

General Dental Practice Inspection Report (Announced)

Marsh Dental Practice, Swansea Bay
University Health Board

Inspection date: 20 February 2024

Publication date: 20 May 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 978-1-83625-064-7

© 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	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	15
4. Next steps.....	18
Appendix A - Summary of concerns resolved during the inspection	19
Appendix B - Immediate improvement plan.....	21
Appendix C - Improvement plan	24

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 Marsh Dental Practice, Swansea Bay University Health Board on 20 February 2024.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 41 questionnaires were completed by patients or their carers and 7 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found that Marsh Dental Practice was committed to providing a positive experience for their patients.

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

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

This is what we recommend the service can improve:

- Seek advice from the Health Board and implement the 'Active Offer' of Welsh
- Update the complaints procedure and ensure patients can easily access it.

This is what the service did well:

- Pleasant, clean and well-maintained premises
- Good arrangements to maintain privacy and dignity of patients
- Adjustments made to assist wheelchair users and patients with mobility difficulties.

Delivery of Safe and Effective Care

Overall summary:

Marsh Dental Practice was in a good state of repair and well equipped to deliver services and treatments to patients. Dental surgeries were spacious, clean and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. We consider it good practice to have a separate room for decontamination, and there were two dedicated rooms at this practice.

Immediate assurances:

- Autoclaves at the practice did not have data loggers fitted. In addition, certificates were not available to show that appropriate maintenance of pressurised vessels had taken place. We directed the practice to fit data loggers and provide evidence of maintenance.

This is what we recommend the service can improve:

- Ensure patient records are completed consistently, including recording of verbal consent
- Update the practice Health and Safety Risk Assessment
- Update policies and procedures relating to safeguarding.

This is what the service did well:

- Appropriate fire safety precautions
- Safe arrangements in place for the use of X-ray equipment
- Good arrangements in place for infection control and management of wastes.

Quality of Management and Leadership

Overall summary:

Marsh Dental Practice had good leadership and clear lines of accountability. The owner was also the principal dentist and registered manager.

The staff team worked well together and were committed to providing a high standard of care to their patients.

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:

- Establish a program of audits
- Put a system in place to ensure policies and procedures are reviewed and updated regularly
- Put a system in place to manage training needs and timescales.

This is what the service did well:

- Clear leadership with staff seen to work well together as a team
- Appropriate processes in place for the recruitment of staff.

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:

“Has always been excellent and we commute 40 miles each way to attend for their excellent services - five stars.”

“The care and service is outstanding.”

“I am autistic and staff do their very best to make sure they explain what they are doing to help prevent me getting anxious.”

“Have been a patient for many years. Would not go to anywhere else. We travel from West Wales that is how excellent this surgery is.”

Person Centred

Health Promotion

Some information about oral health was available in the reception area, notably a board showing the amount of sugar in different soft drinks.

We reviewed a sample of 10 patient records and noted that oral hygiene and diet advice was recorded consistently.

Patients who expressed an opinion in the HIW questionnaire said that staff explained oral health to them in a way they understood, that staff listened and answered questions, and explained what they were doing throughout the appointment.

A ‘no smoking or vaping’ sign was displayed, confirming the practice adhered to the smoke-free premises legislation.

Dignified and Respectful Care

Doors to clinical areas were kept closed during treatment, to preserve patient privacy and dignity. We noted that music was played in the reception area to promote privacy. Staff told us that they considered patient privacy during telephone conversations and a cordless handset was available to take into surgeries if a private conversation was necessary. Similarly, any patients wanting a confidential discussion would be taken to an available surgery.

We saw that treatment prices for both private and NHS treatment were displayed in the reception area.

The core ethical principles of practice, as set out by the General Dental Council (GDC) were displayed in both English and Welsh in the reception area. The principles set out what patients should expect from dental professionals.

All patients who expressed an opinion in the HIW questionnaire felt they were treated with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and confirmed appropriate identifying information and medical histories were included.

All but one respondent to the HIW questionnaire said that there was enough information given to understand the treatment options available, and of those who felt it was applicable, all but one said they were given enough information to understand the risks and benefits associated with those treatment options

Timely

Timely Care

Staff told us they monitored the duration of appointments, and in the event of a delay would verbally update waiting patients and offer to re-book the appointment if that was necessary.

Surgery opening hours were listed in the patient information leaflet and on the practice website, but not clearly displayed at the premises. This was resolved during the inspection, with a poster showing the opening hours displayed in the window next to the front entrance.

Staff told us that two emergency appointments were scheduled daily, and patients triaged by phone to prioritise those requiring most urgent care. Details were displayed outside the practice about how to access emergency treatment.

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

All respondents to the HIW questionnaire said it was 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and Language

The 'Active Offer' of Welsh was not provided at the practice. A limited number of signs in the reception area were bilingual (English/Welsh) and staff told us that some materials were available in Welsh, but this was not advertised clearly to patients.

The registered manager should seek advice from the local health board and implement the 'Active Offer' of Welsh.

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

Rights and Equality

We saw that the practice had an Equal Opportunities policy, but this had not been updated since 2015. This was updated during the inspection, and the reviewed document found to be appropriate.

Staff told us that transgender patients were treated with dignity, with preferred names and pronouns noted in their records.

We saw that some provision had been made to accommodate wheelchair users and patients with mobility difficulties. The reception desk included a lowered section, making it more accessible to wheelchair users. Seating in the reception area included chairs with high backs and armrests. The patient toilet was on the ground floor and included a grab bar.

The front entrance to the practice had a step and staff told us that they arranged for patients needing wheelchair access to use the rear entrance, which was more accessible with a ramp and led to the downstairs surgery.

Staff told us that patients with mobility difficulties had this noted in their records and were booked into the ground floor surgery.

Delivery of Safe and Effective Care

Safe

Risk Management

Public facing areas were clean, well-maintained and free from obvious hazards.

We reviewed documents relating to Health and Safety (H&S) and found that although a H&S policy was in place along with a comprehensive H&S risk assessment, both documents were overdue for review. There was no policy for ensuring the premises were fit for purpose.

The registered manager must ensure that the practice H&S Policy and Risk Assessment are reviewed and updated regularly.

The registered manager must ensure that policies and procedures are in place to ensure the premises are fit for purpose.

The mixed-gender patient toilet was visibly clean, with suitable hand washing and drying facilities and a sanitary disposal unit. Staff had access to a separate toilet and lockable changing area, with storage for personal belongings.

Substances subject to Control of Substances Hazardous to Health (COSHH) were stored in a lockable cupboard. We found the lock to be faulty. However, this was repaired during the inspection.

A bottle of bleach was stored in the patient toilet and accessible to users. We advised this should be removed and stored with other COSHH materials, and this was resolved during the inspection.

The waiting area had an appropriate number of chairs, all with wipe-clean surfaces.

We reviewed documents relating to fire safety and found the practice had good arrangements in place. There was an up-to-date fire risk assessment, evidence of annual maintenance of fire prevention equipment and evidence of regular fire drills. A 'no smoking or vaping' sign was displayed, along with signage clearly showing fire escape routes.

There was a 'business continuity and disaster recovery strategy' in place. However, this required review to ensure the information was up-to-date.

The registered manager must ensure the ‘business continuity and disaster recovery strategy’ is updated and reviewed regularly.

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

Infection, Prevention, Control (IPC) and Decontamination

Overall, we found that good arrangements for the decontamination and sterilisation of dental instruments were in place. The practice had two dedicated rooms for decontamination, meeting the recommendations of Welsh Health Technical Memorandum WHTM01-05.

We found the practice to have a designated infection control lead, appropriate cleaning regimes and policies and procedures in place to support effective infection control.

We reviewed the arrangements for disposal of waste, including clinical waste, and found them to be robust.

We checked staff records and found that all members of staff had received vaccinations against Hepatitis B. However, records could not be provided for one member of staff to show they had responded appropriately to the vaccination.

The registered manager must ensure that all staff have evidence to show an appropriate response to their Hepatitis B vaccination.

All respondents to the HIW questionnaire who expressed an opinion felt the setting was ‘very clean’ and felt infection and prevention control measures were evident.

Medicines Management

The practice had a medicines management policy, and safe procedures for the use, storage, dispensing and disposal of medicines.

There was equipment in place to manage medical emergencies, with all equipment and medicines up to date. We reviewed a sample of three staff training records (out of seven) and saw that all had up-to-date training in cardiopulmonary resuscitation (CPR). Two members of staff had completed first aid training.

We noted that the emergency equipment included two automatic external defibrillators (AEDs). One was working but staff told us the other needed repair. We advised that the non-functional AED be immediately removed and stored elsewhere, to avoid confusion and increased risk to patients in the event of an emergency. This was dealt with and resolved during the inspection.

Safeguarding of Children and Adults

Safeguarding policies and procedures were in place and available to all staff. However, these required review to ensure they were up to date and included relevant contact information. We noted that no reference was made to the All Wales national procedures.

The registered manager must ensure that safeguarding policies and procedures are updated and reviewed regularly.

We reviewed a sample of staff training records and found evidence of up-to-date training in the safeguarding of children and adults. There was a designated safeguarding lead.

Management of Medical Devices and Equipment

Overall, we found clinical equipment to be safe, in good condition and suitable for the intended use.

We reviewed documentation about the use of X-ray equipment. We saw that there was an appropriate inventory of equipment, records of maintenance and local rules were displayed. 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). However, the practice did not have a policy regarding carers and comforters.

The registered manager must ensure that a policy on carers and comforters is put in place.

Our review of documents found that evidence was not available to show that routine maintenance and testing of the autoclaves and compressor had taken place. This meant that we could not be assured that the equipment had been safely maintained. In addition, data loggers were not fitted to the two autoclaves. Staff told us that these had been ordered but were yet to be provided.

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

Effective

Effective Care

The practice had safe arrangements for the acceptance, assessment, diagnosis and treatment of patients. We were assured that staff would obtain and follow professional guidance and advice when necessary. Staff told us that they used the Local Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong site tooth extractions.

Patient Records

There were appropriate policies and procedures in place for the management of patient records.

We reviewed a sample of 10 patient records and found generally good recording of clinical information. We noted that some areas required improvement. We advised that the following areas be recorded more consistently: language preference; risk assessment based on caries, perio, toothwear and cancer; cancer screening; and the recording of verbal consent.

Efficient

Efficient

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

Quality of Management and Leadership

Staff Feedback

Staff comments included the following:

“This is a very well-run working environment where patients are treated really well, and staff are all happy with the work conditions.”

“Very friendly helpful environment and patients are always grateful for services provided however small it is.”

Leadership

Governance and Leadership

The practice had clear management structures, being under the direction of the principal dentist, who was also the owner and registered manager. We saw a clear commitment to providing a high standard of service to patients.

Staff told us that formal team meetings were held, and minutes kept, in addition to ad-hoc meetings and discussions.

A range of policies and procedures were in place. However, we noted that these were not reviewed and updated on a regular basis and there was no robust system to ensure this took place.

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

Workforce

Skilled and Enabled Workforce

We found the practice had appropriate arrangements for employing staff, including an induction checklist. We saw evidence of staff appraisals having been carried out.

All clinical staff were registered with the GDC, and we were told that systems were in place to ensure GDC registration was maintained.

We reviewed a sample of staff records and found good compliance with mandatory training requirements. Staff told us that a system was being developed to assist with monitoring and planning of staff training and other requirements.

The registered manager must ensure that a robust system is put in place to monitor and plan staff training requirements.

Culture

People Engagement, Feedback and Learning

There was a suggestion box in the waiting area. However, staff told us that patients typically gave feedback verbally. The practice did not have a mechanism to show that feedback was acted upon.

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

The practice had a complaints policy and procedure, and a file to log complaints received. We reviewed the complaints documentation and found some information to be inconsistent or missing, such as timescales for response, sources of advocacy (LLAIS), how to escalate a complaint, and Health Board details.

The registered manager must ensure that the policy and procedures for complaints are reviewed and updated.

A poster in the waiting area directed patients to raise any complaints with reception staff. We advised that clearer information is needed, showing who the complaints manager is and how to contact them and that the complaints procedure is available on request.

The registered manager must ensure that patients have easy access to the complaints procedure and contact details if they wish to put a complaint in writing.

Staff told us that they had received training on the Duty of Candour (DoC) and we saw a copy of the practice’s DoC policy.

Information

Information Governance and Digital Technology

The practice used electronic systems to manage patient records. Policies and procedures were generally held electronically, and paper copies held of staff records.

Learning, Improvement and Research

Quality Improvement Activities

The practice had a policy regarding quality improvement. We saw evidence of a limited number of clinical audits, with no evidence of audits on smoking cessation or antibiotic prescribing. We advised that a program of audits should be implemented, to monitor and improve the service.

The registered manager must ensure that a robust system is put in place to carry out relevant audits, to monitor and improve the service.

Whole Systems Approach

Partnership Working and Development

Staff told us that interaction with system partners was typically done by phone or email, and that referrals were submitted using an online system.

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
Surgery opening hours were not clearly displayed at the premises.	This information helps patients access care.	This was raised with the registered manager.	A poster showing the opening hours was put on display in the window next to the front entrance.
The practice had an Equal Opportunities policy, but this had not been updated since 2015.	Policies should contain up-to-date information to ensure patients receive appropriate care.	This was raised with the registered manager.	The document was reviewed and updated.
Substances subject to Control of Substances Hazardous to Health (COSHH) were stored in a lockable cupboard but we found the lock to be faulty.	Patients could potentially access hazardous materials.	This was raised with the registered manager.	The lock was repaired.

<p>We found that a bottle of bleach in the patient toilet and accessible to users. We advised this should be removed.</p>	<p>Patients could potentially access hazardous materials.</p>	<p>This was raised with the registered manager.</p>	<p>The bleach was removed and stored in the locked COSHH storage cupboard.</p>
<p>The emergency equipment included two automatic external defibrillators (AEDs) stored with the emergency equipment. One was working but staff told us the other needed repair.</p>	<p>Using the incorrect AED in the event of an emergency could put patient safety at risk.</p>	<p>This was raised with the registered manager.</p>	<p>The non-functional AED was removed and stored elsewhere.</p>

Appendix B - Immediate improvement plan

Service: Marsh Dental Practice

Date of inspection: 20 February 2024

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
Evidence could not be provided for one of the autoclaves to show it had undergone appropriate maintenance checks.	The registered provider must ensure that appropriate maintenance checks have been carried out on all autoclaves and submit evidence to HIW that this action has been completed.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	Certificate provided to HIW	Steven Marsh	Completed
During inspection HIW carried out a review of equipment used for sterilisation and decontamination. It was found that manual recording of autoclave performance was being	The registered provider must ensure that autoclaves have been fitted with appropriate data loggers and submit evidence to HIW of this action being completed.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	Equipment already on order. Order details provided to HIW. As interim measure we have changed our	Steven Marsh	Equipment ordered - awaiting confirmation of delivery and fitting date.

<p>carried out. However, data loggers should be fitted to validate and record that the autoclaves are achieving appropriate temperatures and pressures.</p> <p>Staff advised that arrangements had been made to have data loggers fitted.</p>			<p>sterilisation procedure to include two timed cycles first thing in the morning to ensure the autoclaves are reaching the desired temperature for three minutes. This test is recorded in a logbook.</p>		
<p>During inspection HIW carried out a review of equipment maintenance records. The autoclaves and compressor had evidence of pressure testing having been completed, but this expired in December 2023.</p>	<p>The registered provider must ensure that appropriate pressure vessel tests have been carried out and provide evidence to HIW that this action is complete.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)</p>	<p>Certificate provided to HIW</p>	<p>Steven Marsh</p>	<p>Completed</p>

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

Service representative:

Name (print): STEVEN MARSH

Job role: OWNER AND REGISTERED MANAGER

Date: 27 February 2024

Appendix C - Improvement plan

Service: Marsh Dental Practice

Date of inspection: 20 February 2024

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
The 'Active Offer' of Welsh was not offered at the practice.	The registered manager should seek advice from the local health board and implement the 'Active Offer' of Welsh.	The Welsh Language (Wales) Measure 2011	<p>We have contacted the LHB and have been directed toward the 'More than just words' information pack. We have started to make changes to our procedures- we are trying to make our greetings on the phone in both English and Welsh.</p> <p>We have the 'Pocket Book for Students' available to access</p>	Steven Marsh	Ongoing

			simple phrases. We are endeavouring to make an 'active offer' wherever we can.		
A H&S policy was in place along with a comprehensive H&S risk assessment. However, both documents were overdue for review.	The registered manager must ensure that the practice H&S Policy and Risk Assessment are reviewed and updated regularly.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(k)	H&S policy reviewed and signed; new H&S risk assessment updated and added to the file.	M. Nitisor	Complete
There was no policy for ensuring the premises were fit for purpose.	The registered manager must ensure that policies and procedures are in place to ensure the premises are fit for purpose.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(c)	Policy for ensuring the premises used for the purpose of carrying on the private dental practice are fit for purpose is in progress and will be reviewed annually. Risk assessment carried out and added to the file.	M. Nitisor	Ongoing to be completed within 1 month.
There was a 'business continuity and disaster recovery strategy' in place. However, this	The registered manager must ensure the 'business continuity and disaster	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(o)	Business continuity reviewed and correlated with BDA advice in regards to	M. Nitisor	Complete

required review to ensure the information was up to date.	recovery strategy' is updated and reviewed regularly.		latest information and requirements.		
Records could not be provided for one member of staff to show they had responded appropriately to their Hepatitis B vaccination.	The registered manager must ensure that all staff have evidence to show an appropriate response to their Hepatitis B vaccination.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)	Occupational Health contacted by phone on the 20.02.2024 and chased again 19.03.24 - We have an accurate record of Molly's immunisation record showing an antibody blood test on the 8/2/23 with the result 11-99	Molly Lewis	Ongoing - 1 month to complete
Safeguarding policies and procedures were in place and available to all staff. However, these required review to ensure they were up to date and included relevant contact information. Also, no reference was made to the All Wales national procedures.	The registered manager must ensure that safeguarding policies and procedures are updated, include reference to the All Wales national procedures, and are reviewed regularly.	The Private Dentistry (Wales) Regulations 2017, Regulation 14	Safeguarding policy and procedures updated to include contact information for the Local Safeguarding Children Board. All Wales National Procedures added to the policy file for future reference.	M.Nitisor	Complete

<p>The practice did not have a policy on carers and comforters, with regard to X-ray exposure.</p>	<p>The registered manager must ensure that a policy on carers and comforters is put in place.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(b)</p>	<p>BDA has been contacted and their advice followed. Guidelines obtained to create our own policy.</p> <p>Radiation Protection File (Section 4 - Operational Procedures) also includes details about carers and comforters.</p>	<p>M.Nitisor</p>	<p>Complete</p>
<p>Some aspects of patient records required improvement and more consistent recording of information.</p>	<p>The registered manager must ensure that the following areas are recorded consistently: language preference; risk assessment based on caries, perio, toothwear and cancer; cancer screening; and the recording of verbal consent.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)</p>	<p>We have taken the advice on patient records and have taken the following steps.</p> <p>Risk assessment for caries, perio, toothwear and cancer is recorded in notes, Cancer screening and verbal consent is recorded</p>	<p>Steven Marsh</p>	<p>complete</p>

<p>A range of policies and procedures were in place. However, these were not reviewed and updated on a regular basis and there was no robust system to ensure this took place.</p>	<p>The registered manager must implement a system to ensure that policies and procedures are reviewed regularly, in line with regulatory requirements.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 8(6)</p>	<p>The system for the review of the operation of policies and the implementation of regulations will be improved. Checks will be performed at intervals of no more than 3 years.</p> <p>Last review of policies by staff was done October/ November 2023 and it included the following policies: Confidentiality, Consent, COSHH Controls, DSE, H&S, Radiation protection, Recruiting and employment.</p>	<p>M.Nitisor</p>	<p>Completed</p>
<p>Staff told us that a system was being developed to assist with monitoring and planning</p>	<p>The registered manager must ensure that a robust system is put in place to monitor and plan staff training requirements.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)</p>	<p>A system will be perfected for the monitoring and planning of the CPD progress of all staff.</p>	<p>M.Nitisor</p>	<p>Ongoing - 1 month.</p>

of staff training and other requirements.					
The practice did not have a mechanism to show that feedback was acted upon.	We recommend that the practice communicates to patients where actions have been taken in response to feedback, such as a 'you said, we did' poster.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	A feedback poster has been put up asking for any feedback however small with a removable section where we have recorded any actions taken as a result of feedback such as the recent installation of a ramp.	Steven Marsh	Complete
The complaints documentation had some information that was inconsistent or missing, such as timescales for response, sources of advocacy (LLAIS), how to escalate a complaint, and Health Board details.	The registered manager must ensure that the policy and procedures for complaints are reviewed and updated.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)	Complains policy updated and all missing information added. Clear details provided to reception staff.	M.Nitisor	Completed
Clearer information is needed, showing who the complaints manager is	The registered manager must ensure that patients have easy access to the	The Private Dentistry (Wales) Regulations 2017, Regulation 21(3)	Clear details about the complains procedure provided to the	M.Nitisor	Completed

and how to contact them and that the complaints procedure is available on request.	complaints procedure and contact details if they wish to put a complaint in writing.		reception staff. All staff aware where to retrieve the information from in case they get asked directly by patients.		
We saw evidence of a limited number of clinical audits	The registered manager must ensure that a robust system is put in place to carry out relevant audits, to monitor and improve the service.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)	Oral cancer risk factor, Antibiotics Prescribing audit and Infection control audit to be added to the existing audits. Reviews to be scheduled once every year.	Steven Marsh	Ongoing - one week.

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): STEVEN MARSH

Job role: OWNER AND REGISTERED MANAGER

Date: 26 MARCH 2024