

General Dental Practice Inspection Report (Announced)

Parklands Dental Practice, Aneurin
Bevan University Health Board

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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.



Contents

1. What we did	5
2. Summary of inspection	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care.....	13
• Quality of Management and Leadership	19
4. Next steps.....	24
Appendix A - Summary of concerns resolved during the inspection	25
Appendix B - Immediate improvement plan.....	26
Appendix C - Improvement plan	27

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 Parklands Dental Practice, Aneurin Bevan University Health Board on 10 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. In total we received 13 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 13 responses. 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.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients provided positive feedback about the care and service provided by the dental practice. We found staff to be friendly and polite and they treated patients with kindness and respect.

Healthcare information was available in the practice although we considered there was scope for additional information to be provided such as smoking cessation advice.

Patient's privacy was respected with doors closed and frosted exterior windows, although there were windows in the doors to surgeries that required covering.

The practice tried to accommodate patients regarding appointment times but did not prioritise time periods for specific patient groups. We found the practice had extended hours on three days of the week to accommodate people who could not attend during the daytime. All patients said it was 'very easy' to get an appointment when they need one.

There was an up-to-date equality and diversity policy in place, and accessibility audits were completed. There was ramp access into the surgery from outside with level flooring throughout the ground floor.

This is what we recommend the service can improve:

- Ensure translation service is available for patients whose first language is not Welsh or English
- Make information available in other formats that consider people with reading difficulties.

This is what the service did well:

- Active offer of Welsh service with three Welsh speaking staff members available
- Short waiting times between appointments
- Easy access to services for patients with impaired mobility with reception, waiting area and surgeries located on the ground floor.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, clean and tidy and decorated to a good standard.

Generally, we found suitable arrangements were in place at the practice to provide patients with safe and effective care and that staff were clear regarding their roles and responsibilities.

There was a dedicated decontamination area with suitable systems in place for decontaminating reusable dental instruments and to safely transport instruments about the practice.

Although we found good fire safety processes in place and appropriate signage to ensure safe evacuation of the premises in the event of a fire, a detailed fire safety risk assessment was required. Staff had completed up-to-date fire safety awareness training.

We found good compliance with regards to the use of X-ray machines at the practice with a well-maintained file showing safe arrangements were in place for the use, maintenance and testing of the equipment.

Safeguarding policies and procedures were in place with a safeguarding lead appointed and all staff appropriately trained and knowledgeable in the subject.

Dental records were detailed and easy to follow with some minor points for improvement.

This is what we recommend the service can improve:

- Storage facilities to be provided for staff personal belongings
- Change seating material used in the waiting area to enable effective infection prevention and control procedures
- Recognised checklists to prevent wrong tooth extractions to be implemented.

This is what the service did well:

- Sharps injury flow charts in clinical areas to advise staff of the action to take in the event of a needlestick incident
- Very clean throughout the practice with good decontamination procedures in place
- Evidence of regular checks of fire detection and safety equipment including regular drills.

Quality of Management and Leadership

Overall summary:

The management team were readily available for staff, and we found clear reporting lines for staff. While we identified several improvements were needed, we felt that it was an effectively run practice.

Staff were found to be adequately supported within their roles with documented evidence of regular appraisals taking place. In general, compliance with mandatory staff training and professional obligations was good.

We found a range of up-to-date policies and procedures in place that were easily accessible to staff. However, we found there were a few policies missing and others that required greater scope and detail.

We saw appropriate recruitment process in place. Staff undergo an induction process, although this needed to be signed off by the supervisor responsible.

We saw evidence of a suitable complaints process in accordance with the practice policy, with prompt resolutions that were fully documented.

This is what we recommend the service can improve:

- Duty of candour training to be completed by all staff
- Install a 'You Said, We Did' display to inform patients of practice action in relation to feedback
- Policy register to be created with version history and review dates to be included
- All staff to sign policy updates to confirm they have been read and understood.

This is what the service did well:

- Team appeared happy and felt supported by management
- Purchase of orthopantomogram (OPT) machine, Cone Beam CT scan (CBCT) and dental microscope demonstrates positive response to service quality audits with aim to develop and improve services provided
- Automated email to patients requesting feedback following a course of treatment.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 13 respondents rated the service as 'good' or 'very good.'

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

"I have been a patient for many years and always recommend this clinic to others. Brilliant care and dentistry."

"Always been a great service and don't think this will ever change, first class".

Person Centred

Health Promotion

We saw information was available in the practice to help patients maintain their dental health although we considered there was scope for additional information to be provided such as smoking cessation. The practice uses a digital screen within the downstairs waiting area to provide information which ran on a continual loop. Patient information leaflets including advice about sugary diet, gum disease and treatment options were held within a patient information folder. However, the folder allowed only one patient access to the information at any one time. Furthermore, this folder could be handled by numerous patients throughout the day requiring appropriate infection prevention and control processes to be in place every time someone used the folder.

We recommend the registered manager makes patient information readily available in a way that all patients may access it.

Information about charges for both private and NHS treatments were also on display on the waiting room wall.

We were told patients would be provided with specific health promotion advice when seen by the dentists or other dental care professionals at the practice.

Most respondents who completed a HIW patient questionnaire agreed they had their oral care explained to them by staff in a way they could understand, and that staff had provided them with aftercare instructions on how to maintain good oral health.

In accordance with current legislation, signs were displayed notifying patients and visitors that smoking was not permitted on the premises. The names and General Dental Council (GDC) registration numbers for the current dental team were clearly displayed.

Dignified and Respectful Care

We found staff to be friendly and polite and observed them treating patients with kindness and respect.

We saw exterior windows to surgeries were frosted and surgery doors closed when dentists were seeing patients to maintain patient privacy and dignity. However, there were windows in the surgery doors which gave people sight of patients when undergoing treatment. We raised this with the practice manager who rectified the matter during the inspection using opaque self-adhesive film.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

The reception desk and patient waiting area were in the same room. A second waiting area was located on the upstairs landing. Reception staff understood the need to maintain confidentiality when dealing with patients, including conversations over the phone. We were told sensitive phone calls and confidential patient discussions would be held in the management office located on the first floor.

The GDC core ethical principles of practice were clearly displayed in the reception area in both Welsh and English.

Individualised care

All respondents who completed a HIW patient questionnaire said that there was enough information given to understand the treatment options available and said they were given enough information to understand the risks/benefits associated with those treatment options.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We were told that patients are kept informed should there be a delay in their appointment time. If known sufficiently in advance, the practice telephone patients to give them the option of rescheduling their appointment if they wished to do so.

The practice currently arranges follow-up appointments face-to-face at the end of the appointment or by email. There was also an effective appointment booking service on the practice website.

Blank appointment slots were scheduled during the day to make provision for any urgent treatment that might arise. We were told that efforts would still be made to accommodate patients even if these were full.

Patients generally wait about two weeks between each dental treatment appointment although the hygienist could be as long as three months. A short notice list was in operation where the practice offered cancelled appointment times to patients on a waiting list although we were told this was mainly for the hygienist due to their longer wait times.

We were told the practice did not prioritise times of day for particular patient groups, such as shift workers or school children. However, the practice is open until 6pm on three nights a week to enable access to treatment for patients who are unable to attend during common business hours.

The practice's opening hours were displayed however the contact telephone number for patients to use should they require urgent dental care and treatment out of hours was not displayed in a way that they would be visible externally. We raised this with the practice manager who rectified the matter during the inspection.

All respondents who completed a HIW patient questionnaire said it was 'very easy' to get an appointment when they needed one. All respondents said they would know how to access the out-of-hours dental service if they had an urgent dental problem.

Equitable

Communication and Language

Whilst there was some written information displayed in the practice available in Welsh and English, there was limited information available in other formats, such

as easy read or large font, that considered the needs of patients with reading difficulties.

The registered manager is required to provide HIW with details of how the practice can make information available to patients with reading difficulties.

There were three Welsh speaking staff working at the practice who were able to provide care in Welsh if required. We saw 'Iaith Gwaith' badges being worn and signs displayed in reception promoting the Active Offer of providing a service in Welsh.

For any patients whose first language was not English or Welsh, there was no translation service available.

We recommend the registered manager implements an appropriate translation service for patients requiring other languages.

We found a hearing loop system in place to assist patients with hearing difficulties.

Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

We saw the practice had an up-to-date equality and diversity policy in place along with an equal opportunities policy. Guidance relating to the Disability and Discrimination Act was readily available for all staff. An in-depth accessibility audit had recently been conducted by the practice manager. We were told that everyone was treated fairly in line with policy and guidance.

All respondents who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice.

We saw ramp access into the practice from the car park with a disabled space allocated near the entrance. There was level floor throughout the ground floor area which included the reception, waiting area, patient toilets and two surgeries providing access to treatment for patients with impaired mobility. We noted that the reception desk had a lower section to ease communication between wheelchair users and the receptionist. However, we found the patient toilet was not fully accessible for wheelchair users.

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible, while the remaining four respondents were unsure.

Delivery of Safe and Effective Care

Safe

Risk Management

The dental practice appeared well maintained with evidence of recent remedial work carried out in the patient toilet. The upper floor had been recently refurbished with a spacious, well lit, surgery installed. Internally, the practice was decorated and furnished to a good standard, However, there was no building maintenance policy available. We raised this with the practice manager who rectified the matter during the inspection.

There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to an emergency event such as a power cut, flood, or a system failure. Contact details for the designated emergency response team and a list of emergency contact numbers were readily available to staff if required.

Patient waiting areas were visibly clean and free from hazards and clutter. There were televisions, radiators and air conditioning units providing a comfortable waiting area for patients.

An approved health and safety poster was clearly displayed for staff to see and we confirmed that employer's and public liability insurance was in place. We saw facilities for staff to change in privacy, however, there were no lockers available for staff to store their belongings securely.

The registered manager must improve storage facilities for staff personal belongings.

A fire marshal was appointed and responsible for ensuring regular fire alarm checks and fire drills were being conducted and recorded. We saw a current fire equipment maintenance contract was in place and that the fire extinguishers had been serviced within the last year. Evacuation signage was displayed throughout the premises and fire exits were clear of obstructions. Whilst we saw schedules indicating regular in-house fire risk assessments were completed, these were rudimentary schedules which did not contain much detail. HIW were not assured that the process was robust enough, or the document had sufficient scope, to constitute a satisfactory fire safety risk assessment.

The registered manager must ensure an appropriate fire safety risk assessment is carried out and supply HIW with a copy when completed.

Our review of staff training records identified that up-to-date fire safety awareness training was completed by all staff.

Infection Prevention and Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination. There was a designated infection control lead appointed.

We saw a schedule was in place to support effective cleaning routines. Suitable handwashing and drying facilities were available in each surgery and in the toilets. We found the dental surgeries were visibly clean however we found the waiting area seating was covered in fabric which may impact effective cleaning.

We recommend the registered manager change the seating material used in the waiting area to enable effective infection prevention and control procedures.

Personal protective equipment (PPE) was readily available for staff use and needle cover devices were in use to prevent needlestick injuries. However, the practice may wish to consider adopting safer sharps in the future to improve needlestick injury prevention. Protocols were available to advise staff of the action to take in event of a sharps injury.

All respondents who completed a HIW patient questionnaire thought that in their opinion, the practice was very clean, and felt that infection prevention and control measures were evident.

The practice had a designated decontamination room. A suitable system was described to safely transport used instruments between surgeries and the decontamination room. Arrangements were demonstrated for cleaning and decontaminating reusable instruments. We saw logbooks had been completed to record checks of the decontamination equipment that had been carried out. However, we saw soil tests for the ultrasonic bath were conducted monthly instead of weekly as indicated in the logbook, and the testing and external validation as part of the scheme of maintenance was not available for us to inspect.

We recommend the practice implements a system to conduct soil tests for the ultrasonic bath on a weekly basis.

The registered manager must provide HIW with the scheme of maintenance inspection and validation certificate for the ultrasonic bath.

There were suitable arrangements in place for the separation and storage of clinical waste produced by the practice prior to collection. A contract was in place for the safe disposal of waste from the practice.

We found appropriate arrangements in relation to handling substances subject to Control of Substances Hazardous to Health (COSHH). Each hazardous substance had a COSHH risk assessment.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed. We were told decontamination protocols formed part of staff induction process however, there were no checklists present to evidence this. We raised this with the practice manager who rectified the matter during the inspection.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. In general, there were suitable processes in place for obtaining, storing, handling and disposal of drugs. However, we found midazolam as part of the emergency equipment was not locked away securely.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

There was a policy in place for responding to a medical emergency at the practice. This was based on current national resuscitation guidelines and had been reviewed within the last 12 months. We were told this would be made available to patients on request.

We confirmed all staff working at the practice had completed resuscitation training within the last year and saw evidence of this within the sample of staff files we reviewed. Adverse reactions to medications would be reported via the yellow card scheme.

Equipment and medicines for use in the event of an emergency were inspected. We confirmed all medicines were within their expiry date and saw a system in place for checking stocks and identifying when medicines were to be replaced. Whilst we found face masks in all sizes were available, several were found to be in unsealed bags. We were advised these had been supplied in this condition. We requested the practice order replacement masks to be supplied in sealed packaging with expiry dates. Replacements were ordered during the inspection.

The first aid kit was available and found to be in order. We found that the practice had two appointed trained first aiders, ensuring first aid cover at times of leave or sickness.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition. However, there was no policy in place detailing arrangements to promptly deal with a device or equipment system failure. We raised this with the practice manager who rectified this matter during the inspection.

Written policies and protocols were available to show safe arrangements were in place for the use of the X-ray equipment and we saw that the required maintenance and testing had been carried out, although we had to request certificates be supplied by the maintenance provider. An up-to-date radiation risk assessment was in place to protect staff and patients.

A quality assurance programme was in place in relation to X-rays covering image quality, accidental exposure and dose levels. We confirmed all staff who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed. This included training for Cone Beam Computed Tomography (CBCT).

We found clinical evaluations and justifications for each X-ray exposure were noted in patient records.

There was no information on display for patients explaining the risks and benefits of having an X-ray. We raised this with the practice manager who rectified this matter during the inspection.

Safeguarding of Children and Adults

We saw written policy and procedures were in place in relation to safeguarding. This was based on the current Wales Safeguarding Procedures. Safeguarding action flowcharts and relevant contact details for local contacts were available for staff in the event of a concern.

The practice had a safeguarding lead in place who had downloaded the Wales Safeguarding Procedures app onto their phone to ensure they had up-to-date guidance. All staff had appropriate up-to-date safeguarding training for both children and vulnerable adults and were aware of how to identify, respond to and report allegations of abuse. We were told that all staff had access to wellbeing support and occupational health services in the event of a concern.

Effective

Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their roles and responsibilities at the practice and that regulatory and statutory guidance was being followed. However, we saw no evidence that the practice used recommended checklists to help prevent the risk of wrong tooth extraction.

We recommend the registered manager implements the use of recognised checklists to prevent wrong tooth extractions.

Patient Records

A suitable system was in place to help ensure records were safely managed and stored securely. We saw a consent policy and appropriate processes were in place to uphold the rights of patients who lack capacity. The records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental care records of ten patients. All records we reviewed had suitable patient identifiers and the reason for attending recorded, including symptoms. All records reviewed contained the previous dental history with oral hygiene and diet advice marked as provided.

We saw evidence of full base charting and that this had been updated at each course of treatment. Soft tissue examination and cancer screening had been carried out and recorded. All records showed evidence of treatment planning and options considered. Informed consent was recorded on all records we inspected.

However, we did identify some omissions in the records. While the records showed initial medical history and updates mostly recorded, there was one record where this information was missing. We also found smoking cessation advice was not always given where appropriate.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

We saw that patient language choice was not recorded in any of the records we reviewed. This could inhibit effective and individualised patient care.

The registered manager must ensure patients preferred choice of language is recorded within the patient records.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided. A hygienist was employed providing the practice with additional treatment options for patients.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were being used efficiently with emergency dental care slots planned around routine appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is a family-owned service with the day-to-day operations run by the owner/ principal dentist along with the assistance of the practice manager. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team including staff meetings, staff messaging group and face to face discussions as necessary. We saw minutes of staff meetings were taken, however, these were brief handwritten notes in the practice manager's note pad. There was no evidence of these being shared with staff members who may have been absent to ensure they were kept up to date with work related issues.

We recommend the practice manager implements a formal approach to recording meeting minutes and ensure these are shared with all staff to ensure they remain up to date with work related matters.

We confirmed a range of written policies were readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to recent review. However, there was no risk management policy in place for the purpose of identifying, assessing and managing risks associated with the operation of the practice. We also noted that several policy updates had only been signed by the practice manager 'on behalf of team' following meetings.

The practice manager must ensure all required policies are in place in compliance with the regulations.

We recommend the registered manager implements a system to ensure all practice policies and any subsequent reviews are signed by each staff member to confirm the latest version has been read and understood. We recommend this consists of a policy register to include review dates and version history.

The practice had a statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Both documents provided useful information about the services offered at the practice and had been the subject of reviews. However, the patient information leaflet was missing information such as arrangements for out-of-hours treatment, dealing with violent or abusive behaviour and data protection and information disclosure. There was no reference to lack of accessible toilets for patients with impaired mobility.

The registered manager must review the patient information leaflet to ensure compliance with the regulations.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist and practice manager, the practice team consisted of three dentists, one hygienist, four dental nurses, and a receptionist. We were informed that the practice manager was also a registered dental nurse and could provide cover in event of sickness.

We found the number and skill mix of staff were appropriate to deliver the dental services provided across the three surgeries. We were told agency staff were not used.

A practice whistleblowing policy was available for staff to guide them should the need arise. We found both the practice manager and registered manager to be open and approachable to staff. Staff members we spoke with appeared happy and felt supported by the leadership team.

The practice had an up-to-date recruitment and induction policy. An induction process was in place for new staff at the practice to help ensure they understood their roles and were aware of the practice policies and procedures. However, we saw that the induction records within staff files were neither signed by the supervisor or staff member as agreement that the competencies were checked and met.

The registered manager must ensure induction records are appropriately signed off when completed.

We reviewed the employment files of staff working at the practice. We saw that staff had annual appraisals and found evidence of compliance with their professional obligations including valid Disclosure and Barring Service (DBS) certificates and current registration with the General Dental Council (GDC). We were told compliance with GDC registration requirements was monitored by the practice manager.

In general, compliance with mandatory staff training was good and was accessed via an online service, with records held at the office. We saw that staff had attended training on a range of topics relevant to their roles within the practice.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including a suggestions box and via social media. The practice also sends automated email to patients requesting feedback following a course of treatment.

We were told that feedback is reviewed and considered at team meetings. We found the practice had instigated several improvements as a result, including higher seating in the patient waiting area. However, the practice did not have a method to communicate to patients any changes made as a result of their suggestions.

We recommend the registered manager put in place a ‘You said, we did’ display or similar.

We saw an up-to-date written complaints procedure was in place for managing complaints about dental care provided at the practice. The procedure stated the expected response timescale and included the details of the complaints manager. HIW contact information and details of other organisations that patients could approach for help and support was included.

Most respondents who answered the question told us they had been given information on how the practice would resolve any concerns / complaints post-treatment.

Complaints were recorded and managed via a complaints folder. We found the resolution process documented throughout with all incidents resolved within the stated timescales.

We saw the practice had a Duty of Candour policy. However, this was extremely brief and did not provide sufficient guidance nor adequately set out staff responsibilities. In addition, the practice confirmed that Duty of Candour training had not been completed by staff. To date, there has been no incidents where Duty of Candour has been exercised.

The registered manager must ensure the Duty of Candour policy is updated in line with the Duty of Candour guidance.

We recommend the registered manager ensures all staff complete Duty of Candour training and understand their roles in meeting the standards. The practice is to provide HIW with evidence of this when completed.

Information

Information Governance and Digital Technology

We saw the practice had a General Data Protection Regulation (GDPR) file containing up-to-date data protection, information security and confidentiality policies.

Significant events and patient safety information would be recorded in the practice accident book and on the practice health and safety app. Patient safety information would also be shared with staff via this app, while we were told the wider NHS would be informed via email. We were told that the practice did not have a secure portal link to the wider NHS.

The registered manager must implement a method where information can be shared securely with the wider NHS while upholding data security obligations.

We were told patient safety incident information would form part of the practice Quality Assurance Self-assessment (QAS) process to help improve the quality of the service.

Learning, Improvement and Research

Quality Improvement Activities

We saw evidence of a programme of clinical audits including the Welsh Technical Health Memorandum (WHTM) 01-05 decontamination audit, antibiotic prescribing and annual clinical records audits. The purchase of orthopantomogram (OPT) machine, Cone Beam CT scan (CBCT) and dental microscope demonstrates positive response to service quality audits with an aim to develop and improve services provided.

However, we found the practice did not have a quality improvement policy in place as part of its quality assessment and monitoring obligations. Furthermore, we did not see evidence of any peer review of clinical staff taking place. The practice should consider commencing a peer review process for clinical staff to help ensure standards are met and promote quality improvement.

We recommend the registered manager develops a quality improvement policy.

Whole Systems Approach

Partnership Working and Development

We were told the practice was not part of a local health care cluster, although it was involved in the local health board out of hours rota.

Suitable arrangements were described for engagement between the practice and other services, and we saw evidence in the patient records that confirmed referrals to other healthcare services were appropriate, timely and followed up.

The practice engages with the NHS Compass quality management system to support development and implementation of practice improvements.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found midazolam as part of the emergency equipment was not locked away securely.	Patients and visitors could potentially access controlled drugs as this was in a public area.	We raised this immediately with senior staff.	Midazolam was moved during visit to a locked cupboard. All staff notified of new location to ensure access in the event of an emergency.

Appendix B - Immediate improvement plan

Service: Parklands Dental Practice

Date of inspection: 10 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
No further immediate improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: Parklands Dental Practice

Date of inspection: 10 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
We found patient information contained within a folder in the patient waiting area. This would allow only one patient access to the information at any one time.	We recommend the registered manager makes patient information readily available in a way that all patients may access it.	Person Centred - Health Promotion Regulation 13(1)(a) & (9)(a) - The Private Dentistry (Wales) Regulations 2017.	Information available in the patient handbook is also displayed on the waiting room wall and available on our website. The patient handbook contains multiple copies of policies for patients to take if required. Patient information leaflets have been taken out of the handbook and are	Katy Davies	Completed

			readily available on the side.		
For any patients whose first language was not English or Welsh, there was no translation service in place.	We recommend the registered manager implements an appropriate translation service for patients requiring other languages.	Quality Standard - Equitable	We have not found ourselves in need of a translation service before however we are now aware of 'Language Line' and how to access for future reference.	Katy Davies	Completed
There were no lockers available for staff to store their belongings securely.	The registered manager must improve storage facilities for staff personal belongings.	Regulation 22(3)(b) - The Private Dentistry (Wales) Regulations 2017.	We have now purchased lockers and they have been installed in the staff room.	Sam Thomas	Completed
Whilst we saw schedules indicating regular in-house fire risk assessments were completed, these were rudimentary and did not contain much detail. HIW were not assured that the process was robust	The registered manager must ensure an appropriate fire safety risk assessment is carried out and supply HIW with a copy when completed.	Regulation 22(4)(f) - The Private Dentistry (Wales) Regulations 2017.	External fire risk assessment was arranged during the inspection and was carried out 2 days later, a copy of the fire risk assessment has been forwarded to HIW.	Katy Davies	Completed

<p>enough, or the document had sufficient scope, to constitute a satisfactory fire safety risk assessment.</p>					
<p>We found the waiting area seating was covered in fabric which may impact effective cleaning.</p>	<p>We recommend the registered manager change the seating material used in the waiting area to enable effective infection prevention and control procedures.</p>	<p>Regulation 13(6)(b)(iii) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>The arms of the chairs are metal, cleaned using antibacterial solution, the fabric seating is cleaned using antibacterial upholstery cleaner.</p>	<p>Katy Davies</p>	<p>We will look into alternative options when the reception renovation is carried out, scheduled for Autumn 2024</p>
<p>We saw soil tests for the ultrasonic bath were conducted monthly instead of weekly as indicated in the logbook.</p>	<p>We recommend the practice implements a system to conduct soil tests for the ultrasonic bath on a weekly basis.</p>	<p>Regulation 13(3)(b) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Weekly soil testing now written into our testing schedule.</p>	<p>Sophie Guy</p>	<p>Completed</p>
<p>Testing and external validation as part of the</p>	<p>The registered manager must provide HIW with the scheme</p>	<p>Regulation 13(2)(a) - The Private Dentistry</p>	<p>External validation of the ultrasonic bath has</p>	<p>Katy Davies</p>	<p>Completed</p>

<p>scheme of maintenance for the ultrasonic bath was not available to inspect.</p>	<p>of maintenance inspection and validation certificate for the ultrasonic bath.</p>	<p>(Wales) Regulations 2017.</p>	<p>been carried out by Bowen Dental with no issues and certificate forwarded to HIW.</p>		
<p>We saw no evidence that the practice used recommended checklists to help prevent the risk of wrong tooth extraction.</p>	<p>We recommend the registered manager implements the use of recognised checklists to prevent wrong tooth extractions.</p>	<p>Quality Standard - Effective</p>	<p>Pre Extraction Checklists in paper format have always been readily available in each surgery and verbally carried out between dentist/nurse prior to every extraction. We have now also implemented a digital checklist on SOE.</p>	<p>Katy Davies</p>	<p>Completed</p>
<p>We identified some omissions in the patient records including one record of medical history missing and smoking cessation advice not always given.</p>	<p>The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.</p>	<p>Regulation 20(1)(a)(i) & (ii)- The Private Dentistry (Wales) Regulations (2017).</p>	<p>To continue checking medical histories at every appointment and smoking cessation has been incorporated into examinations.</p>	<p>Katy Davies</p>	<p>Completed</p>

<p>Patient language choice was not recorded in any of the records we reviewed. This could inhibit effective and individualised patient care.</p>	<p>The registered manager must ensure patients preferred choice of language is recorded within the patient records.</p>	<p>Regulation 13(1)(a) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Patient 'first language' is now recorded in all clinician notes at every examination.</p>	<p>Katy Davies</p>	<p>Completed</p>
<p>We saw minutes of the meetings were taken, however, there was no evidence of these being shared with staff members who may have been absent to ensure they were kept up to date with work related issues.</p>	<p>We recommend the practice manager implements a formal approach to recording meeting minutes and ensure these are shared with all staff to ensure they remain up to date with work related matters.</p>	<p>Quality Standard - Leadership</p>	<p>Regular staff meetings have always taken place and minutes recorded along with attendants initials in specific 'staff meeting' notebook available to all staff. Minutes are now signed and sent into staff whatsapp group.</p>	<p>Katy Davies</p>	<p>Completed</p>
<p>There was no risk management policy in place for the purpose of identifying, assessing and managing risks associated</p>	<p>The practice manager must ensure all required policies are in place in compliance with the regulations.</p>	<p>Regulation 8 - The Private Dentistry (Wales) Regulations 2017.</p>	<p>A full practice risk assessment was already in place and located in the practice handbook, this has now been adapted into a risk</p>	<p>Katy Davies</p>	<p>Completed</p>

with the operation of the practice.			management policy and forwarded to HIW.		
We noted several policy updates had only been signed by the practice manager 'on behalf of team' following meetings.	We recommend the registered manager implements a system to ensure all practice policies and any subsequent reviews are signed by each staff member to confirm the latest version has been read and understood. We recommend this consists of a policy register to include review dates and version history.	Regulation 8 (6) - The Private Dentistry (Wales) Regulations 2017.	Following the inspection we have registered with Apolline and all policies are now digitally stored with a read receipt feature to ensure all staff have acknowledged.	Katy Davies	Completed
The practice did not have a method to communicate to patients changes made as a result of suggestions made.	We recommend the registered manager put in place a 'You said, we did' display or similar.	Regulation 16(2)(c)- The Private Dentistry (Wales) Regulations 2017.	The practice has always taken on board patients suggestions, these include email reminders and online booking facility. Both were implemented as a result. Changes are documented in the annual Denplan patient	Katy Davies	Completed

			information letter. We will continue to ask for patient suggestions and going forward display these suggestions/changes on the practice screen in waiting area.		
We saw the practice had a Duty of Candour policy. However, this was extremely brief and did not provide sufficient guidance nor adequately set out staff responsibilities.	The registered manager must ensure the Duty of Candour policy is updated in line with the Duty of Candour guidance.	Quality Standard - Culture	The Duty of Candour Policy has been updated and forwarded to HIW.	Katy Davies	Completed
The practice confirmed that Duty of Candour training had not been completed by staff.	We recommend that the registered manager ensures Duty of Candour training is completed by all nursing staff and evidence of this be provided to HIW.	Regulation 8 (2)(a) - Training and Support - Duty of Candour (Wales) Regulations 2023	All staff have completed Duty of Candour training and a copy of their certificates have been forwarded to HIW.	Katy Davies	Completed
We were told that the practice did not have a	The registered manager must implement a method where	Quality Standard - Information	We have not found ourselves in this	Katy Davies	Completed

secure portal link to the wider NHS to share information securely.	information can be shared securely with the wider NHS while upholding data security obligations.		position before however we are aware of 'Datix and how to report and share incidents for any future reference.		
We found the practice did not have a quality improvement policy in place as part of its quality assessment and monitoring obligations.	We recommend the registered manager develops a quality improvement policy.	Quality Standard - Learning, Improvement and Research	Our existing 'Quality Assurance Policy' has been updated and adapted into a new 'Quality Improvement Policy' and a copy has been forwarded to HIW.	Katy Davies	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): Katy Davies
Job role: Practice Manager
Date: 16/05/2024