Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Cox and Hitchcock Dental Group, 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

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 Cox and Hitchcock Dental Group, Aneurin Bevan University Health Board on 02 July 2024.

Our team for the inspection comprised of two HIW Healthcare Inspectors 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 19 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 19 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 that staff were friendly and polite and treated patients with respect.

There was a limited amount of healthcare information available in the practice although patients said they were given enough information to understand the treatment options available and the associated risks and benefits of the treatment. There was very little information available in Welsh.

The practice tried to accommodate children with afterschool appointment times but did not allocate specific time periods or run additional sessions for NHS patients who work normal daytime hours. Children requiring emergency treatment would be seen on the same day.

There was an up-to-date equality and diversity policy in place, and all patients said they had not encountered any discrimination when accessing services.

This is what we recommend the service can improve:

- Implement the 'Active Offer' to provide services in Welsh
- Make information available in Welsh and other formats that consider people with reading difficulties
- Review the patient information leaflet to accurately reflect the parking availability near the practice.

This is what the service did well:

- Patient dignity upheld with surgery doors closed and windows covered
- One dentist is kept available to enable patients to access urgent emergency treatment
- Staff were able to communicate with patients in several languages including Punjabi, Hindi and Arabic.

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 cleaning reusable dental instruments and to safely transport instruments about the practice.

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.

Appropriate safeguarding policies and procedures were in place with a safeguarding lead appointed, although we did not see evidence of adult safeguarding training for one member of staff.

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

This is what we recommend the service can improve:

- Recommendations raised within the fire risk assessments are to be actioned
- Update the Infection Prevention and Control (IPC) file to comply with Welsh Health Technical Memorandum (WHTM) guidelines
- Recommended checklists are to be used to prevent wrong tooth extractions
- Ensure fire safety awareness training is completed by all staff.

This is what the service did well:

- Clean and comfortable areas for both staff and patients
- Safeguarding action flowcharts and relevant contact details for local contacts were available in each surgery
- Good level of trained first aid responder cover
- Evidence of regular checks of fire detection and safety equipment including regular drills.

Quality of Management and Leadership

Overall summary:
The management team appeared 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.

We found a good range of up-to-date policies and procedures in place that were easily accessible to staff. However, these required appropriate version control and not all were signed by staff to confirm they had read and understood them.

In general, compliance with mandatory staff training and professional obligations was good, although we did notice a few areas for improvement.

We saw an appropriate recruitment and induction process in place. However, the recording of references for new employees to the practice was incomplete for some.

We saw evidence of a practice complaints process. However, this was not displayed where patients could easily view it. We found several versions which contained contradictory guidance, while other information was missing. The arrangements for dealing with complaints within the patient information leaflet was very limited.

This is what we recommend the service can improve:

- All staff to sign to confirm they have read and understood relevant practice policies
- References to be obtained for all new employees with any non-responses documented
- Ensure there is a process in place to regularly assess and monitor the quality of services provided.

This is what the service did well:

- Comprehensive staff handbook issued to all new employees
- There was an up-to-date data protection policy to ensure appropriate handling and storage of patient information.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 19 respondents rated the service as 'good' or 'very good.'

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

> *"My dentist books me appointments on days where he is able to see me downstairs."*
>
> *"Needed a bigger surgery."*
>
> *"No baby changing area."*

Person Centred

Health Promotion
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.

We saw limited healthcare information available in the reception and waiting areas and considered there was scope for additional information to be provided such as smoking cessation. The practice uses a digital display screen within the downstairs waiting area to provide patient information on a continual loop. We saw information about how to raise a complaint and price lists for both NHS and private treatments were also on display.

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

The names and General Dental Council (GDC) registration numbers for the current dental team were clearly displayed.

All respondents who answered the question agreed they had their oral health explained to them by staff in a way they could understand and agreed that staff had provided them with aftercare instructions on how to maintain good oral health.

We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises, in accordance with current legislation.

Dignified and Respectful Care
We found that staff were friendly and polite and treated patients with kindness and respect. Doors to surgeries were closed when dentists were seeing patients and opaque film and blinds were installed on the surgery windows ensuring patient privacy and dignity. We saw that all staff had signed a confidentiality agreement as part of the induction process.

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. We noted this was very busy at various times throughout the day. A second, quieter waiting area was located upstairs. Reception staff understood the need to maintain confidentiality when dealing with patients. We were told sensitive phone calls and confidential patient discussions would be held either in a spare surgery or in the management office located on the first floor.

The GDC core ethical principles of practice were not on display in an area where it could be easily seen by patients. We raised this with the practice manager who rectified the matter during the inspection.

Individualised care
All respondents who completed a HIW patient questionnaire agreed there was enough information given to understand the treatment options available, that staff explained what they were doing throughout the appointment and that staff had answered their questions.

All respondents who answered the question said they were given enough information to understand the risks and benefits associated with those treatment options and had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We were told reception staff would let patients know should there be a delay in them being seen at their appointment time. Where delays were lengthy patients would be given the option of waiting or re-schedule their appointment.

The practice currently arranges appointments by telephone, or in person at reception. There was no online appointment booking facility available to patients at the practice. We were told patients generally had to wait about four to six weeks between each treatment appointment depending on the urgency and type of treatment.

We were told that one dentist is kept available to enable patients to access urgent emergency treatment and deal with non-registered patients. Additional slots were also kept available on one day in the week. We were told that children would always be prioritised to be seen on the same day.

We were told the practice utilised their later appointment slots for school children. They did not prioritise or run additional appointments outside of their core hours for NHS patients who work during the daytime. Private patients were offered either later or Saturday appointments which were available at one of the sister practices.

All respondents said it was ‘very easy’ or ‘fairly easy’ to get an appointment when they need one.

The practice’s opening hours and out of hours contact telephone number were prominently displayed and could be seen from outside the premises. Out of hours contact information was also available on the practice answerphone service and within the patient information leaflet. Despite this, four of the respondents to the HIW questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.

We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.

Equitable

Communication and Language

While there was written information displayed in the practice, there was very little available in Welsh. We were told that documents could be made available in other

languages on request. However, we could not see any information displayed to advise patients of this. We also found there were no leaflets available in alternative 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 will make information available in Welsh and other formats that benefit patients with reading difficulties.

We were told that no staff members currently spoke Welsh at the practice and they were unaware of the 'Active Offer' of providing care in the Welsh language. We found the practice answerphone service was in English only and discussed considering implementing a bilingual answerphone service. We were told that due to the location of the practice, there was a need for staff to speak minority ethnic languages rather than Welsh and that they had staff who were able to communicate in Punjabi, Hindi and Arabic. We were told a translation service would be offered to patients who need to speak in another language if necessary.

One respondent who completed the HIW patient questionnaire indicated their preferred language as Welsh but confirmed that they had not been actively offered the opportunity to speak Welsh.

The registered manager is required to provide HIW with details of the action taken to implement the 'Active Offer'.

We were told that appointments could be made either in-person at reception or by telephone, ensuring patients without digital access could arrange treatment. Private patients were able to make appointment using the practice's on-line booking facility.

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 appropriate and up-to-date equality, inclusion and diversity policy in place. There was also a harassment policy with suitable procedures for raising a complaint. During our inspection we saw numerous patients in reception of various ethnic backgrounds and felt staff were polite, professional and treated everyone with respect.

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 main entrance of the practice and level access via the side exit. However, both ramps featured a small lip which may hinder easy access for wheelchair users. We saw four surgeries along with reception and an accessible patient toilet on the ground floor with level flooring throughout. We found the accessible patient toilet to be clean, adequately stocked and decorated to a reasonable standard, although we did notice some peeling paint near the handwash basin. We were told that patients who have a disability are flagged on the practice information technology (IT) system and are allocated to a surgery on the ground floor.

We noted that the patient information leaflet states there is ample street parking available close to the practice. We felt this was not entirely accurate due to the numerous parking restrictions in the vicinity of the practice. Again, this may cause difficulties for patients with impaired mobility and wheelchair users.

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible. However, five respondents said the building was only partially accessible. Some comments received were:

> *"Not very wheelchair friendly."*
>
> *"Not great parking."*

We recommend the registered manager:

- **Reflects on the issues raised in this feedback to ensure patients are aware of the limited parking and potential access issues.**
- **Reviews the patient information leaflet to accurately reflect the parking availability near the practice.**

Delivery of Safe and Effective Care

Safe

Risk Management
We found the practice to be clean and comfortable with well-lit air conditioned treatment rooms located on both the ground and first floor. Internally, the environment was decorated and furnished to a good standard. Patient areas were visibly clean and free from clutter and hazards.

Externally, the building appeared recently renovated and in sound condition. However, we noticed a leaking outlet pipe from one of the rear surgeries. We raised this with the practice manager who arranged for a contractor to rectify the matter during the inspection. Additionally, we found there was no building maintenance policy.

The registered manager must ensure a building maintenance policy is in place to ensure the premises are always fit for purpose.

There was a suitable 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. An approved health and safety poster was clearly displayed for staff to see and current employer's and public liability insurance was displayed. There were arrangements for staff to change in privacy and lockers available to store personal possessions. However, these were insufficient for the number of staff present each day.

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

We inspected the arrangements for fire safety and saw recorded evidence that fire safety drills were being conducted on a regular basis. Fire exits were suitably marked and free of obstructions and emergency lighting was subject to regular testing. There were numerous fire extinguishers located throughout the practice which were found to have been serviced within the last year. We saw a fire risk assessment had been completed which identified several issues that needed addressing. However, we found several of these recommendations had not been acted upon.

The registered manager must ensure that recommendations raised within the fire risk assessments are suitably resolved, and recorded as such, to protect the safety of staff and patients.

Our review of staff training records identified three staff members required fire safety awareness training.

The registered manager must arrange for remaining staff to complete fire safety awareness training and provide HIW evidence once completed.

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, with a designated infection control lead appointed. However, the policy contained a couple of references to Health Technical Memoranda (HTM) relevant to practices in England as opposed to the Welsh Health Technical Memorandum (WHTM).

The registered manager must review and update the IPC policy to comply with WHTM guidelines.

We saw cleaning schedules were in place to support effective cleaning routines. The dental surgeries were visibly clean and furnished to promote effective cleaning. Suitable handwashing and drying facilities were available in each surgery and in the toilets. Personal protective equipment (PPE) was readily available for staff to use.

All respondents who completed a patient questionnaire thought that in their opinion, the practice was 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 the decontamination room and the surgeries. Arrangements were demonstrated for cleaning and decontaminating reusable instruments. We saw appropriate checks of the decontamination equipment had been carried out and there was evidence that regular maintenance was completed. We found annual infection control audits were completed. However, these audits were in accordance with the HTM guidelines and not the Welsh Health Technical Memorandum (WHTM) 01-05.

The registered manager must conduct an audit of infection prevention and control and decontamination processes in line with Welsh Health Technical Memorandum (WHTM) 01-05.

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.

Medicines Management
We saw an up-to-date policy was in place for the management of medicines at the practice. There were suitable processes in place for obtaining, storing, handling and disposal of drugs. Where relevant, we saw that any medicines administered were recorded in the patient notes.

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

We reviewed staff training records and found most staff working at the practice had completed resuscitation training within the last year. However, we could see no evidence of resuscitation training for a member of clinical staff.

The registered manager must ensure that all staff complete resuscitation training and provide evidence to HIW when completed.

Equipment and medicines for use in the event of an emergency were inspected. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. We saw a suitable system in place for managing the stock of medicines and found all were in date.

The first aid kit was available and found to be in order. We found that the practice had an appointed six trained first aiders to ensure there was cover in the event of holidays and 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.

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment. There was evidence of regular servicing and that the required maintenance and testing had been carried out. We found an up-to-date radiation risk assessment was in place and local rules were available for staff to use.

We were advised that patients were given verbal advice regarding the risks and benefits of X-rays. We found clinical evaluations, justifications and quality grading for each X-ray exposure were noted in patient records.

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.

We saw a quality assurance programme in place in relation to X-rays covering accidental exposure and dose levels. Whilst we saw that radiography audits were conducted every six months, we found some did not have reflections and outcomes which made it difficult to assess the result and value of the exercise.

The registered manager must ensure that outcomes are extracted from radiography audits to enable the practice to assess, monitor and improve the quality and safety of their X-ray processes.

Safeguarding of Children and Adults

We saw suitable 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 in each surgery 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. Most staff had up-to-date safeguarding training to an appropriate level, appeared knowledgeable about the subject and knew who to contact in event of a concern. However, our review of records indicated up-to-date safeguarding training was required for one member of staff.

The registered manager must ensure that all staff complete safeguarding training and provide evidence to HIW when completed.

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 found the practice did not use recommended checklists to minimise the risk of wrong tooth extraction.

The registered manager must ensure recommended checklists are used to prevent wrong tooth extractions.

All patients who answered the questionnaire said they received adequate guidance on what to do and who to contact in the event of an infection or emergency.

Patient Records
We found a suitable system was in place to help ensure records were safely managed and stored securely. There was a comprehensive consent policy that ensured the rights of patient who lack capacity were upheld. We were told 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. All records reviewed contained the previous dental history with oral hygiene and diet advice marked as provided.

We saw evidence of full base charting, soft tissue examination and that treatment options were noted. All records indicated that informed consent was obtained and that recall was in accordance with NICE guidelines.

However, we identified some omissions in the records. Whilst the records showed initial medical history and updates mostly recorded, there were some records where this information was missing. We also found smoking cessation advice was not recorded as given where appropriate in one record. We noted that oral cancer screening had not been recorded in any of the patient records we reviewed.

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

In addition, we saw that patient language choice was not recorded in any of the records we reviewed, and there was no evidence of what action was taken to address any language need. This could inhibit effective and individualised patient care.

The registered manager must ensure patients preferred choice of language and action taken to address any language needs are 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 an apparent surplus of clinicians for the services provided. If there are urgent cancer referrals the practice manager directly contacts the surgery and followed up progress to ensure they had been seen at the hospital. We found five therapists were employed to provide additional treatment options to patients.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were being used efficiently with urgent dental care being accommodated with the use of a dedicated dentist throughout the week.

Quality of Management and Leadership

Leadership

Governance and Leadership
The practice is a partnership practice with several sister practices located around South-East Wales. Day-to-day operations of the practice were run by the practice manager based at the setting with support from the group practice manager. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team including staff meetings and daily huddles. We saw minutes of the formal meetings were taken and made available for staff who were absent 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 and that staff had signed to confirm they had read and understood the original version. The sample of policies we saw showed they had been subject to recent review. However, we found there was no robust system to demonstrate that staff had seen and read the updated policies and most lacked version control.

The registered manager must ensure that:

- **All staff have read and understood relevant practice policies to ensure compliance with practice processes**
- **Provide HIW with evidence once completed**
- **All policies contain version history, review dates and person responsible for reviewing the procedure.**

Workforce

Skilled and Enabled Workforce
In addition to the management team, the practice team consisted of six dentists, five therapists, ten dental nurses, five trainee nurses, a decontamination nurse and two receptionists. We found the number and skill mix of staff surpassed the dental services provided. We were told the practice did not use temporary or agency.

We were told compliance with GDC registration requirements was monitored by senior staff. A practice whistleblowing policy was available for staff to guide them

should the need arise. We found that both the practice manager and registered manager appeared to be open and approachable to staff, with regular interactions seen throughout our inspection.

The practice had a staff handbook which contained guidance and advice for newly employed staff including grievance and disciplinary processes. We found 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.

We reviewed the files of staff working at the practice. There was evidence that immunisations were completed and we saw Disclosure and Barring Service (DBS) checks were either in place or pending completion. All contained job descriptions and contracts or terms of employment. We saw that the staff handbook informed staff of the need to report any convictions or offences. However, we found there were a few outstanding written references for the employees we reviewed.

The registered manager must ensure that relevant references are obtained for all new staff employed and that evidence of the references is kept on file. We recommend all non-responses are documented.

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

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, patient satisfaction surveys and online reviews.

We were told that there was very little written feedback, therefore there was no analysis carried out. Most feedback was obtained from online sources which is monitored and reviewed and discussed via staff WhatsApp groups. We were told that the practice utilised a staff member on long term leave to assist with phone calls whenever available.

We saw a written complaints procedure was in place for managing complaints about dental care provided at the practice. Whilst we saw a Putting Things Right poster on display, the practice complaints procedure was not on display for patients to see easily. In addition, HIW contact details were missing and there

were no references other organisations that patients could approach for help and support. The procedure stated the expected response timescale of ten days whilst an acknowledgment letter indicated 30 days. It was confirmed with senior staff that the latter timeframe was correct. Furthermore, we found another copy of the procedure on the practice website that indicated a different complaints manager to that held in the practice folder.

The registered manager must:

- **Review the practice complaints procedures to ensure they contain all relevant and correct information**
- **Ensure all complaints procedures available to patients contain the same information**
- **Display a copy of the complaints procedure where it can be easily seen by patients.**

The arrangements for dealing with complaints within the patient information leaflet was very limited and was difficult to find as it had no heading and was contained within another subject.

The registered manager must review the patient information leaflet to ensure it is fully compliant with the regulations.

All respondents who answered the question (15/19) told us they had been given information on how the practice would resolve any concerns / complaints post-treatment.

We reviewed several complaints and found the process documented throughout. No common trends were identified from the records inspected.

We saw the practice had a Duty of Candour policy which provided clear guidance and set out staff responsibilities. To date, there has been no incidents where Duty of Candour has been exercised.

Information

Information Governance and Digital Technology
Significant events and patient safety information would be recorded on the practice IT system and discussed at team meetings, although we were advised there had been no such incidents to date.

The practice had an up-to-date data protection policy to ensure appropriate handling and storage of patient information.

Learning, Improvement and Research

Quality Improvement Activities
The practice had appropriate policies in place as part of the practice quality improvement activities. We saw evidence of several clinical audits including radiography, antimicrobial and clinical records audits, the results of which were used to contribute to staff discussions.

Whilst there were good results from audits in general, they appeared to have been carried out on an ad-hoc basis. We discussed how the practice would likely benefit from a more structured audit schedule.

In addition to audits, to improve the quality of service we discussed how the practice would benefit from obtaining and evaluating staff views, patient feedback, assess daily and weekly testing results and analyse complaints and safety issues. We discussed analysis of telephone service as an example.

The registered manager must ensure there is a process in place to regularly assess and monitor the quality of services provided.

Whole Systems Approach

Partnership Working and Development
We were told that the practice is not part of a local health care cluster group. Suitable arrangements were described for engagement between the practice and other services such as safeguarding and general practitioners. All pharmacy requirements were arranged and co-ordinated via a designated pharmacy centrally located to all of the dental practices within the group.

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
No immediate non-compliance concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Cox and Hitchcock Dental Group

Date of inspection: 02 July 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 immediate improvements were identified on this inspection.					

Appendix C - Improvement plan

Service: Cox and Hitchcock Dental Group

Date of inspection: 02 July 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
Four of the respondents to the HIW questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem.	We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.	Quality Standard – Timely	Out of hours number is on answer message. It is also outside front entrance on name plate	SARAH REES	COMPLETED
There were no leaflets 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 will make information available in Welsh and other formats that benefit patients with reading difficulties.	Quality Standard - Equitable	More leaflets have been added to waiting rooms. Including large print and Welsh.	SARAH REES	COMPLETED

We were told that the practice was unaware of the 'Active Offer' of providing care in the Welsh language.	The registered manager is required to provide HIW with details of the action taken to implement the 'Active Offer'.	Quality Standard – Equitable	All staff know about Active offer. It will be made available for all interested staff.	SARAH REES	COMPLETED
Ramps into the practice featured a small lip which may hinder easy access for wheelchair users. Five respondents said the building was only partially accessible. A comment received stated: "Not very wheelchair friendly." The patient information leaflet states there is ample street parking available close to the practice. However, there were numerous parking	We recommend the registered manager: • Reflects on the issues raised in this feedback to ensure patients are aware of the limited parking and potential access issues. • Reviews the patient information leaflet to accurately reflect the parking availability near the practice.	Regulation 6 & Part 6 of Schedule 2 – The Private Dentistry (Wales) Regulations 2017.	Have arranged for our builder to come out and look at ramps. Patient information leaflet has been changed regarding parking.	SARAH REES SARAH REES	2 WEEKS TO BUILDER VISIT COMPLETED

restrictions in the vicinity of the practice.					
There was no buildings maintenance policy.	The registered manager must ensure a building maintenance policy is in place to ensure the premises are always fit for purpose.	Regulation 8(1)(c)	New policy has been made.	SARAH REES	COMPLETED
There were insufficient lockers for the number of staff present each day.	The registered manager must improve storage facilities for staff personal belongings.	Regulation 22(3)(b)	We have now ordered more staff lockers.	SARAH REES	3 WEEKS TO DELIVERY
We saw a fire risk assessment had been completed which identified several issues that needed addressing. However, we found several of these recommendations had not been acted upon.	The registered manager must ensure that recommendations raised within the fire risk assessments are suitably resolved, and recorded as such, to protect the safety of staff and patients.	Regulation 22(4)(a) & (f)	We have organized for our builder to change one of our internal doors.	SARAH REES	2 WEEKS TO BUILDER VISIT
Three staff members required fire safety awareness training.	The registered manager must arrange for remaining staff to complete fire safety awareness training and	Regulation 22(4)(c)	Three staff members have done this now. It is attached with report.	SARAH REES	COMPLETED

	provide HIW evidence once completed.				
We saw up-to-date infection prevention and control policy. However, the policy contained references to Health Technical Memoranda (HTM) relevant to practices in England NOT Wales (WHTM).	The registered manager must review and update the IPC policy to comply with WHTM guidelines.	Regulation 8(1)(m)	Updated to WHTM 01-05 policy.	SARAH REES	COMPLETED
We found annual infection control audits were completed. However, these audits were in accordance with the HTM guidelines and not the Welsh Health Technical Memorandum (WHTM) 01-05.	The registered manager must conduct an audit of infection prevention and control and decontamination processes in line with Welsh Health Technical Memorandum (WHTM) 01-05.	Regulation 16	We have contacted HEIW to arrange a new WHTM 01-05 audit	SARAH RES	AWAITING RESPONSE FROM HEIW
Resuscitation training was required for a member of clinical staff.	The registered manager must ensure that all staff complete resuscitation training and	Regulation 31(3)(a)	Staff member has now done this	SARAH REES	COMPLETED

	provide evidence to HIW when completed.				
Whilst we saw that radiography audits were conducted every six months, we found some did not have reflections and outcomes which made it difficult to assess the result and value of the exercise.	The registered manager must ensure that outcomes are extracted from radiography audits to enable the practice to assess, monitor and improve the quality and safety of their X-ray processes.	Regulation 16(2)(d)(ii) Regulation 7 - The Ionising Radiation (Medical Exposure) Regulations 2017.	We have updated this and gave our reflections on audit.	SARAH REES	COMPLETED
Our review of records indicated up-to-date safeguarding training was required for one member of staff.	The registered manager must ensure that all staff complete safeguarding training and provide evidence to HIW when completed.	Regulation 14(1)(b)	Staff member has now done this	SARAH REES	COMPLETED
We found the practice did not use recommended checklists to minimise the risk of wrong tooth extraction.	The registered manager must ensure recommended checklists are used to prevent wrong tooth extractions.	Quality Standard – Effective	These checklists were in surgery at time of inspection.	SARAH REES	COMPLETED

			We have made sure all staff know how to complete these. We will discuss this with our associates at there next meeting.		MEETING SCHEDULED FOR 2 WEEKS
We identified some omissions in the records including initial medical history and updates, smoking cessation advice and oral cancer screening had not been recorded.	The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulation 20(1)(a)(i) &(ii)	Tick boxes are being updated on our exact system. This will be addressed at our next associate meeting.	SARAH REES	2 WEEKS
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 and action taken to address any language needs are recorded within the patient records.	Regulation 13(1)(a)	Tick boxes are being updated on our exact system. This will be addressed at our next associate meeting.	SARAH REES	2 WEEKS
There was no robust system to demonstrate that staff had seen and read the updated policies	The registered manager must ensure that:	Regulation 8(6)	Policies are in the process of being updated and added to our compliance portal.	SARAH REES	6-8 WEEKS

and most lacked version control.	• All staff have read and understood relevant practice policies to ensure compliance with practice processes • Provide HIW with evidence once completed • All policies contain version history, review dates and person responsible for reviewing the procedure.		Staff will then be guided to the portal to read said policies The staff member than needs to tick to say they understand the document. A digital record will then be available to show staff members that have read and understand policy We will make sure that each policy has a version number and when this is updated by the responsible person. This will be signed and dated and updated with all staff.		
We found there were a few outstanding written references for the employee files we reviewed.	The registered manager must ensure that relevant references are obtained for all new staff employed and that evidence of the	Regulation 18(2)(e) & Part 1(3) of Schedule 3	We have asked all staff for 2 references to go into their personnel file.	SARAH REES	6-8 WEEKS

	references is kept on file. We recommend all non-responses are documented				
The practice complaints procedure was not on display for patients to see easily. In addition, HIW contact details were missing and there were no references other organisations that patients could approach for help and support. Response timescales and the name of the complaints manager varied across versions made available to patients.	The registered manager must: • Review the practice complaints procedures to ensure they contain all relevant and correct information • Ensure all complaints procedures available to patients contain the same information • Display a copy of the complaints procedure where it can be easily seen by patients.	Regulation 21	Complaints policy has now been reviewed and updated. We have also put a copy in our waiting areas for patients.	SARAH REES	COMPLETED
The arrangements for dealing with complaints within the patient information leaflet was very limited and was	The registered manager must review the patient information leaflet to ensure it is fully compliant with the regulations.	Regulation 6(1)	Practice leaflet has been changed.	SARAH REES	COMPLETED

difficult to find as it had no heading.			Complaints procedure has been added to practice leaflet.		
To improve the quality of services, we discussed how the practice would benefit from obtaining and evaluating staff views, patient feedback, assess daily and weekly testing results and analyse complaints and safety issues.	The registered manager must ensure there is a process in place to regularly assess and monitor the quality of services provided.	Regulation 16	We will now give out patient questionnaire forms, for patient to fill out. We will review these every 2 months. This will then be discussed in our practice meetings.	SARAH REES	COMPLETED 2 MONTHS TO REVIEW

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): **Sarah Rees**

Job role: **Group Practice Manager**

Date: **22.08.2024**