

General Dental Practice Inspection Report (Announced)

Lodge Dental Practice (New Inn),
Aneurin Bevan Health Board

Inspection date: 9 April 2024

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Lodge Dental Practice (New Inn), Aneurin Bevan Health Board on 9 April 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 14 questionnaires were completed by patients or their carers and 8 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 the staff at Lodge Dental Practice (New Inn) 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 rated the service as 'very good'.

Comments included:

*"They are a fab team."
"Always very, very friendly."*

This is what the service did well:

- Pleasant, well-maintained, and welcoming environment
- Adjustments made to assist wheelchair users and patients with mobility difficulties
- Useful information made clearly available to patients
- Patient feedback encouraged.

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.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

All areas were seen to be clean, tidy and free from any visible hazards.

This is what we recommend the service can improve:

- Ensure that all sections of the Radiation Protection File are completed
- Ensure handheld X-ray units are stored securely when not in use
- Install a handwashing sink and extraction in the decontamination room.

This is what the service did well:

- The practice was clean, well equipped and fit for purpose
- Clinical equipment was safe and maintained appropriately
- Policies and procedures were in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

We found that Lodge Dental Practice (New Inn) had good leadership and clear lines of accountability. The owner, registered manager and practice manager all demonstrated commitment to providing a high standard of care.

Feedback from patients was actively encouraged and recorded.

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

There was a comprehensive range of policies and procedures in place. These were regularly reviewed and updated.

This is what we recommend the service can improve:

- Ensure all staff have regular appraisals
- Put policies and procedures in place relating to Quality Improvement.

This is what the service did well:

- Good systems in place to encourage patient feedback
- Clear and comprehensive complaints procedure
- Good compliance with staff training requirements.

Details of any 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:

*"They are a fab team.
If only we could go back to the days of NHS dental care!"*

Person-centred

Health promotion

We saw a variety of leaflets and posters in the reception area providing information for patients, including a patient information leaflet and copies of a practice newsletter.

No smoking signs were clearly displayed in both waiting areas, along with information about smoking cessation.

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

Dignified and respectful Care

Surgery doors were kept closed during treatment, and music was played in the waiting areas, to preserve patient privacy and dignity. External windows were fitted with either blinds or obscuring film, to preserve patient privacy.

Treatment prices for both NHS and private care were clearly displayed in waiting areas. Registration certificates issued by HIW, a copy of the General Dental Council (GDC) Code of Ethics and an up-to-date certificate of Employer's Liability Insurance were also on display.

The names and GDC registration numbers of clinical staff were clearly displayed. We noted that the GDC number for one member of staff was incorrect on the displayed poster and patient information leaflet.

The registered manager must ensure that staff GDC registration numbers are reviewed and displayed correctly.

All respondents to the HIW questionnaire who provided an opinion ‘agreed’ or ‘strongly agreed’ that staff treated them with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and confirmed that 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, and the risks and benefits of these.

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 their appointment if desired.

The practice opening hours were clearly displayed on the front door, along with telephone numbers to use out of hours or in an emergency.

Patients could book appointments via an online booking system on the practice website, by phone or in person.

Staff told us that two emergency appointments were scheduled daily. If not used by mid-morning, these would be offered to patients on a waiting list. Staff told us that they prioritised emergency appointments based on patient symptoms and clinical need.

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

Equitable

Communication and language

An ‘Active Offer’ of Welsh was implemented at the practice, with bilingual materials provided. Although no Welsh-speaking staff were at the practice at the time of inspection, staff told us that a recently recruited receptionist was a Welsh-speaker and that staff from a sister practice in Abergavenny could be called upon if required.

Staff had access to ‘language line’ translation services, if required for non-English speaking patients, and a multi-lingual poster in the reception area advertised this option.

Rights and equality

The practice had an ‘Equality and Diversity’ policy in place, which included definitions of protected characteristics under the Equality Act. We saw evidence of staff having completed training on diversity, including neurodivergence.

Staff told us that preferred names and/or pronouns were recorded on patient records, to ensure transgender patients were treated with respect.

We saw that provision had been made to accommodate wheelchair users and patients with mobility difficulties. The front entrance had stepped access but there was a grab handle, and a mobile ramp was deployed as needed. There was one surgery downstairs, and staff told us patients with a need or preference for the downstairs surgery had this noted in their records.

A designated chair in the downstairs waiting area had a high back and arm rests, to aid patients with mobility issues. The patient toilet was upstairs and not accessible for wheelchair users or those with restricted mobility. This was clearly indicated to patients in the patient information leaflet.

Patients with hearing difficulties were aided by a hearing loop in reception area.

Delivery of Safe and Effective Care

Safe

Risk management

We saw that the premises were clean, well-maintained, and free from obvious hazards.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment, and records of regular checks and servicing of fire safety equipment. Escape routes were clearly signposted, and we saw evidence of regular fire drills having taken place. Fire extinguishers were stored correctly and had been serviced regularly. We noted that the fire escape plans referenced assembly points, but these weren't clearly identified. This was resolved during the inspection with assembly points for both front and rear exits clearly indicated.

We saw that one member of staff was a designated fire marshal but worked part-time.

The registered manager must ensure that an additional member of staff is trained as a fire marshal.

We found that there was no specific policy in place to ensure the premises were fit for purpose. Staff told us that frequent, regular checks were made of the premises and equipment but not formally recorded. During the inspection, a whiteboard was put in place for staff to log any maintenance issues identified.

The registered manager must ensure that a Policy about building and equipment maintenance is put in place.

We saw that the practice had an appropriate Health and Safety policy, and appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH). We found a bottle of bleach stored under the sink in one surgery, which was removed to secure storage during the inspection. The COSHH file required review to ensure it was up to date.

The registered manager must ensure the COSHH file is reviewed and updated.

The practice had an appropriate accident book. However, we advised that records should be removed once logged and stored securely, to ensure data protection. This was resolved during the inspection, with historic records removed and stored securely.

The practice had an up to date 'Business Continuity and Disaster Recovery' policy in place, and able to liaise with their sister practice as needed.

Staff had access to lockable changing facilities and secure storage for personal items. A Health and Safety at Work poster was displayed in the staff-only area. This did not include contact details for the Health and Safety Executive. This was resolved during the inspection, with appropriate details added.

The mixed-gender patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

Infection prevention and control (IPC) and decontamination

There were arrangements in place to ensure a high standard of infection control. These included appropriate policies and procedures, a designated infection control lead and an effective cleaning regime.

We saw that some floor tiles in the patient toilet were cracked, making effective cleaning and infection control more difficult.

The registered manager must ensure that the floor in the patient toilet is repaired or replaced to allow for effective cleaning.

Some chairs in the waiting areas were not of wipe clean material. We advised that suitable cleaning should be carried out to ensure adequate infection control.

The registered manager must ensure that a suitable cleaning protocol is developed and implemented, for the cleaning of seating in the waiting areas.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found that the procedures for processing, decontamination and sterilisation were appropriate and well understood. We noted that the decontamination room did not have a designated handwashing sink or extracted ventilation, as recommended in WHTM 01-05.

The registered manager must ensure that the decontamination room is fitted with hand-washing facilities and adequate ventilation.

All respondents to the HIW questionnaire who provided an opinion said that the practice was 'very clean' or 'fairly clean' and that infection prevention and control measures were evident.

Medicines management

We reviewed the arrangements for the disposal of waste and found them to be satisfactory. There were appropriate and safe arrangements for medicines management, supported by a Medicines Management policy.

The practice had adequate equipment and medicines to manage medical emergencies, with all materials in date and easily accessible to staff.

We reviewed staff training records and saw evidence that all staff had up-to-date training in cardiopulmonary resuscitation (CPR). One member of staff was a trained first aider.

The registered manager must ensure that an additional member of staff is trained as a first aider.

Safeguarding of children and adults

We found that safeguarding policies and procedures were in place and available to all staff. Flowcharts with appropriate contact details were displayed in all clinical areas and kept in a file in reception.

We reviewed staff training records and found all staff to have up-to-date training in the safeguarding of children and vulnerable adults. There was a designated safeguarding lead with training at Level 3, which we consider to be good practice. Relevant documents did not make reference to the Wales Safeguarding Procedures.

The registered manager must ensure that documents and staff are updated with regard to the Wales Safeguarding Procedures.

Management of medical devices and equipment

We found clinical equipment at the practice to be safe, in good condition and fit for purpose.

We reviewed staff training records and saw that staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). We saw that the practice had an inventory of X-ray equipment, records of maintenance and local rules in place. However, we found that some sections of the Radiation Protection File had not been populated.

The registered manager must ensure that all relevant sections of the Radiation Protection File are completed.

The practice used a hand-held X-ray unit which could be moved from one surgery to the other. We advised that guidance on the safe use of hand-held dental X-ray

equipment was available from the UK Health Security Agency (UKHSA). The guidance requires that the units be stored securely when not in use, to reduce the risk of theft or unauthorised use.

The registered manager must ensure that hand-held X-ray units are used and stored securely in line with UKHSA guidance.

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 would obtain and follow professional guidance and advice when necessary.

As noteworthy practice, staff told us that regular ‘study clubs’ were held to share information with internal and external colleagues. In addition, clinical staff carried out regular training courses on specific topics or areas of expertise.

The practice made use of Local Standards for Invasive Procedures (LocSSIPs) checklists, to minimise the risk of wrong site tooth extraction.

Patient records

Patient records were held electronically and in line with a Records Management policy.

We reviewed a sample of 10 patient records and found generally very good recording of clinical information. We noted some inconsistency in the recording of language preference, signed treatment plans and full risk assessments.

The registered manager must ensure that patient records consistently record language preference, signed treatment plans and full risk assessments.

Efficient

Efficient

The premises and facilities were appropriate for the services being provided. Staff told us that patients requiring urgent care were prioritised where possible, and cancelled appointments made available to others using a waiting list.

Quality of Management and Leadership

Staff feedback

All staff who responded to the HIW questionnaire felt they had appropriate training for their role, and the facilities and environment were suitable. All felt there were enough staff with an appropriate mix of skills at the practice and were satisfied with the quality of care and support they gave to patients.

All staff who responded to the HIW questionnaire would recommend the practice as a good place to work and would be happy to recommend it to a friend or relative.

Staff comments included:

"Managers are good at motivating staff to do courses and be confident in different fields of dentistry.

They're good at team building exercises."

Leadership

Governance and leadership

There were clear management structures in place, with the practice under the direction of the principal dentist, who was also the owner, registered manager, and practice manager. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of team meetings taking place, with minutes circulated and signed to ensure all staff were kept up to date. We were told staff had regular appraisals and saw evidence to this effect. However, we noted that appraisals were only conducted for dental nurses and administrative staff. We advised that all staff, including clinicians, should have regular appraisals.

The registered manager must ensure that all staff have regular appraisals.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. An induction checklist was used that included proof of identity and checks using the Disclosure and Barring Service (DBS). The practice did not use agency staff, as resources could be shared with their sister practice.

We reviewed a sample of staff records (4 out of 9) and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance, and had appropriate vaccination against Hepatitis B. We also saw that appropriate DBS checks had been carried out.

There was good compliance with mandatory training requirements. Although overseen by the practice manager, we recommended formalising the monitoring and scheduling of training to ensure continued compliance.

We recommend that the registered manager introduces a training matrix or similar system to ensure that all training needs are captured and progressed.

Culture

People engagement, feedback and learning

Patient feedback was actively sought with emails and SMS text messages sent to patients following treatment, inviting them to provide feedback. In addition, posters with QR codes at the practice invited patients to provide online feedback. A suggestion box with comment slips and pens was also provided in the waiting area.

There was a clear and comprehensive complaints procedure in place. This was clearly displayed, in both English and Welsh, in the reception area. The procedure included contact details, timescales for response and how to escalate the issue if required with details of HIW and the Ombudsman. The procedure did not include details of advocacy organisations.

We recommend that the registered manager includes reference to LLAIS, the patient advocacy organisation for Wales, in the complaints procedure.

Staff told us that both verbal and written complaints were logged and reviewed regularly, with any issues and actions shared with staff in team meetings.

There was a Duty of Candour policy in place and staff told us they had received appropriate training on this.

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

Staff told us that monitoring of service provision was carried out informally. However, there was no policy in place for the monitoring and improvement of service provision, to clarify what checks were required.

The registered manager must ensure that a policy for monitoring and improving service quality be put in place.

We saw that a variety of audits had been carried out, such as waiting times, clinical records, oral cancer, and use of X-rays. We advised that additional audits should be carried out, for antibiotic prescribing, smoking cessation, and X-ray image quality.

The registered manager must ensure that antibiotic prescribing, smoking cessation and X-ray image quality audits are carried out.

We also recommended that any audits carried out be clear about their purpose and capture any actions and timescales to make improvements.

The registered manager must ensure that audits clearly show the purpose, actions, and timescales for improvements.

Whole-systems approach

Partnership working and development

Staff told us that interaction with system partners was typically by phone or email and some electronic systems, such as that used for referral of patients.

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
Fire escape plans referenced assembly points, but these weren't clearly identified.	Potential increased risk to patient safety in the event of a fire.	The issue was raised with the practice manager and registered manager.	This was resolved during the inspection with assembly points for both front and rear exits clearly indicated.
A bottle of bleach was stored under the sink in one surgery.	Risk of a child or other patient being able to access a COSHH material.	The issue was raised with the practice manager and registered manager.	The bottle was moved to secure storage during the inspection.
The practice had an appropriate accident book. However, we advised that records should be removed once logged and stored securely, to ensure data protection.	Risk to patient or staff confidentiality, and breach of data protection.	The issue was raised with the registered manager.	This was resolved during the inspection, with historic records removed and stored securely.

The Health and Safety at Work poster did not include contact details for the Health and Safety Executive.	Possible delay or error in contacting the correct authority regarding Health and Safety.	The issue was raised with the registered manager.	This was resolved during the inspection, with appropriate details added.
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Appendix B - Immediate improvement plan

Service: Lodge Dental Practice (New Inn)

Date of inspection: 9 April 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
1. No non-compliance issues were identified during the inspection.					

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: Lodge Dental Practice (New Inn)

Date of inspection: 9 April 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
1. The GDC registration number for one member of staff was listed incorrectly on patient information.	The registered manager must ensure that staff GDC registration numbers are reviewed and displayed correctly.	The Private Dentistry (Wales) Regulations 2017, Regulation 6(1)	The GDC number has been corrected and an updated patient information leaflet produced.	Helen Knifton	completed
2. One member of staff was a designated fire marshal but worked part-time.	The registered manager must ensure that an additional member of staff is trained as a fire marshal.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	An additional full-time member of staff, reception manager Lydia Carey, has also been appointed as a fire marshal	Helen Knifton	completed
3. There was no specific policy in place to ensure the premises were fit for purpose.	The registered manager must ensure that a Policy about building and equipment maintenance is put in place.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(c)	A building and equipment maintenance policy has been put in place	Helen Knifton	completed

4.	A COSHH file was in place but required review.	The registered manager must ensure the COSHH file is reviewed and updated.	Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended)	The COSHH file has been reviewed and updated.	Helen Knifton	completed
5.	Some floor tiles in the patient toilet were cracked, making effective cleaning and infection control more difficult.	The registered manager must ensure that the floor in the patient toilet is repaired or replaced to allow for effective cleaning.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	A lino floor will be installed.	Helen Knifton	To be fitted by end June 2024.
6.	Some chairs in the waiting areas were not of wipe clean material, making effective cleaning and infection control more difficult.	The registered manager must ensure that a suitable cleaning protocol is developed and implemented, for the cleaning of seating in the waiting areas.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	A cleaning protocol and log has been developed and introduced.	Helen Knifton	completed
7.	The decontamination room did not have a designated handwashing sink or extracted ventilation, as recommended in WHTM 01-05.	The registered manager must ensure that the decontamination room is fitted with hand-washing facilities and adequate ventilation.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(3)	A handwashing sink will be fitted and an industrial extraction unit installed.	Helen Knifton	To be fitted by end July 2024.

8.	One member of staff was a trained first aider. We advised that another member of staff be trained to provide cover in their absence.	The registered manager must ensure that an additional member of staff is trained as a first aider.	The Private Dentistry (Wales) Regulations 2017, Regulation 31	An additional member of staff, Keely Cookes has also received first aid training.	Helen Knifton	completed
9.	Safeguarding policies and procedures did not reference the Wales Safeguarding Procedures.	The registered manager must ensure that documents and staff are updated with regard to the Wales Safeguarding Procedures.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)	Safeguarding policies and procedures have been updated to make reference to the Wales Safeguarding procedures.	Helen Knifton	completed
10.	Some sections of the Radiation Protection File had not been populated.	The registered manager must ensure that all relevant sections of the Radiation Protection File are completed.	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6	All sections of the Radiation Protection File will be completed	Stephen Lodge	To be completed by end of June 2024.
11	UK Health Security Agency (UKHSA) guidance requires that hand-held X-ray units be stored securely when not in use, to reduce the risk of theft or unauthorised use.	The registered manager must ensure that hand-held X-ray units are used and stored securely in line with UKHSA guidance.	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 6	When not in use, the hand-held X-ray units are stored in a secure area. When the practice is closed, the batteries are removed and the x-ray units and stored in metal lockable boxes.	Helen Knifton	Completed

12.	Some inconsistency in the recording of language preference, signed treatment plans and full risk assessments in patient records.	The registered manager must ensure that patient records consistently record language preference, signed treatment plans and full risk assessments.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	Clinicians have been reminded to record language preference and complete full risk assessments on an updated template. Reception staff will ensure that all treatment plans are signed.	Helen Knifton	completed
13.	Appraisals were only conducted for dental nurses and administrative staff.	The registered manager must ensure that all staff have regular appraisals.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(4)	Appraisals will be completed for all staff.	Helen Knifton	To be completed by end June 2024.
14.	There was no formal process in place for monitoring and scheduling of training to ensure continued compliance.	The registered manager should introduce a training matrix or similar system to ensure that all training needs are captured and progressed.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)	A matrix has been produced to record and monitor training.	Helen Knifton	completed
15.	The complaints procedure did not include details of advocacy organisations.	The registered manager should include reference to LLAIS, the patient advocacy organisation for Wales, in the complaints procedure.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)	The complaints procedure has been updated and staff have been updated.	Helen Knifton	completed
16.	A policy for monitoring the quality and	The registered manager must ensure that a policy	The Private Dentistry (Wales) Regulations	A policy for monitoring the quality and	Helen Knifton	completed

	improvement of service provision was not in place.	for monitoring and improving service quality be put in place.	2017, Regulation 16(1)	improvement of service provision is in place.		
17.	No audits were being carried out for antibiotic prescribing, smoking cessation, and X-ray image quality.	The registered manager must ensure that antibiotic prescribing, smoking cessation and X-ray image quality audits are carried out.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(d)	Additional audits will be carried out and where possible, we will participate in the national audit projects.	Helen Knifton	To be completed by end June 2024
18.	Audits carried were not clear in terms of their purpose and they did not capture any actions and timescales to make improvements.	The registered manager must ensure that audits clearly show the purpose, actions, and timescales for improvements.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(d)	For all future audits, the purpose, capturing of actions and timescales to make improvements will be made clear.	Helen Knifton	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): Helen Knifton
Job role: Manager
Date: 28th May 2024