Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Sparkle Dental Centre, Aneurin Bevan University Health Board

Inspection date: 28 November 2023

Publication date: 28 February 2024

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Digital ISBN 978-1-83577-675-9

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 8

- Quality of Patient Experience 8
- Delivery of Safe and Effective Care 11
- Quality of Management and Leadership 16

4. Next steps 19

Appendix A – Summary of concerns resolved during the inspection 20

Appendix B – Immediate improvement plan 21

Appendix C – Improvement plan 22

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 Sparkle Dental Centre, Aneurin Bevan University Health Board on 28 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. A total of 32 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:
We found the staff at Sparkle Dental Centre were committed to providing a positive experience for their patients.

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

All respondents to the HIW questionnaire who provided an opinion rated the service as 'very good' or 'good'. Comments included:

> *"The team are professional, caring and you always feel nothing is too much trouble. They provide an excellent service."*
>
> *"Great staff and practice very pleased with treatment and care given."*
>
> *"From the first appointment to last I have found Sparkle to be very professional and have never had to call back after treatment."*

This is what we recommend the service can improve:

- Implement the 'Active Offer' of Welsh language
- Ensure all staff understand their responsibilities under the 'Duty of Candour'
- Improve how patient feedback is collected and acted upon.

This is what the service did well:

- Pleasant, welcoming environment
- Good arrangements to maintain privacy and dignity of patients
- Useful information provided to patients in clinical and waiting areas.

Delivery of Safe and Effective Care

Overall summary:
We found the practice to be well maintained and organised. Dental surgeries were well-equipped and fit for purpose, other than one issue identified with X-ray equipment in Surgery 2.

We found the practice to have clear and effective procedures to ensure that dental instruments were decontaminated and sterilised.

Immediate assurances:

- A control unit for the X-ray equipment in Surgery 2 was found to be damaged. We directed the practice to take the unit out of use immediately, until the unit could be replaced or repaired.

This is what we recommend the service can improve:

- Designate a member of staff to act as a lead on Infection prevention and control
- Carry out fire evacuation drills and review fire safety signage
- Ensure patient records are completed in full, including signed consent.

This is what the service did well:

- Good compliance with mandatory training requirements for staff
- Appropriate arrangements in place to deal with medical emergencies.

Quality of Management and Leadership

Overall summary:
We found that Sparkle Dental Centre had clear lines of accountability, with the owner and practice manager committed to providing a high standard of care.

Staff records were well-maintained, and we saw evidence of up-to-date training, in line with regulatory requirements.

This is what we recommend the service can improve:

- Ensure staff have regular formal appraisals
- Have a system to ensure policies and procedures are reviewed regularly.

This is what the service did well:

- Appropriate procedures in place for the recruitment of staff
- Good monitoring of staff training requirements.

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

3. What we found

Quality of Patient Experience

Patient Feedback

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

> *"The personal side of patient treatment is extremely important, and I feel this a huge plus point of the practice."*

> *"Excellent care given by all staff. My personal feelings and wellbeing are attended to at all times, and I am always comfortable and happy with my treatment. I am treated as a person not a dental problem and cannot praise dentist and her staff enough."*

Person Centred

Health Promotion
We saw a variety of leaflets and posters in the reception area providing information for patients, including specific information about oral care for children. There were no posters on display about the benefits and risks of X-ray exposures. This was raised with the practice manager and resolved during the inspection.

A sign prohibiting smoking and vaping was displayed but was partly obscured by an information display.

The registered manager must ensure that 'no smoking' signs are displayed and clearly visible to patients on entering the premises.

All respondents to the HIW questionnaire who provided an opinion said that staff explained their oral health to them clearly and provided aftercare instructions on how to maintain good oral health.

A comprehensive patient information leaflet was available in the reception area. This included details of the staff and their General Dental Council (GDC) registration numbers.

Dignified and Respectful Care

We saw that doors to clinical areas were kept closed during treatment, and that external windows were obscured, to preserve patient privacy and dignity. Music was played in the reception area to promote privacy. Staff told us they considered patient privacy during telephone conversations, for example confirming telephone numbers by referring to the last digits only.

Staff told us that patients wanting a confidential discussion would be taken to an available surgery.

We saw that treatment prices were clearly displayed in both public and clinical areas.

A copy of the GDC Code of Ethics was displayed in the reception area, along with registration certificates issued by HIW, in both English and Welsh.

All respondents to the HIW questionnaire who provided an opinion said that staff treated them with dignity and respect.

Individualised care

We reviewed a sample of eight patient records and confirmed appropriate identifying information and medical histories were included.

All respondents to the HIW questionnaire who provided an opinion said that staff gave them enough information to understand which treatment options were available.

Timely

Timely Care

Staff told us that an instant messaging system was in place for those working in surgeries to update reception staff about any delays. Patients would then be updated verbally and given the option to re-book the appointment in the event of a long delay.

Surgery opening hours were clearly shown on the patient information leaflet and practice website. In addition, a chalkboard information sign was placed outside the surgery during opening hours. Staff told us that patients telephoning the practice outside of opening hours heard a recorded message, including advice to contact NHS 111 if emergency treatment was required.

The practice did not use an online booking system, but patients were able to book an appointment in person or by phone.

Staff told us that emergency appointments were made available daily, and patients could be offered a 'sit and wait' appointment if needed.

All but one of the respondents to the HIW questionnaire who provided an opinion said it was either 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and Language
The 'Active Offer' of Welsh was not offered at the practice, and we saw no evidence of bilingual materials available to patients.

The practice manager should seek advice from the local health board and implement the 'Active Offer'

Staff told us they had access to translation services over the telephone in the event of a patient being unable to speak English.

Rights and Equality
The practice had an Equality and Diversity policy in place, which included definitions of protected characteristics under the Equality Act and types of discrimination.

Staff told us they noted preferred pronouns and names on patient records, to ensure transgender patients were treated with dignity. In addition, 'Mx' was offered as a gender-neutral title option.

We saw that some adjustments had been made to accommodate wheelchair users and patients with mobility difficulties. These included a portable ramp to facilitate access via the front door, chairs in the waiting area having armrests and a grab handle installed in the toilet. The toilet was upstairs and not wheelchair accessible, and this was clearly noted in the patient information leaflet. Staff told us patient records included notes to identify if they should be booked into the downstairs surgery for ease of access. There was no hearing loop in the reception area.

Delivery of Safe and Effective Care

Safe

Risk Management
We found that the premises were clean and visibly well maintained. The practice had limited storage and we noted there were some cluttered areas. Whilst not presenting an immediate hazard which could make cleaning and infection control more difficult.

We recommend that the practice carry out a de-cluttering exercise and incorporate this into regular reviews of the premises.

The waiting area had an appropriate number of chairs, all with wipe-clean material and in good condition.

The mixed-gender toilet was visibly clean, with handwashing and drying facilities and a sanitary disposal unit. There were storage drawers immediately outside the toilet that contained clinical equipment and could be easily accessed. We advised that these be kept in a lockable storage cupboard to prevent unauthorised access.

We recommend that the storage drawers on the landing be replaced with lockable storage.

We reviewed documents relating to fire safety and found the practice to have a comprehensive and up-to-date fire risk assessment. We noted that the risk assessment identified actions, but not whether they had been completed in all cases.

We recommend that the fire risk assessment be updated regularly to show when actions have been completed.

We saw pictographic signage relating to fire safety displayed. There was a fire exit sign above the rear entrance, but staff told us the escape route involved a gate through a neighbouring property which could be locked. We advised that if safe egress could not be assured the sign should be removed, and the front entrance used as the sole indicated fire exit.

The registered manager must ensure that all identified fire exits provide safe egress in the event of a fire and update the fire risk assessment as necessary.

We saw records showing that regular maintenance checks were carried out on fire safety equipment. Fire extinguishers of various types were located throughout the building. We saw that two fire extinguishers in Surgery 1 were free standing and should be either wall-mounted or on a suitable stand, and a sign on the landing indicating a fire extinguisher that had been moved elsewhere.

The registered manager must ensure the fire extinguishers in Surgery 1 are suitably mounted and that the fire extinguisher sign on the landing is removed.

There was a procedure for evacuation of the premises in a fire but no records of fire drills having been carried out.

The registered manager must ensure that regular fire drills are carried out, and records kept showing who took part and any issues identified.

There was a Health and Safety policy in place, including a risk assessment and separate risk assessment of materials subject to Control of Substances Hazardous to Health (COSHH).

We found that the practice had an appropriate Business Continuity Plan, detailing actions to take in an emergency.

A current Employer's Liability Insurance Certificate and a Health and Safety at Work poster were displayed.

Infection, Prevention, Control (IPC) and Decontamination
The practice demonstrated that they had safe and appropriate procedures to decontaminate and sterilise re-usable dental instruments. There was a dedicated room for the decontamination of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05.

We advised that data from the autoclave datalogger should be downloaded at regular intervals to ensure that the record of its performance was kept securely.

We advise that the registered manager ensures that data from the autoclave datalogger is downloaded at regular intervals and stored securely.

We found that the practice had effective processes for IPC but that documentation specifying the procedures needed to be more robust and complete. Also, staff told us that there was no designated IPC lead.

The registered manager must review documentation relating to IPC and ensure that clear procedures are in place, and that relevant staff sign to confirm they have read and understood them.

We advise that the practice designate a member of staff to act as a lead on IPC.

All respondents to the HIW questionnaire who provided an opinion said that the practice was 'very clean' or 'fairly clean'.

Medicines Management
We found that the practice had appropriate and safe arrangements in place for medicines management.

We reviewed the arrangements for disposal of waste, including clinical waste, and found them to be appropriate. Staff told us that expired or unused medicines were taken to a local pharmacy for disposal. We advised that, for completeness of records, the pharmacy should be asked to sign a document confirming disposal.

We advise that, when disposing of medicines at a pharmacy, a signed record of this be kept confirming their safe disposal.

There was equipment in place to manage medical emergencies, with all equipment and emergency medicines up to date. We reviewed a sample of four staff training records (out of eleven) and saw that all had up-to-date training in cardiopulmonary resuscitation (CPR). There were three appointed first aiders.

Emergency equipment was stored in the reception area, at a low level. We noted that, if left unsupervised, children could potentially gain access to some emergency medicines, such as ibuprofen and paracetamol.

The registered manager must review the storage of emergency medicines to ensure risks are minimised and prevent unauthorised access.

Safeguarding of Children and Adults
We saw that safeguarding policies and procedures were in place and available to all staff. We saw flow charts in clinical areas outlining the procedure to follow when children did not attend appointments. A safeguarding flowchart was available, but we advised it should be reviewed to ensure information was up to date and to make it available in all clinical areas.

The registered manager must review the practice safeguarding flowchart to ensure information is up to date and make this easily accessible to all staff.

We noted there was no reference made to the All Wales national safeguarding procedures.

We recommend that policies and procedures be updated to reference the All Wales national safeguarding procedures and that staff be made aware how to access these, including via downloadable application.

We reviewed a sample of training records and found records of up-to-date training in safeguarding of both adults and children. There was a safeguarding lead trained to Level 3 which we identify as good practice.

Management of Medical Devices and Equipment
During a tour of the premises, we saw that the X-ray control unit in Surgery 2 was damaged. We advised staff to take the unit out of use until this could be replaced or repaired.

Our concerns about the safety of the X-ray equipment were dealt with in a non-compliance notice. This means that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliance are provided in Appendix B.

We reviewed documentation about the use of X-ray equipment. We were assured that the appointment of a radiation protection advisor and risk assessment were in place, but the relevant documents were not readily available in the radiation protection file. We advised that the file should be kept complete and up to date.

The registered manager must ensure that the radiation protection file includes all required information.

We saw that there was an X-ray equipment inventory, records of maintenance and that appropriate local rules were in place. We reviewed a sample of staff training records and saw evidence of up-to-date training on IR(ME)R (Ionising Radiation (Medical Exposure) Regulations).

We found that maintenance paperwork for the compressor was not available. Staff told us that this was due to it being a loaned piece of equipment. The new unit was on the premises waiting to be installed. However, the loan compressor had been in place for over 12 months and as such required evidence of maintenance checks.

The registered manager must ensure that maintenance checks are carried out on the loaned compressor and records kept. If this is replaced by the new compressor, commissioning and maintenance records should be kept.

Effective

Effective Care

We found that the practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients.

Staff explained to us how they accessed professional advice when required, and we saw evidence of professional guidance being followed. The practice uses the Local Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong site tooth extractions.

Patient Records

We reviewed a sample of eight patient records and found generally good clinical recording. We noted that there was some inconsistency in the recording of risk assessments and signed consent forms. In addition, patient language preference was not routinely recorded.

The registered manager must ensure that all relevant information, including risk assessments, language preference and signed consent, is routinely included in patient records. Regular audits should be carried out to monitor the quality of patient records.

Efficient

Efficient

The premises and facilities were appropriate for the services being carried out. Staff told us that patients requiring urgent care were prioritised where possible.

Quality of Management and Leadership

Leadership

Governance and Leadership
The practice had clear management structures with the practice under the direction of the principal dentist, who was also the owner and registered manager, and a practice manager. We found both to be committed to providing a high standard of service to patients.

We saw evidence of team meetings having taken place and minutes recorded.

All clinical staff were registered with the GDC, and this was actively monitored by the practice manager to ensure continued registration.

We saw that a range of policies and procedures were in place to meet regulatory requirements. However, we noted that many were not dated and there was no robust system in place to ensure regular reviews were carried out.

The registered manager must implement a robust system to ensure that policies and procedures are reviewed regularly, in line with regulatory requirements.

Workforce

Skilled and Enabled Workforce
We reviewed a sample of four staff training records and found very good compliance with mandatory training requirements.

There were appropriate arrangements in place for employing staff, including an induction checklist and a recruitment policy detailing pre-employment checks to be carried out.

Staff told us that supervision and feedback was done informally. We advised that regular staff appraisals are a mandatory requirement and must be carried out.

The registered manager must ensure that staff have regular appraisals.

Culture

People Engagement, Feedback and Learning

We were told that patients used online platforms to leave reviews about the practice, and that links were provided. We advised that other options should be provided to ensure patients that didn't have digital access could provide feedback.

We recommend that, in addition to online platforms, the practice offers a non-digital method to gather patient feedback.

The practice did not have a mechanism to show that feedback was acted upon. We recommend that this is communicated to patients, such as using a "you said, we did" poster, to encourage feedback.

We recommend that the practice communicates to patients where actions have been taken as a response to feedback, such as a "you said, we did" poster.

We saw that the practice had a clear and comprehensive complaints procedure on display in the patient waiting area. This included contact details, timescales for response and how to escalate the issue if required. We were told that complaints were discussed with staff on an ad-hoc basis. There was no formal method for capturing verbal complaints.

We advise that verbal complaints be logged along with any actions taken.

We recommend that complaints, feedback and any resulting actions be a standing agenda item at team meetings, to ensure staff are made aware of any issues.

Staff told us that no training had been carried out on the Duty of Candour.

The registered manager must ensure that all staff are aware of the Duty of Candour and understand their responsibilities under it.

Information

Information Governance and Digital Technology

The practice used electronic systems to manage patient records, policies and procedures and staff training records.

Learning, Improvement and Research

Quality Improvement Activities

We saw that the practice had an up-to-date Quality Assurance (QA) policy in place. This detailed a list of audits, using both qualitative and quantitative data, and a clinical governance framework.

We saw evidence of a limited number of clinical audits, relating to clinical records, X-ray quality and WHTM 01-05. There was no evidence of audits relating to smoking cessation or antibiotic prescribing.

The registered manager must ensure that regular audits are carried out, in line with the practice policy, including about smoking cessation and antibiotic prescribing.

Staff told us that they did not currently use team development tools but were looking into using the British Denal Association (BDA) Good Practice Scheme.

Whole Systems Approach

Partnership Working and Development

Staff told us that interaction with system partners was typically done by telephone, and that referrals were submitted electronically.

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 summarises 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
There was no information on display to advise patients about the benefits and risks of X-ray exposures.	Patients would not be fully informed about the benefits and risks of their treatment.	This was raised with the practice manager and principal dentist.	An appropriate poster was put on display during the course of the inspection.

Appendix B - Immediate improvement plan

Service: Sparkle Dental Centre

Date of inspection: 28 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
The control unit of the X-ray equipment in Surgery 2 was damaged and unsafe to use.	The X-ray unit must not be used until either repaired or replaced, and the unit tested to ensure it is safe and fit for purpose. Photographic and documentary evidence of this must be provided to HIW.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)	The housing has been replaced with another frame and declared safe to use (by the contractors). Photographic evidence provided.	Lauren Harrhy	Repair has been carried out and the unit is safe to use.

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: Sparkle Dental Centre

Date of inspection: 28 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
No smoking signs were present but obscured from view.	The registered manager must ensure that 'no smoking' signs are displayed and clearly visible to patients on entering the premises.	Smoke-free Premises etc. (Wales) Regulations 2007, Regulation 5	New 'no smoking' signs displayed so they are clearly visible and obscured signage removed	Lauren Harrhy	Completed
The 'Active Offer' of Welsh was not being implemented.	The practice manager should seek advice from the local health board and implement the 'Active Offer'.	The Welsh Language (Wales) Measure 2011	We have now been given a file of translated documents from the local health board. We already have a welsh translation medical history if requested.	Lauren Harrhy	Completed

Some areas of the premises were cluttered which could impede effective cleaning and IPC.	We recommend that the practice carry out a de-cluttering exercise and incorporate this into regular reviews of the premises.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	We immediately removed the majority of unnecessary boxes and have implemented a new improved storage system	Lauren Harrhy	Completed
There were storage drawers on the landing that contained clinical equipment and could be easily accessed.	We recommend that the storage drawers on the landing be replaced with lockable storage.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	The storage containers have been removed from the landing and the clinical equipment is now stored in a more secure location	Lauren Harrhy	Completed
A suitable fire risk assessment was in place but did not show up-to-date progress on identified actions.	We recommend that the fire risk assessment be updated regularly to show when actions have been completed.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	We have updated our fire risk assessment and now log actions in a more clear way	Lauren Harrhy	Completed
There was a fire exit sign above the rear entrance, but the escape route was through a neighbouring property and access	The registered manager must ensure that all identified fire exits provide safe egress in the event of a fire and update the fire risk assessment as necessary.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	The fire exit sign in question wasn't our main exit on the evacuation plan so we have now removed it	Lauren Harrhy	Completed

could not always be assured.					
Two fire extinguishers in Surgery 1 were free standing and should be either wall-mounted or on a designated stand.	The registered manager must ensure the fire extinguishers in Surgery 1 are suitably positioned.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	The two fire extinguishers are now in a designated stand purchased from Blackwood fire ltd	Lauren Harrhy	Completed
A sign on the landing indicated a fire extinguisher that had since been re-positioned.	The registered manager must ensure the fire extinguisher sign on the landing is removed.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	This sign was removed immediately	Lauren Harrhy	Completed
There was a procedure for evacuation of the premises in a fire but no records of fire drills having been carried out.	The registered manager must ensure that regular fire drills are carried out, and records kept showing who took part and any issues identified.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	We have always carried out regular walk throughs however regulate fire drills are now scheduled	Lauren Harrhy	Completed
Data from the autoclave datalogger should be downloaded at regular intervals to ensure that the record of its performance is kept securely.	We advise that the registered manager ensures that data from the autoclave datalogger is downloaded at regular intervals and stored securely.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	We have now gained access to the wifi logger portal and have organised a system for data collection	Lauren Harrhy	Completed

The practice had effective processes for IPC but no designated IPC lead. Also, documentation specifying IPC procedures need to be more robust and complete.	We advise that the practice designate a member of staff to act as a lead on IPC. The registered manager must ensure documentation relating to IPC is reviewed and that clear procedures are in place. Relevant staff should sign to confirm they have read and understood them.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(a)	We have now designated a lead on IPC. We have also updated our IPC folder have ensured all staff have read and signed to say they understand the documentation with a clear review date given	Lauren Harrhy	Completed
Expired or unused medicines were taken to a local pharmacy for disposal. The pharmacy should be asked to provide signed confirmation of this, for completeness of records.	We advise that, when disposing of medicines at a pharmacy, a signed record of this be kept confirming their safe disposal.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	We have now compiled a specific document to be signed by the relevant pharmacist in the event of their disposal of our medicines	Lauren Harrhy	Completed
Emergency equipment was stored in the reception area, at a low level.	The registered manager must review the storage of emergency medicines to ensure risks are minimised	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	The emergency drugs have now been relocated to a more secure area	Lauren Harrhy	Completed

	and prevent unauthorised access.				
A safeguarding flowchart was available but should be reviewed to ensure information is up to date and to make it available in all clinical areas.	The registered manager must review the practice safeguarding flowchart to ensure information is up to date and make this easily accessible to all staff.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)	The safeguarding flowchart has been reviewed and a copy allocated to each surgery and the updated safeguarding folder	Lauren Harrhy	Completed
Safeguarding policies and procedures did not refer to the All Wales national safeguarding procedures.	We recommend that policies and procedures be updated to reference the All Wales national safeguarding procedures and that staff be made aware how to access these, including via downloadable application.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(e)	The safeguarding folder has been updated where necessary and all staff have been made aware of the downloadable application	Lauren Harrhy	Completed
We were assured that the appointment of a radiation protection advisor and risk assessment were in place, but the relevant documents were not	The registered manager must ensure that the radiation protection file includes all required information.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	The radiation file has been reorganised so that documentation is more easily viewable	Lauren Harrhy	Completed

readily available in the radiation protection file.					
A temporary loan compressor had been in place for over 12 months and as such requires evidence of maintenance checks.	The registered manager must ensure that maintenance checks are carried out on the loaned compressor and records kept. If this is replaced by a new compressor, commissioning and maintenance records should be kept.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	The loan compressor has now been collected and a new validation certificate has been supplied for our repaired compressor	Lauren Harrhy	Completed
A review of patient records indicated some inconsistency in the recording of risk assessments and signed consent forms. In addition, patient language preference was not routinely recorded.	The registered manager should ensure that all relevant information, including risk assessments, language preference and signed consent, is routinely included in patient records. Regular audits should be carried out to monitor the quality of patient records.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	We have updated our processes for storing risk assessments and consent forms so they are more easily viewable. We have also updated our protocol for recording patient language preference	Lauren Harrhy	Completed
A review of policy documents showed many were not dated and there	The registered manager must implement a robust system to ensure that policies and	The Private Dentistry (Wales) Regulations	All policy folders have been updated with staff having signed and	Lauren Harrhy	Completed

was no robust system in place to ensure regular reviews were carried out.	procedures are reviewed regularly, in line with regulatory requirements.	2017, Regulation 8(1) and (6)	dated with a clear review date. A spreadsheet has now been made which can show more easily the dates of which policies must be reviewed		
Supervision and feedback were done informally. However regular staff appraisals are a regulatory requirement.	The registered manager must ensure that staff have regular appraisals.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(4)	Appraisals have been scheduled for Feb/March and all staff have been given pre appraisal forms to complete	Lauren Harrhy	Completed
Patients used online platforms to leave feedback. Options should be provided to ensure patients that don't have digital access are able to provide feedback.	We recommend that the practice offers a non-digital method to gather patient feedback.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	We have now replaced the suggestion box for reception. It was removed during covid to minimise cross infection risks	Lauren Harrhy	Completed
The practice did not have a mechanism to show patients that feedback was acted upon, which	We recommend that the practice communicates to patients where actions have been taken as a response to	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	We now have a 'you said, we did' poster on reception	Lauren Harrhy	Completed

would encourage further feedback.	feedback, such as a “you said, we did” poster.				
There was no formal method for capturing and sharing verbal complaints.	We advise that verbal complaints be logged along with any actions taken. We recommend that complaints, feedback and any resulting actions be a standing agenda item at team meetings, to ensure staff are made aware of any issues.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)	We now have a verbal complaints book on reception. Verbal complaints have previously been noted in the patient file and in staff communication	Lauren Harrhy	Completed
Staff had not been trained on the Duty of Candour.	The registered manager must ensure that all staff are aware of the Duty of Candour and understand their responsibilities under it.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)	We are currently awaiting for the registration acceptance onto the course suggested by the health board. We have had discussion surrounding Duty of Candour at staff meetings and both Lauren and Natasha	Lauren Harrhy	Awaiting registration

			have read the Public consultation of the duty of candour report and cascaded the information to staff. We have also completed online duty of candour CPD.		
We saw evidence of a limited number of clinical audits, relating to clinical records, X-ray quality and WHTM 01-05. There was no evidence of audits relating to smoking cessation or antibiotic prescribing.	The registered manager must ensure that regular audits are carried out, in line with the practice policy, including about smoking cessation and antibiotic prescribing.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	We have carried out a smoking cessation and an Antibiotic prescribing audit. Clinical record audits are carried out at least annually for at least one clinician. A new schedule of audits is now in place to ensure none are missed in the future	Lauren Harrhy	Completed

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): **LAUREN HARRHY**

Job role: **Practice Owner**

Date: **8 February 2024**