Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Mumbles Dental House

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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

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 Mumbled Dental House on 24 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 seven questionnaires were completed by patients or their carers and one was completed by a member of 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 patients were treated with dignity and respect by staff operating in a courteous and professional manner. Respondents to the HIW survey rated the service as 'very good' and all of the feedback we received was positive.

Patients told us that clinicians explained treatments in a manner which they could understand and they were given enough information to provide informed consent. The management of urgent care and cancellations were both suitable and we also saw reasonable adjustments in place to support staff and patients.

This is what we recommend the service can improve:

- The registered manager should improve the healthcare information available to patients.

This is what the service did well:

- All patient feedback was positive
- Patients were provided with dignified and respectful care by courteous clinicians.

Delivery of Safe and Effective Care

Overall summary:
The practice was in a good state of repair both internally and externally, with a suitable layout to provide safe and effective care to patients. While patient areas were finished to a high standard, we found areas to improve on the storage of staff personal belongings and the privacy of changing areas. Additionally, one surgery required repairs to the flooring. The practice had suitable policies and procedures in place for health, safety, and wellbeing, including recent risk assessments for fire safety and health and safety.

Infection prevention and control measures were mostly satisfactory, although improvements were needed in maintaining the cleanliness of the clinical drawers. Staff had access to personal protective equipment, and robust decontamination processes were observed. Medicines management policies were in place, although better disposal procedures for controlled drugs and removal of expired medicines were needed. Medical devices and equipment were managed effectively, with staff demonstrating confidence in using them. Radiographic treatments were managed safely, however, we did find gaps in patient records which required improvement.

This is what we recommend the service can improve:

- The registered manager must put in place a routine schedule of deep cleaning for all clinical areas
- The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.

This is what the service did well:

- The arrangements in place for safeguarding children and vulnerable adults were comprehensive
- Decontamination processes for reusable clinical equipment were robust.

Quality of Management and Leadership

Overall summary:
Clear management structures were evident and supported the effective running of Mumbles Dental House. Staff were friendly and polite with both patients and one another. The practice manager and principal dentist both told us they felt confident in their management roles and that they had the correct support in place for running the practice. We found areas to improve on the reference checks for long-standing staff members, however, newly appointed staff were all compliant with their professional requirements.

Systems in place for the collection of, and response to, feedback were comprehensive. Quality improvement activities were broadly in place, though we did find areas to improve in the audits being undertaken by the practice.

This is what we recommend the service can improve:

- The registered manager should undertake a team development exercise, utilising the support available to them
- The registered manager should align their infection control audits to those available for dental practices in Wales.

This is what the service did well:

- The staff we spoke with were engaging and told us they were happy working at Mumbles Dental House
- Staff training was managed robustly and comprehensive records kept.

3. What we found

Quality of Patient Experience

Patient feedback

HIW issued a questionnaire to obtain patient views on their care provided by Mumbles Dental House for the inspection in April 2024. In total, we received seven responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had seven responses.

Overall, the responses were positive. All respondents rated the service as 'very good'. One patient said:

> *"At my initial appointment I was very nervous & the staff were very reassuring, putting me at ease and fully explaining the treatment so I fully understood what was happening at each stage of the treatment."*

Person-centred

Health promotion and patient information
We saw the charges for dental care were prominently displayed at the reception desk alongside the names and General Dental Council (GDC) numbers of practitioners. The opening hours and emergency contact details for Mumbles Dental House were displayed on the front door.

We saw some information was available to patients in toilets regarding victim support and the Samaritans, however, we did not see information on display for patients on maintaining good oral health.

The registered manager should improve the healthcare information available to patients.

All respondents to the HIW patient questionnaire agreed that staff explained their oral health to them in a manner they could understand throughout their appointment. All patients also agreed they were provided with suitable aftercare instructions on how to maintain good oral health.

Dignified and respectful care
We found patients were provided with dignified and respectful care throughout their patient journey. Doors were closed and blinds drawn during appointments to

protect patient privacy when receiving treatments. The waiting area and reception were separated which prevent phone calls being overheard. Staff told us that confidential conversations would be held away from the reception desk and waiting area, if needed. We noted the GDC Codes of Practice on display at reception.

All of the patients that completed the HIW questionnaire said staff treated them with dignity and respect and they felt listened to by staff during their appointment.

Individualised care
All respondents to the HIW questionnaire stated they were involved as much as they wanted to be in the decisions about their treatment. All patients also stated they were given enough information to understand which treatment options were available, including information on the risks and benefits of those options.

All patients also agreed they were given suitable information on what to do in the event of an infection or emergency and how the setting would resolve any post-treatment concerns.

We saw the practice utilised a device which removed the clinical smell of the waiting areas and surgeries to support nervous patients attending for treatments.

Timely

Timely care
We found appropriate systems in place to ensure patients received timely care. Online booking was available, though most patients booked in person or over the telephone. Delays to appointments were managed by reception, in consultation with clinical staff, and communicated to patients in a timely manner. Patients were given the option to arrange an appointment on a different date. Staff told us that each clinician had different wait times between routine appointments, however, on average patients were usually waiting two weeks.

Emergency appointments were overseen by reception through a process of telephone triage and in consultation with a clinician. Emergency slots were kept at the end of each day for patients, and we saw appropriate arrangements in place for out of hours care to be provided for patients.

All patients told us they would find it easy to find an appointment when they needed one.

Equitable

Communication and language

We saw supportive arrangements in place to enable effective communication between clinicians and patients. A poster at reception allowed staff to establish the language of patients using visual aids. Online translation tools and language line were both used, where needed, to communicate with patients. Staff told us of examples where clinicians provided treatments through the medium of Arabic, tailored for the community they served. Documents were available in different formats, with more specialised documents provided upon request by patients.

Documentation was mainly available in English. However, we saw 'Iaith Gwaith' badges were worn by staff able to speak Welsh and treatments could be offered through the medium of Welsh.

Rights and equality

Policies were in place to support equality and diversity of patients and staff, demonstrating the practice commitment of supporting their rights. The practice zero tolerance policy outlined a robust approach to any form of harassment or discrimination towards staff or patients.

We saw a suitable means to support patients and staff with any reasonable adjustments required. We heard examples where those patients with limited mobility were offered appointments in a ground floor surgery and a ramp was arranged prior to their appointment. Transgender patients were appropriately supported in upholding their equality rights. Pronouns were captured on the patient records system, with patients actively offered the choice over the details recorded by the practice.

All the patients that responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service. All patients also stated the building was accessible.

Delivery of Safe and Effective Care

Safe

Risk management
We found the practice to be in good state of repair internally and externally and of a suitable size and layout to deliver safe and effective care to patients. The practice was set over three floors, with three surgeries and two appropriately sized waiting areas. Patient waiting areas and communal areas were all finished to a high standard. The lighting, heating, ventilation and signage were all satisfactory.

Staff told us they used internal messaging tools to communicate and we heard telephone lines working effectively. There were clean and suitably equipped toilets for staff and patients, including a ground floor toilet for those with accessibility requirements. We were informed that staff used a lockable staff room to change. However, on inspection of the lock this was broken and the staff room did not have secure lockers for staff to store their personal items.

The registered manager must consider the safe storage of staff personal belongings.

Of the three surgeries at the practice, one had recently been renovated while the two others had older cabinets and equipment in them. When we spoke with staff, they advised the practice was incrementally updating the equipment and cabinets in surgeries. We noted in one of the surgeries that the sealant between the flooring and skirting board was missing, which meant it could not be effectively cleaned.

The registered manager must ensure all flooring is able to be effectively cleaned.

All clinical equipment we inspected was in good condition and in sufficient numbers to enable effective decontamination between uses. Single-use items were used as appropriate.

Suitable policies and procedures were in place to support the health, safety and wellbeing of patients and staff. Recent risk assessments for fire safety and health and safety had been conducted, with a suitable business continuity policy also in place. On review of the fire safety equipment and information we found robust and comprehensive arrangements were in place in relation to fire safety. Fire safety equipment was all recently replaced, therefore, no maintenance records

were available for us to inspect. However, we saw the installation certification and the schedule for inspection by a contractor within a year of installation. Fire safety and no smoking signs were prominently displayed.

The practice employer liability insurance certificate and Health and Safety Executive poster were both on display.

Infection, prevention and control (IPC) and decontamination
Most areas of the practice were clean and well organised. However, we did find the drawer interiors in two of the surgeries had dust present and some items had fallen underneath the equipment holders. Although the clinical items within in these drawers were sealed in packaging and stored in equipment holders, we could not be assured that the clinical items for intra-oral use would not become contaminated by being stored in these conditions. We also noted that the cleaning schedules in place did not specify the requirement for deep cleaning of the drawers beneath the equipment holders.

The registered manager must ensure all areas of the practice are kept clean at all times.

The registered manager must put in place a routine schedule of deep cleaning for all clinical areas and commence deep cleaning in a timely manner.

All patients told us in their opinion the practice was ‘very clean’ and staff followed infection prevention control measures.

Staff had access to Personal Protective Equipment and hand hygiene facilities were suitable. Occupational health services were available for all staff and the procedures for sharps injuries were appropriate. We saw safer sharp devices were used to reduce the risk of injury.

We observed robust decontamination processes to ensure the correct cleaning and sterilisation of reusable equipment and impressions. The processes included manual cleaning, an ultrasonic bath and routinely serviced autoclave machines. Daily checks took place on these autoclave machines and the cycle records were reviewed on a weekly basis. We saw in staff records that all were appropriately trained.

We saw all waste was disposed of through a suitable contract and stored in an appropriate waste bin externally. However, the rear yard of the practice where waste was stored could be accessed by the public and the clinical waste storage bin was not appropriately secured. We highlighted this as a potential safety risk to staff.

The registered manager must ensure the security of all clinical waste.

The risk assessment for the Control of Substances Hazardous to Health (COSHH) was satisfactory. However, we found COSHH items which were being stored in a warm and confined space alongside the practice compressor. This posed a fire and chemical expose risk to staff and patients. We were told these items had been mistakenly stored here and this was not routine practice. The cupboard also did not have a lock and was directly off the patient waiting area. A paediatric patient could have accessed this cupboard if left unsupervised. These issues all posed an immediate risk to patient safety which HIW resolved on the day of the inspection, the details of which are at Appendix A.

The registered manager must ensure that all staff always follow the practice COSHH procedures.

Within this same cupboard we saw mops used for cleaning clinical spaces being left to dry within their buckets. This would not allow these mops to dry properly and potentially allow infectious materials to thrive.

The registered manager should leave mops to dry appropriately.

Medicines management
We noted a suitable policy for the obtaining, handling, use and safe keeping of medicines. Medicines were not routinely dispensed by staff, other than those used in an emergency. We found that any expired emergency medicines were disposed of at a local pharmacy, which included those scheduled as controlled drugs under misuse of drugs legislation. These disposed medicines were recorded on a checklist, however, staff told us that they received no receipts when disposing of controlled drugs. Receipting disposal would protect staff and prevent controlled drugs being lost, mislaid or subject to misuse.

The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.

When inspecting the storage of medicines within the drawers of two surgeries and in the practice storeroom, we located vials of expired Xylocaine 2%, a local anaesthetic. These vials were stored contrary to the practice policy and posed an immediate risk to patient safety. We instructed staff to remove all expired medicines from storage and clinical areas. We also instructed staff to undertake a check on all other medicines and equipment on the day of our inspection. These matters were dealt with during the inspection and are listed within Appendix A.

The registered manager must improve the checks conducted of medicines and equipment, in line with their medicines management policy.

Details of administered medicines were clearly recorded within patient records, which was supported by what patients told us.

We found satisfactory arrangements in place to ensure medical emergencies were safely and effectively managed. Staff records evidenced suitable qualifications in cardiopulmonary resuscitation and first aid. On inspection of the emergency equipment, all items were present, easily accessible and within their expiry dates. We noted weekly checks took place on all emergency equipment. We also saw prescription pads were securely stored as appropriate.

Safeguarding of children and adults
Comprehensive and up to date safeguarding policies and procedures were in place to promote and protect the welfare and safety of children and adults. The policy and procedures included contact details for local support services, identified an appointed safeguarding lead and incorporated the All-Wales Safeguarding Procedures. Staff told us they used the All-Wales Safeguarding Procedures application on their mobile devices to ensure they had the most up to date information.

We saw all staff were suitably trained in the safeguarding of children and adults. The staff we spoke with demonstrated a satisfactory understanding of safeguarding procedures and said they would feel supported if they were to raise a concern.

Management of medical devices and equipment
We saw the clinical equipment was fit for purpose, in good condition and safe. The reusable dental equipment was observed to be in good condition, handled safely and disinfected appropriately. The staff we spoke with were confident in using the equipment and the training records we inspected confirmed they had received suitable training for their roles.

We saw the practice radiation protection folder was up to date and suitable. On review of patient records, we found the clinical notes for radiographic treatments to be fully complete. Records also indicated patients, and where relevant their comforters, were appropriately informed of the risks and benefits of radiation and any exposures were correctly recorded. We noted the local rules were easily locatable. Staff training records indicated all staff were trained to an appropriate level in radiography.

Effective

Effective care

We found staff made a safe assessment and diagnosis of patients. Patient records evidenced treatments being provided according to clinical need, and following professional, regulatory and statutory guidance.

The clinical staff we spoke to demonstrated an understanding of their responsibilities whilst being aware of where to seek relevant professional advice, where necessary.

We saw appropriate use of clinical checklists such as the Local Safety Standards for Invasive Procedures (LocSSIPs).

Patient records

We reviewed a total of eight patient records which were stored within a suitable records management system, and in line with the General Data Protection Regulations. Patient records were processed in line with an appropriate records management policy.

Patient records were contemporaneous and broadly a complete picture of the care provided to patients. However, we identified the following areas which required the quality of the patient notes to be strengthened:

- Risk assessments based on cavities, perio, tooth wear and oral cancer were not recorded in any of the records
- No evidence was recorded that 'Delivering Better Oral Health' prevention has been implemented
- The recording of patient language preference and any actions taken in response to this preference were not recorded in any of the eight records.

The registered manager must ensure the language and communication needs of patients are recorded.

We reviewed a recently completed patient record audit which addressed the missing information and included the improvements practitioners will make to ensure records were kept complete.

The registered manager must continue to improve patient records so that appropriate oral health risk assessments and that 'Delivering Better Oral Health' prevention is fully implemented.

Patients responding to the HIW questionnaire confirmed their medical history was checked prior to any appointment taking place. All patients also agreed they provided informed consent prior to any treatments taking place. This was supported by the evidence we saw in patient records.

Quality of Management and Leadership

Leadership

Governance and leadership
We found a clear management structure in place to support the effective running of the practice. Staff meetings were held monthly and attended by all staff, with written notes made to inform staff who could not attend.

The staff we spoke to were engaging, knowledgeable and supportive with one another. Staff told us they had confidence in managers, with the lead dentist and practice owner explaining they had the correct support and training to undertake their leadership roles effectively.

The practice manager told us they had not undertaken any team development activity, such as those available through Health Education and Improvement Wales (HEIW).

The registered manager should consider undertaking a recognised team development exercise, utilising the support available to them.

The policies and records we reviewed showed clear review dates and were routinely updated. Policy changes were communicated to staff through meetings or written communication.

Workforce

Skilled and enabled workforce
We saw arrangements in place to ensure appropriate numbers of suitably qualified staff were working at the practice at all times. A digital system was in place to monitor the GDC registration for all clinicians. Robust arrangements were in place for inductions and appraisals, which were overseen by the practice manager in consultation with the principal dentist. All staff had a current and satisfactory appraisal on file.

We noted an appropriate whistleblowing policy was in place and staff told us they would be treated fairly if they raised a concern.

We reviewed a total of 6 out of the 11 staff records available and found comprehensive arrangements were in place to monitor staff compliance with training. We saw all training certificates were in place for all staff, with the exception of three new starters within the last month who all had courses booked

to attend within the next three months. The staff we spoke with felt they had the time to complete learning and development activity, with the practice manager explaining staff were given time to complete training on a routine basis.

Of the six staff records we reviewed, we saw good compliance with Disclosure and Barring Service checks and pre-employment checks. For new starters there was a robust system in place to check staff details prior to employment. However, we saw the staff files for two longer standing employees recruited prior to the current management team taking over did not have formal reference checks on file. We were told the two longer standing employees had worked at the practice for an extended period and informal checks on their character took place during the recent purchase of the practice.

The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.

Culture

People engagement, feedback and learning

Appropriate systems were in place for the recording and response to patient feedback. Feedback was requested via email, online reviews and through a trial text message system. Verbal feedback was also captured at the front desk and reported back to the practice manager. All patient feedback was discussed in the daily practice 'huddle' meetings and more formal monthly meetings for all staff. Feedback was published online, including testimonials, while any feedback requiring a response would be communicated to patients within the practice or online.

The complaints procedure aligned fully to Putting Things Right, and we saw evidence that patient complaints were responded to in a timely manner. The procedure was on display and included a named point of contact for patients. Verbal complaints were logged at reception and communicated to the practice manager. Points of contact were outlined within the complaints procedure for patients to escalate their concerns, including the Public Services Ombudsman, Llais and HIW. There were no complaints for us to review, however, we were assured by the process in place.

Learning, improvement and research

Quality improvement activities

We found the practice did have a quality improvement policy in place. We saw that clinical audits for patient records and radiographs took place routinely.

However, the quality improvement audits for decontamination and infection control were undertaken but would benefit from greater alignment to the existing frameworks that are available to private practices in Wales.

The registered manager should align their infection control audits to those available for private dental practices in Wales.

The practice had a low number of patients who smoked, therefore, the requirement for completion of a smoking cessation audit was less so. However, we recommended an annual audit takes place.

The registered manager should consider the completion of an annual smoking cessation audit.

The single principal dentist routinely undertook peer review through academia. A new associate dentist had joined the practice within the last few weeks and staff told us that peer reviews would commence between the practitioners once the new associate was fully in post.

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 COSHH items which were being stored in a warm and confined space alongside the practice compressor. This cupboard did also not have a lock and was directly off the patient waiting area.	This posed a fire and chemical exposure risk to staff and patients. A paediatric patient could have accessed this cupboard if left unsupervised.	This was brought immediately to the attention of the practice manager.	The items were removed from the cupboard and securely stored in a cupboard in another suitable area of the practice.
When inspecting the storage of medicines within the drawers of two surgeries and in the practice storeroom, we located vials of expired Xylocaine 2%, a local anaesthetic. These vials were stored in contrary to the practice	Expired anaesthetic could be used during patient treatment.	This was brought immediately to the attention of the lead dentist.	We instructed staff to remove all expired medicines from storage and clinical areas. We also instructed staff to undertake a check on all other medicines and equipment on the day of our inspection.

policy and posed an immediate risk to patient safety.			

Appendix B - Immediate improvement plan

Service: Mumbles Dental House

Date of inspection: 24 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 assurances were identified on this inspection.					

Appendix C - Improvement plan

Service: Mumbles Dental House

Date of inspection: 24 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.	We did not see information on display for patients on maintaining good oral health.	The registered manager should improve the healthcare information available to patients.	Private Dentistry (Wales) Regulations Section 13 (9)	Healthcare information posters and leaflets will be placed in both waiting areas.	Duncan Howells	July 2024
2.	We were informed that staff used a lockable staff room to change. However, on inspection of the lock this was broken and the staff room did not have secure lockers for staff to store their personal items.	The registered manager must consider the safe storage of staff personal belongings.	Section 22 (3) (b)	Staff room has moved location and now has a lockable door – staff also have boxes for their personal belongings	Duncan Howells	Implemented

3.	We noted in one of the surgeries that the sealant between the flooring and skirting board was missing, which meant it could not be effectively cleaned.	The registered manager must ensure all flooring is able to be effectively cleaned.	Section 13 (6) Section 22 (2) (b)	Organising a tradesman to come in and place sealant between flooring and skirting	Duncan	July 2024
4.	We found the drawer interiors in two of the surgeries had dust present and some items had fallen underneath the equipment holders. Although the clinical items within these drawers were sealed in packaging and stored in equipment holders, we could not be assured that the clinical items for intra-oral use would not become contaminated by	The registered manager must ensure all areas of the practice are kept clean at all times.	Section 13 (6)	Deep clean of all drawers to be implemented fortnightly, as part of our processes – all staff to ensure that no instruments or items fall behind equipment holders.	Duncan Howells	Implemented

	being stored in these conditions. We noted that the cleaning schedules in place did not specify the requirement for deep cleaning of the drawers beneath the equipment holders.	The registered manager must put in place a routine schedule of deep cleaning for all clinical areas and commence deep cleaning in a timely manner.	Section 8 (1) (m) Section 13 (6)			
5.	The rear yard of the practice where waste was stored could be accessed by the public and the clinical waste storage bin was not appropriately secured. We highlighted this as a potential safety risk to staff.	The registered manager must ensure the security of all clinical waste.	Section 22 (2)	Clinical waste bin to be chained and secured to fence for security purposes	Duncan Howells	August 2024
6.	We found COSHH items which were being stored in a warm and confined space alongside the practice compressor.	The registered manager must ensure that all staff always follow the practice COSHH procedures.	Section 22 (5) (b)	All COSHH items were removed from this cupboard on the day of the inspection, and staff have been informed of need to	Duncan Howells	Implemented

	This posed a fire and chemical expose risk to staff and patients. We were told these items had been mistakenly stored here and this was not routine practice. The cupboard also did not have a lock and was directly off the patient waiting area. A paediatric patient could have accessed this cupboard if left unsupervised.			keep COSHH items in a safe location.		
7.	We saw mops used for cleaning clinical spaces being left to dry within their buckets. This would not allow these mops to dry properly and potentially allow infectious materials to thrive.	The registered manager should leave mops to dry appropriately	Section 13 (6)	A mop stand has been ordered and will be set up once delivered	Duncan Howells	June 2024

8.	We found that any expired emergency medicines were disposed of at a local pharmacy, which included those scheduled as controlled drugs under misuse of drugs legislation. These disposed medicines were recorded on a checklist, however, staff told us that they received no receipts when disposing of controlled drugs. Receipting disposal would protect staff and prevent controlled drugs being lost, mislaid or subject to misuse.	The registered manager must maintain a robust audit trail when disposing of medicines, in particular controlled drugs.	Section 13 (4)	Ensuring that expired emergency medicine disposal is always receipted and receipts are kept in a locked cupboard.	Duncan Howells	At time of next expiration of emergency medicines
9.	When inspecting the storage of medicines within the drawers of	The registered manager must improve the checks conducted of medicines and	Section 13 (4)	Expiry dates are to be monitored on a monthly basis and	Duncan Howells	Implemented in checklists

	two surgeries and in the practice storeroom, we located vials of expired Xylocaine 2%, a local anaesthetic. These vials were stored contrary to the practice policy and posed an immediate risk to patient safety. We instructed staff to remove all expired medicines from storage and clinical areas. We also instructed staff to undertake a check on all other medicines and equipment on the day of our inspection.	equipment, in line with their medicines management policy.		during this check, all medicines and local anaesthetic are checked and disposed of if necessary		and staff informed
10.	We identified the following areas which required the quality of the patient notes to be strengthened:	The registered manager must continue to improve patient records so that appropriate oral health risk assessments and that 'Delivering Better Oral	Section 20 (1) (a)	During an audit dated February 2024 – we assessed patients clinical notes and found that risk assessments of	Duncan Howells	Implemented

	Risk assessments based on cavities, perio, tooth wear and oral cancer were not recorded in any of the records No evidence was recorded that 'Delivering Better Oral Health' prevention has been implemented.	Health' prevention is fully implemented.		cavities, perio, tooth wear and oral cancer were not recorded. This was then implemented immediately in February.		
11.	The recording of patient language preference and any actions taken in response to this preference were not recorded in any of the eight records.	The registered manager must ensure language and communication needs of patients are recorded.	Section 13 (1) (a)	As part of clinical notes, patient language preference is to be queried with each patient and then recorded accordingly.	Duncan Howells	Implemented
12.	The practice manager told us they had not undertaken any team development activity, such as those	The registered manager should consider undertaking a recognised team development exercise,		Maturity Matrix Dentistry – development activity will be completed by the team.	Duncan Howells	November 2024

	available through Health Education and Improvement Wales (HEIW).	utilising the support available to them.				
13.	We saw the staff files for two longer standing employees recruited prior to the current management team taking over did not have formal reference checks on file. We were told the two longer standing employees had worked at the practice for an extended period and informal checks on their character took place during the recent purchase of the practice.	The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre - employment check records.	Section 18	Risk mitigation forms completed and are present alongside an up to date DBS check	Duncan Howells	Implemented
14.	The quality improvement audits for decontamination	The registered manager should align their infection control audits to those	Section 16 (1)	We have been unable to gain access to the WHTM01-05 audit, and	Duncan Howells	Awaiting response, if we are able

	and infection control were undertaken but would benefit from greater alignment to the existing frameworks that are available to private practices in Wales.	available for dental practices in Wales.		are awaiting HEIW's response to see if private practices are able to gain access.		to gain access to the audit, we will complete in August 2024
15.	The practice had a low number of patients who smoked, therefore, the requirement for completion of a smoking cessation audit was less so. However, we recommended an annual audit takes place.	The registered manager should consider the completion of an annual smoking cessation audit.	Section 16 (1)	Smoking cessation audit to be completed annually.	Duncan Howells	September 2024

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): Duncan Howells

Job role: Practice Manager

Date: 19/06/2024