaking to patients in their preferred language to support good healthcare.

This is what the service did well:

- Staff were aware of the 'Active Offer' and ensured patients knew they could receive care in the language they preferred
- Patients were seen in a timely manner
- Confidentiality was maintained as far as reasonably practicable
- Clean and pleasant environment.

Delivery of Safe and Effective Care

Overall summary:

Overall, we found staff at PD Care to be extremely dedicated and committed to providing patients with safe and effective care. Treatments took place across one floor ensuring all patients, including those with mobility issues, could easily access the service. The environment was clean, welcoming and free of visible hazards. Surgery rooms were of a good size and were well equipped.

Infection, prevention and control (IPC) and decontamination standards were good. We found a comprehensive medication management policy in place. However, whilst emergency medication was being stored within the emergency grab bag, we

found this was not secure. Staff immediately moved this to a secure and easily accessible location.

Comprehensive risk assessments were in place and we found adequate arrangements regarding the safeguarding of vulnerable adults and children.

Staff were aware of their responsibilities for the assessment, diagnosis and treatment of patients. We found patient records were generally of a good standard. However, whilst areas of good practice were noted, we did identify a small number of issues in relation to recording prescriptions, language choice and countersigning of medical history not always being recorded.

Immediate assurances:

- All equipment necessary for the resuscitation of patients was not available at the setting
- There was not an assigned, suitably trained, first aider at the practice
- Staff had not been appropriately trained in fire safety and prevention
- Fire drills and checks of fire safety equipment had not been carried out
- Clinical audits had not been conducted.

This is what we recommend the service can improve:

- Ensure sharps boxes are securely fixed in treatment rooms
- Display the safeguarding flowchart in prominent areas for staff
- Ensure comprehensive patient records are maintained.

This is what the service did well:

- Comprehensive safeguarding policies and procedures
- Clinical rooms were suitably equipped for the safety of patients
- Compliance with requirements under Ionisation Radiation (Medical Exposure) Regulations (IR(ME)R) (2017)
- Compliance with IPC and decontamination procedures.

Quality of Management and Leadership

Overall summary:

PD Care Limited had clear lines of reporting and accountability. It was clear that there was a dedicated management team who understood what was necessary to support staff to achieve the practice vision for the future.

Whilst this was an established practice under new management, some processes required embedding further. The staff worked well together and were committed to providing a high standard of care to the patients.

Staff were supported to fulfil their professional obligations, including opportunities to upskill, to enable career advancement. Compliance with mandatory training and annual appraisals was very good.

Informal team meetings were taking place, however more formal meetings with a set agenda were in the process of being arranged.

This is what we recommend the service can improve:

- Ensure all staff undertake Duty of Candour training
- Implement a 'You said, We did' board to display outcomes of feedback.

This is what the service did well:

- Effective quality improvement activities
- Comprehensive induction process
- Good leadership and clear lines of accountability
- Good compliance with training and appraisals.

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

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided. In total, we received 38 completed questionnaires.

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

“Since the practice has been taken over recently the standard of service and empathy to patients has exceeded all expectations.”

“Reception and dental staff all polite and helpful with all aspects of care.”

“Staff are lovely, very helpful.”

“Very efficient. Polite receptionists.”

“Very understanding and helpful.”

“Wonderful dentist.”

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

“Should open up for NHS patients please.”

Person Centred

Health Promotion

There was a range of health promotion material available in the practice, this was available in both English and Welsh. We were advised that patients were also provided with relevant health promotion advice or leaflets when they were seen by their designated dental care professional.

There were signs in prominent positions advising patients, visitors and staff that smoking was not permitted on the premises. This showed the practice adhered to the smoke free premises legislation.

A small number of patients (4/38) who completed the HIW questionnaire answered that they would not know how to access the out of hours dental service if they had an emergency. However, we found contact details for patients requiring dental care in a variety of places including the practice website, a pre-recorded phone message and displayed outside the building. One patients' comment read:

“Brilliant front-line staff in gaining info, access to dentist and queries answered by team. Emergency issues dealt with in great time rather than delays.”

All bar one patient who completed the relevant questions in the HIW questionnaire confirmed that the dental team discussed how to keep their mouth and teeth healthy. Additionally, most patients stated that their medical history was checked prior to treatments taking place.

Dignified and Respectful Care

From observations and discussions, it was evident that the practice was committed to ensuring the privacy of patients was being maintained. Staff understood the importance of maintaining confidentiality when speaking with patients both in person and on the telephone. As the setting was quite compact, staff did their best to maintain confidentiality so far as reasonably practicable. We were advised that if a patient needed to speak with staff privately, an empty surgery room could be used to facilitate that. We were told that where treatment options or medical history was discussed, this would always take place in private.

We observed the doors of the surgeries being closed when the surgery was occupied thus preserving the dignity of patients. We witnessed staff providing care in a respectful manner and the staff interactions with patients was seen to be kind and helpful. All patients who completed the questionnaire confirmed that staff treated them with dignity and respect.

Individualised care

All the patients who completed the HIW questionnaire confirmed that the dental team always explained what they were doing throughout the appointment. They felt listened to and had all their questions answered where asked. All patients felt that treatment options were explained to them during their appointment in a way they could understand. All patients, bar one, felt that they participated in decisions about their care, thus enabling them to make an informed choice on their care and treatments.

One comment received on a patient questionnaire read:

“The staff are very caring, explain everything that is going on, very polite, have plenty of time to make you settled.”

Timely

Timely Care

During the inspection we observed timely dental care. Where a slight delay occurred, we witnessed staff updating the patient of this and advising the patient how long they could be expected to wait. Staff advised us that every effort was made to ensure that waiting times did not exceed 10-15 minutes.

We were shown the new website online. This included a booking system for patients.

Staff advised us that there were several emergency appointments per day. Patients would be triaged by trained staff and prioritised accordingly. Out of hours cover was not provided by the practice itself, however patients were directed to relevant out of hours dental services via the practice phone message.

All responses from the HIW questionnaire indicated that appointments were ‘very easy’ or ‘fairly easy’ to book and most patients knew how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communication and Language

Staff at the practice spoke a variety of languages, including one Welsh speaker. We were advised that should a patient wish to communicate in any language apart from English, the practice would aim to facilitate this, which included the use of language line or interpreters. From discussions with staff, we were assured that staff understood the importance of speaking to patients in their preferred language to support good healthcare.

Staff told us they were aware of the ‘Active Offer’ and Welsh language training was available to staff. We were assured patients knew that they could always choose the language they spoke during their appointment.

We were advised that patient information was available in large print and easy read. We saw font size on the website could be adjusted to suit anyone with sight impairment.

To support patients without digital access, the practice has established a reliable telephone booking system. Dedicated staff were available during working hours to assist patients in scheduling appointments over the phone. The practice also welcomed patients to book their next appointment in-person during their visit. This approach was said to ensure that everyone, regardless of their access to, or familiarity with digital technology, could easily access the services and receive the care they needed.

Rights and Equality

We reviewed a variety of policies at the practice, these included an equality and diversity policy and an equal opportunities policy, which referenced the Equality Act 2010 as expected.

Staff discussed how patients at the practice were all treated equally, upholding their rights. Staff also felt the practice upheld their rights as employees. Examples were provided where reasonable adjustments had been made. These included accommodating patients who needed an appointment later in the day and supporting health needs of a staff member with reasonable time off for medical appointments.

The practice was accessible via a ramp or steps. Wheelchair users could access the reception and surgery areas easily. Both surgeries were located on the ground floor.

All patients who completed the questionnaires indicated they were able to access the right healthcare at the right time (regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation), and all respondents answered that they had not faced any discrimination when accessing or using this practice.

Delivery of Safe and Effective Care

Risk Management

The practice was situated across one floor and was in a good state of repair. Floors were of a durable wipe clean material in all areas. Taps on sinks in treatment areas were elbow operated.

The building was well lit, signage and heating were fit for purpose. Exterior windows could be opened and there was adequate ventilation to the practice. Whilst we noted no issue to the presentation of the practice, we were advised that refurbishment works to the exterior of the property and the reception area were imminent. We found the environment overall was clean, welcoming and free from visible hazards.

There were comprehensive risk assessments for fire safety, health and safety, and the environment. We noted that annual checks of fire extinguishers were carried out by a professional company. However, whilst the fire risk assessments and checks were in place, no fire drills were taking place at the practice and no staff were trained in fire safety. This was dealt with under HIW non-compliance procedures.

Following the inspection, we were provided with sufficient assurances that the practice had subsequently provided comprehensive fire safety training to all staff, covering the use of fire extinguishers, evacuation procedures and roles during an emergency. All staff have undertaken additional fire warden training and fire drills had commenced and would continue to be conducted every six months to ensure all team members were proficient and prepared. The practice understood that their commitment to fire safety training and practice was crucial in safeguarding both patients and staff.

There was a business continuity plan in place for the practice listing procedures to be followed should services be inaccessible due to events such as flood, fire, equipment or system failure. We were satisfied this contained all the required information.

The employer and public liability insurances were also in place with acceptable cover.

Infection, Prevention, Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place for IPC and decontamination, and we found that all staff had received the necessary training.

The reception area was fitted with wipe clean chairs and equipment, allowing for adequate cleaning. There was suitable handwashing and drying facilities available. Posters were displayed near each sink advising staff and patients of the correct hand hygiene techniques. We found personal protective equipment (PPE) was readily available and heavy-duty gloves for decontamination processes. We were given a demonstration on how equipment would be cleaned and disinfected between each patient. This was in line with the IPC guidelines reviewed.

The dental team were able to describe the infection control arrangements in place at the practice and we viewed cleaning schedules to this effect, which were sufficiently completed. However, the most recent Welsh Health Technical Memorandum (WHTM) 01-05 audit had not been conducted. This was dealt with under HIW's non-compliance procedure, and the relevant audits have since taken place and were provided to HIW. The audit and action plan were of an acceptable standard, giving sufficient assurances.

Both surgeries at the practice were inspected. We found these to be well stocked and visibly clean. We found that sharps disposal bins were present in each surgery. Whilst these were signed and dated appropriately, these were not secured. This was dealt with on the day of inspection and were securely stored before the end of the inspection.

We viewed the contracts in place with an external provider for the disposal of clinical waste. General waste was collected as standard by the local council.

There was a designated decontamination room with a system in place to safely transport used instruments from surgeries to the decontamination room. Dirty instruments would be transported in a locked box. Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments. Autoclaves were being used safely and effectively by the relevant staff and deionised water was being used. Logs were completed at the start of the day following daily testing and all logs viewed were fully completed. The scheme of maintenance inspection certificate was viewed and was last inspected in November 2023.

All patients who completed the HIW questionnaire felt that IPC measures were being followed, indicating no concerns over cleanliness.

Medicines Management

We were provided with a copy of the practice medicines management policy and policy for the disposal of midazolam. We saw records of drugs expiration dates being checked monthly. There were also procedures in place showing how to respond to medical emergencies, safe and effective handling, dispensing,

administration and recording of medications. We saw that only carbamide peroxide was dispensed and recorded individually as given out per patient.

All emergency equipment and first aid kits were checked. Whilst most of the equipment required was in place, we found that paediatric defibrillator pads were not present. This was dealt with under HIWs non-compliance procedures and subsequently ordered.

During the inspection, the storage of emergency drugs (midazolam) was discussed. We saw records of checks completed on the emergency drugs to ensure they remained in date and ready for use, in accordance with standards set out by the Resuscitation Council (UK). However, whilst we found that the emergency drugs were stored with the emergency grab bag, this was not in a secure location. Further to discussions with staff, this was moved to a secure, easily accessible location for staff to access in the event of a medical emergency.

We viewed in date certificates showing that all staff had completed training in basic life support. There was no separate training for administering emergency drugs and we also found there was no allocated or suitably trained first aider. This was dealt with under HIW non-compliance procedures and subsequently the practice had appointed and trained a designated first aider for the practice.

Safeguarding of Children and Adults

We viewed the safeguarding policy in place at the practice. This was up to date and contained all the information expected, to promote and protect the welfare and safety of children and adults who were vulnerable or at risk, including the contact details of the local safeguarding team. There was a nominated safeguarding lead for the practice outlined in the practice safeguarding policy. Whilst a safeguarding flow chart was present, we did not see this on display in either surgery or on display boards in the practice.

The registered provider must ensure that the safeguarding flowchart is displayed in a prominent position in each surgery and other staff areas.

We viewed certificates confirming that all staff had an enhanced disclosure and barring service (DBS) check and had undertaken the appropriate level of training in safeguarding.

Management of Medical Devices and Equipment

The clinical facilities at the practice contained the appropriate equipment for the safety of patients and the dental team. We found both surgeries were well organised, clean and free from clutter. Our observations of the clinical equipment demonstrated that all were safe and in good condition.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment and found this to be compliant with the requirements as set out in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) (2017). Information relating to the benefits and risk of exposures to a patient was clearly displayed in both surgeries.

Documentation provided to us during our visit demonstrated that the practice had safe arrangements in place relating to the environment, maintenance and testing of X-ray equipment. We also saw evidence of appropriate certified training for all staff members who conducted X-ray procedures.

Whilst on the inspection, we observed a patients carer present during a necessary X-ray. The practice was able to advise on the dose constraints and guidance for the exposure. We were advised that in most cases, carers and comforters were not used during X-rays.

We were told that over the next few months, regular equipment checks and calibrations would be fully implemented. Staff training sessions on updated protocols and safety measures would be conducted and feedback systems for continuous improvement arranged. Initial audits would also be carried out to establish a baseline for practice standards. The principal dentist explained that the phased implementation was to ensure the practice would adhere to the highest levels of care and regulatory compliance, reflecting their commitment to quality and patient safety from the outset.

Effective

Effective Care

Staff members made it clear during discussions that they aware of their responsibilities for the assessment, diagnosis and treatment of patients.

We noted that the practice was not utilising the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong site tooth extractions. However, we saw that staff had professional advice and support through the British Dental Association (BDA) to ensure patients received the right care and treatment.

The registered manager must ensure LocSSIPs checklists are utilised to help prevent wrong site tooth extractions.

Patient Records

We reviewed a total of ten patient records that were held digitally in the practice's secure records management system. All records were being stored and retained in line with the General Data Protection Regulation 2016 (GDPR).

Of the ten records reviewed, some were contemporaneous and included all the required information recorded. However, we found that notes were lacking detail in some places. We noted that patient's medical history was not always countersigned, also, patient's language choice and preference were never recorded. We found missed prescription recording in notes, however the patient was given a prescription. Scaling was being referred as private treatment to the hygienist and it appeared that routinely, the practice was not providing a copy for patients for NHS band 2 and 3 treatments.

The Registered Provider must ensure that dental records are contemporaneous, accurate and complete for every patient.

The Registered Provider must ensure patients receive a copy of NHS band 2 and 3 treatments where required.

Efficient

Efficient

There were arrangements in place to ensure effective movement through treatment pathways. However, whilst referrals were logged on individual patient records, with appropriate referral codes, there was no action book to follow-up on the progress of referrals made.

We recommend that an action book for referral responses is implemented, for ease of following up outstanding referrals.

We were told that the practice would soon be recruiting further staff and upskilling dental nurses. This was with a view to streamline treatment pathways, allowing for more efficient patient flow.

There was evidence that clinical sessions were used efficiently. both surgeries were in use most days. There were dedicated appointment slots each day for patients requiring urgent dental care. The practice also proactively phoned patients from a waiting list, to allow other patients to be offered appointments which had become available due to cancellations.

Quality of Management and Leadership

Leadership

Governance and Leadership

PD Care Limited had evidence of good leadership and there were clear lines of reporting and accountability. The day-to-day management of the practice was by the practice manager, supported by the principal dentist. In addition, there was a full dental team comprising of dentists, dental nurses and administrative staff.

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

Informal staff meetings were taking place; however, these were not recorded. We were advised this was due to the practice being acquired less than six months before the inspection. Plans to formalise meetings, recording against a set agenda, were being considered.

The registered managers must formalise staff meetings and ensure there is a system whereby minutes of the meetings are available to any members of staff that were unable to attend a meeting to review the minutes and keep up to date with the practice issues.

Through conversations with staff, it was clear they were knowledgeable about their roles and responsibilities, despite some staff members being relatively new to post. All staff confirmed they only worked within their scope of practice. There was a good rapport amongst staff members and we witnessed the team working well together.

We reviewed many policies during the inspection, these were relevant, comprehensive and in line with regulations. We could see these were practice specific with review dates noted on each to ensure a safe and quality service for patients. We spoke to the staff on their awareness of the policies and all knew where to locate these easily.

Workforce

Skilled and Enabled Workforce

We spoke to the practice manager and principal dentist about staff recruitment and were shown policies outlining the process used to recruit staff. We were told that to ensure the efficient operation of the practice, whilst upholding standards

of quality care, the service planned to enhance its skill mix by hiring a dental therapist and train dental nurses in fluoride varnish application. It was felt that this expansion and skill development would streamline treatment pathways, allowing for more efficient patient flow and task delegation.

The staff files of all current staff members were reviewed. We had been told that the practice had verified the competencies and qualifications of all dental staff and agency nurses. Recruitment included thorough checks of professional qualifications, ensuring registration with the relevant bodies, conducting up-to-date DBS checks, references, employment history and assessing the individuals' clinical competencies. We found that all the necessary documentation was contained within each staff file. Where applicable, professional indemnity was also contained in the files.

We were provided with copies of the induction package for new starters across various roles. These were comprehensive and thoroughly completed by all staff, retained on the staff files we viewed. Additionally, the practice-specific orientation used to familiarise agency nurses with the practice protocols and standards was described to us. We were told that this approach ensured staff and agency nurses met the high standards for patient care and safety expected by the practice.

We viewed the practice training matrix which confirmed all staff were compliant with mandatory training, with the exception of fire safety. Where relevant we saw qualified staff had a continuous professional development (CPD) cycle ensuring skills and knowledge remained up to date. Those we viewed were in line with the requirements of the General Dental Council (GDC). We saw that the practice compliance with CPD and mandatory training was high, above 90% compliance. The practice tracked and documented staff participation in CPD activities, ensuring that all team members met, and in some cases exceeded, the required professional standards.

We were told the practice training programs were regularly updated and tailored to enhance skills and knowledge, directly contributing to the quality of patient care. The principal dentist described the commitment to ongoing professional development as a cornerstone of their practice's dedication to excellence in dental care.

Where staff had been in post long enough, they had received annual appraisals. We were advised that where staff have been in post for less than 12 months, regular supervisions and check ins were completed in place of an annual appraisal, until such time that an annual appraisal was due.

Culture

People Engagement, Feedback and Learning

The practice manager described the arrangements in place for seeking feedback from patients about their experiences of using the practice and the procedure for dealing with complaints. They explained that the practice offers multiple channels for feedback, including in-person, over the phone and email options, as well as providing translation services for non-English speakers and anonymous feedback methods.

We were advised that the practice was committed to expanding feedback options to further enhance accessibility, including accessible formats such as large print and braille. Additionally, the practice manager explained how they had trained their staff to assist patients in providing feedback to ensure that all patients, particularly those who are vulnerable, had the opportunity and necessary support to share their experiences and suggestions.

We saw evidence that the practice assessed patient views through regular surveys, a suggestion box for anonymous feedback and patient focus groups. These were analysed to identify key areas for improvement. We saw that, from analysis, a targeted action plan was developed and implemented to enhance services.

The practice manager felt that having a comprehensive approach to feedback ensured that the patients' voices were not only heard but integral to the continual improvement of the practice's care and services. Furthermore, the practice advised how they maintained open communication with their patients, informing them about the changes made in response to their suggestions. However, these were not displayed at the practice to inform other patients.

The registered provider must implement a process similar to a 'you said, we did' board to inform patients of the results of the feedback and to encourage patients to continue to participate in practice improvements.

We saw a written complaints procedure in place for both NHS and private patients on display in the practice. This stated the expected timescales for response and details of other organisations available for help and support, such as the NHS via the 'Putting things right' process, the GDC, HIW and the Public Service Ombudsman Wales.

The practice manager described the system in place for capturing verbal and informal complaints. They advised that all staff were trained in active listening to fully understand and document any concerns raised by patients. The process to promptly acknowledge and escalate concerns for review was described.

We viewed the complaints file, which was maintained by the practice manager. This contained all the information we would expect under the regulations. We saw thorough records kept for each concern, including relevant details and timely follow-up with the patient regarding the resolution. This process ensured that all concerns were addressed efficiently and effectively. The practice felt this demonstrated their commitment to patient satisfaction and continuous improvement in service quality.

Most respondents who completed a HIW patient questionnaire agreed they had been given information on how the practice would resolve any concerns or complaints post-treatment. Whilst four did not 'agree' nor 'disagree', one respondent disagreed.

We saw the practice had a Duty of Candour (DoC) policy in place which was in line with new guidance. Whilst staff were aware of their duties and responsibilities from guidance provided, no formal training had been undertaken at the time of our inspection.

The registered provider must ensure that Duty of Candour training is completed by all staff and evidence of this must be provided to HIW.

Information

Information Governance and Digital Technology

During the inspection we viewed the policies and procedures relating to information governance, including Freedom of Information and GDPR. We viewed the systems in place that ensured the effective collection, sharing and reporting of data and information.

The practice had an efficient system in place to record patient safety incidents, in an electronic accident book. The book was described as an essential tool that allowed for detailed and confidential recording of any incidents, ensuring all relevant information was being captured. The system also supported the analysis of trends and facilitated feedback on investigations and subsequent actions to the team members and external bodies as appropriate. The approach was described as instrumental in promoting a culture focused on safety and ongoing improvement in patient care.

Systems allowed for reporting to external bodies such as the NHS where necessary and any follow-ups actioned accordingly.

Patient safety related information was said to be always shared with the team members as appropriate. This included a confidential reporting system for sensitive matters and collaboration with NHS bodies for broader patient safety concerns. Detailed records of all communications were being retained for transparency.

The practice manager explained that the practice was in the process of incorporating crucial safety information into their training programs, to further enhance the team's awareness and responsiveness to patient safety.

Learning, Improvement and Research

Quality Improvement Activities

The practice manager explained how they utilised patient safety-related information as a foundation for service improvement. The practice analysed trends and root causes from meetings and reports, actively engaged staff in developing solutions and integrated those insights into their training programs. They explained how this collaborative and informed approach helped guide the implementation of targeted strategies to enhance the quality of services. By continually monitoring and adjusting the strategies, the practice ensured ongoing improvements in patient care and safety.

We found appropriate policies and procedures in place governing quality improvement activities and saw comprehensive systems in place for monitoring quality improvement. This included setting and tracking key performance indicators, conducting regular audits and reviews, systematically analysing patient feedback and actively involving staff in the continuous improvement process.

The practice manager described how they developed and implemented targeted action plans based on identified needs and showed how they regularly reported on the progress and outcomes of those initiatives. The structured approach ensured the practice was continually advancing the quality of their services and patient care.

We saw audit schedules for the clinical audits due to be undertaken and repeated at six monthly intervals unless deemed necessary from findings for more frequent audits. As the practice had been registered for less than six months, many of the audits were due to be completed. Further to the non-compliance notice issued to the practice, we were provided with a copy of the WHTM-01-05 audit, record keeping audit and a clinical audit in dental radiography which had been completed. Actions from those audits were completed or underway, and learning was said to be shared with staff. The practice had registered with Health

Education and Improvement Wales (HEIW) for antimicrobial, smoking cessation, mouth cancer and Skills Optimiser Self-Evaluation Tool (SOSET).

We were told that the 'sister' practice was a member of the British Dental Association Good Practice Scheme, and the team at PD Care Limited were actively working toward achieving this.

Whole Systems Approach

Partnership Working and Development

The arrangements in place for the practice to engage with system partners were discussed. We were told that the practice formed part of a local healthcare cluster, led by the principal dentist. The practice staff felt fully supported and well informed, with learning being shared throughout. The practice manager explained how being part of the cluster had significantly strengthened their interaction and collaboration with system partners such as GPs, secondary care providers and pharmacists.

They explained that this engagement ensured effective communication, streamlined referral processes and shared training opportunities, all of which were said to contribute to cohesive and comprehensive patient care within their community.

We were informed of sufficient arrangements in place to access the local authority safeguarding team if required. The practice manager informed us that the practice checks the NHS system of measurement on a regular basis to ensure the practice was meeting their NHS targets.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Midazolam for use in an emergency was not securely stored.	Unauthorised access to patients with the potential to cause harm.	This was raised with the practice manager.	The midazolam was moved to a secure location whilst remaining easily accessible to trained staff in an emergency.
Sharps disposal bins present in each surgery were not securely stored.	Unauthorised access to sharps with the potential to cause harm.	This was raised with the practice manager.	The sharps bins identified as a risk were adequately secured in each surgery as required.

Appendix B - Immediate improvement plan

Service: PD Care Limited

Date of inspection: 29 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.

Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
<p>The registered provider must ensure that:</p> <p>All equipment necessary for the resuscitation of patients are available on the premises used to carry on the private dental practice.</p>	<p>The Private Dentistry (Wales) Regulations (2017) - Regulation 31(3)(b)</p>	<p>Uploaded paid invoice and email regarding delivery of products that needed replacing.</p> <p>*Delivery received and put in resuscitation bag,</p>	<p>Karen Poole</p>	<p>14/12/2023</p> <p>*Completed</p>
<p>Evidence is be provided to HIW that the missing items, specifically</p>			<p>Karen Poole</p>	<p>7/12/2023</p>

paediatric defibrillator pads, have been ordered.		<p>Uploaded receipt and booklet from paediatric pad box</p> <p>*Arrived and put with defibrillator unit</p>		*completed
The registered provider must ensure that the clinic has in place an appropriately trained first aider at all times and that evidence of this is provided to HIW.	<p>The Private Dentistry (Wales) Regulations (2017) - Regulation 17(1)(a)</p> <p>and</p> <p>The Health and Safety (First Aid) Regulations 1981</p>	Uploaded completed Certificate	Marcelle Stratford	<p>7.12.2023</p> <p>*completed</p>
<p>The registered provider must ensure that:</p> <p>All staff at the practice have been appropriately trained in fire safety and prevention</p>	The Private Dentistry (Wales) Regulations (2017) - Regulation 22(4)(c) and (d)	<p>Uploaded confirmation email confirming training booked for 11.12.2023. On completion of course and certification</p>	Karen Poole	18.12.2023

<p>Appropriate and timely fire drills and checks of fire safety equipment are carried out as required by the relevant regulations.</p>		<p>received, will upload certificate's</p> <p>*Uploaded individual Certificates</p> <p>Logs will be completed for all Fire equipment checks. Fire Drills will take place & logged. Any findings will be logged and discussed at practice meetings.</p> <p>*uploaded job sheets</p>	<p>Karen Poole</p>	<p>31.12.2023</p> <p>*completed</p> <p>*completed</p>
<p>The registered provider must:</p> <p>Immediately undertake an IPC audit that complies with the requirements of WHTM 01-05.</p> <p>Provided evidence of this to HIW, along with any action plan for improvement. This is to</p>	<p>The Private Dentistry (Wales) Regulations (2017) - Regulation 16(1)(a), 16(1)(b) and 16(2)(d)(ii)</p>	<p>Registered with HEIW to complete</p> <p>WHTM 01-05 Audit. Uploaded confirmation email</p>	<p>Sophie Bannister</p>	<p>*4.1.2023</p> <p>*ongoing, will upload improvement plan when completed</p>

then be completed annually thereafter.

Ensure a range of clinical audits are undertaken as soon as possible.

A regular schedule of clinical audits must then be set up as part of a programme of ongoing clinical governance.

Action started to complete these audits.

*Uploaded audits and will register with HEIW for antimicrobial, smoking cessation, Mouth cancer & SOSET in the new year

Going forward clinical audits will take place on 6 monthly intervals, unless deemed necessary from findings for more frequent audits

Karen Poole

21.1.2023

Karen Poole

21.1.2023

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): Karen Poole
Job role: Practice Manager
Date: 20.12.2023

Appendix C - Improvement plan

Service: PD Care Limited

Date of inspection: 29 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
A safeguarding flowchart was in place but not prominently displayed for staff access.	The registered provider must ensure that the safeguarding flowchart is displayed in a prominent position in each clinical room and other staff areas.	The Private Dentistry (Wales) Regulations 2017 - Regulation 14(1)(a), (e) and Regulation 14(2)	Safeguarding flow charts are now displayed inside both surgeries and decontamination area	Karen Poole	Completed
The practice was not utilising the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong site tooth extractions.	The registered manager must ensure LocSSIPs checklists are utilised to help prevent wrong site tooth extractions.	The Private Dentistry (Wales) Regulations 2017 - Regulation 13	LocSSIPs checklists now printed and available to all our dentists	Ali El Maadarani	Completed

<p>We found there was no action book or mechanism to follow up from referrals made.</p>	<p>We recommend that an action book for referral responses is implemented, for ease of following up outstanding referrals.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13</p>	<p>Referral log has now been created for practice</p>	<p>Karen Poole</p>	<p>28.2.24</p>
<p>Review of patient records indicated missing information.</p>	<p>The Registered Provider must ensure that dental records are contemporaneous, accurate and complete for every patient.</p> <p>This is with specific regard to the recording of language and communication preferences, prescriptions given to patients and not recorded, and missing countersignatures for medical history checks.</p>	<p>The Private Dentistry (Wales) Regulations 2017 - Regulation 20(1)(a)(i)(ii)</p> <p>The Private Dentistry (Wales) Regulations 2017 - Regulation 13(1)(a)</p> <p>Health and Care Quality Standards - Effective - Record Keeping</p>	<ul style="list-style-type: none"> • Audit Records: Identify and correct gaps in current records. • Train Staff: Locate and implement appropriate CPD • Use Checklists: Introduce checklists to ensure all necessary information is consistently recorded. • Regular Audits: Schedule routine audits to maintain record-keeping standards. 	<p>Ali El Maadarani</p>	<p>31.8.24</p>

			Revise Policies: Update record-keeping policies		
Informal staff meetings were taking place; however, these were not recorded.	The registered managers must formalise staff meetings and ensure there is a system whereby minutes of the meetings are available to any members of staff that were unable to attend a meeting to review the minutes and keep up to date with the practice issues.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16(2)(c)	Formal staff meetings will now take place once a month A template has been created for staff meetings to record attendance, minutes, action plans and timescales	Ali El Maadarani	Immediately
Results of feedback and any improvements made as a result were not displayed at the practice.	The registered provider must implement a process similar to a 'you said, we did' board to inform patients of the results of the feedback and to encourage patients to continue to participate in practice improvements.	The Private Dentistry (Wales) Regulations 2017 - Regulation 16	Appropriate material to be put on display in waiting area	Karen Poole	31.3.24

We were told that not all administrative staff had undertaken Duty of Candour training.	The registered provider must ensure that Duty of Candour training is completed by all staff and evidence of this must be provided to HIW.	Duty of Candour (Wales) Regulations 2023 - Regulation 8 (2)(a)(b) and (c) The Private Dentistry (Wales) Regulations 2017 - Regulation 17(3)(a)	Appropriate staff training to be located and completed	Ali El Maadarani	7.4.24
---	---	---	--	------------------	--------

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): Ali El Maadarani
Job role: Practice Principal
Date: 6.02.24