

General Dental Practice Inspection Report (Announced)

M Newland and Associates dental
practice, Cwm Taf Morgannwg
University Health Board

Inspection date: 16 July 2024

Publication date: 16 October 2024



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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	16
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection	20
Appendix B - Immediate improvement plan.....	22
Appendix C - Improvement plan	23

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 M Newland and Associates dental practice, Cwm Taf Morgannwg University Health Board on 16 July 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. A total of 44 were completed. 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:

We found the staff at M Newland and Associates dental practice were committed to providing a positive experience for their patients.

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

All respondents to the HIW questionnaire who provided an opinion rated the service as 'very good'. Comments included:

“Great dental practice, the staff are always kind polite and helpful. I am very lucky to be a patient here.”

“Excellent practice. Highly recommend treatment and staff.”

This is what the service did well:

- Pleasant, well-maintained environment
- Arrangements in place to maintain patient privacy and dignity
- Very good provision of information for patients.

Delivery of Safe and Effective Care

Overall summary:

The practice was well-maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised.

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

This is what we recommend the service can improve:

- Ensure an electrical installation test is carried out
- All staff should undertake regular fire safety training
- Ensure the disposal of medicines is documented.

This is what the service did well:

- Clinical areas were clean, well equipped and fit for purpose
- Appropriate arrangements in place to deal with medical emergencies
- Good arrangements were in place for the decontamination and sterilisation of equipment.

Quality of Management and Leadership

Overall summary:

The practice had good leadership and clear lines of accountability. There was an established team, that we observed working well together.

Regular staff meetings were being held to share information, and performance management of staff was done through annual appraisals.

This is what we recommend the service can improve:

- Have a policy to ensure the premises are fit for purpose
- Put systems in place to monitor and ensure compliance with training and regulatory requirements.

This is what the service did well:

- Good compliance with mandatory training for staff
- Comprehensive range of policies and procedures in place
- Robust processes in place for the recruitment and induction of staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient feedback

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

" The practice always helps with an appointment, and everyone is so friendly. It feels like family. We always feel cared for."

" At every point all staff are thoroughly professional, friendly and always go the extra mile to help in any situation."

"Professional and friendly. Always willing to help and give advice when needed. Try their best to get you in for an emergency appointment if needed - most times on the same day."

Person-centred

Health promotion and patient information

The practice had a good range of leaflets and posters on display providing information for patients. This included information about general and child-centred oral health, antibiotic use, oral cancer and the Assessment of Clinical Oral Risk and Need (ACORN). The patient information leaflet was noteworthy in being produced to a high standard, clearly displayed and available in English, Welsh and large print.

A 'no smoking' sign was clearly displayed, showing that the practice complied with the smoke-free premises legislation.

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

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

Dignified and respectful care

Doors to clinical areas were kept closed during treatment, to ensure patient privacy and dignity. Clinical areas with external windows were fitted with either blinds or obscured glass.

Treatment prices for both private and NHS treatment were displayed in the reception area.

The core ethical principles of practice, as set out by the General Dental Council (GDC) were not on display. This was highlighted to staff and was resolved during the inspection, with appropriate posters put on display.

The patient information leaflet included details of all staff and their role and qualifications. The leaflet included the GDC registration numbers for the two dentists but not the other staff. We advised that the GDC numbers for all staff be made available to patients, and this was resolved during the inspection with an appropriate poster put on display.

All respondents to the HIW questionnaire who provided an opinion felt that that staff treated them with dignity and respect.

Individualised care

The practice had a well-established team and staff told us that this helped them to recognise the individual needs of their patients.

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

All respondents to the HIW questionnaire who provided an opinion said that staff gave them enough information to understand which treatment options were available, and the risks and benefits of these.

Timely

Timely care

Staff told us that an instant messaging system was in place for those working in surgeries to update reception staff about any delays. Patients would then be updated verbally and given the option to re-book their appointment if desired.

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

Staff told us that emergency appointments were routinely scheduled but slots were assigned for emergency patients accessing treatment through the NHS 111 system. Cancellations were actively offered to patients on a waiting list.

Reception staff were trained dental nurses and prioritised emergency appointments based on patient symptoms and clinical need.

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

Equitable

Communication and language

A limited ‘Active Offer’ of Welsh was provided at the practice. Some patient information was provided bilingually. We were greeted in Welsh on arrival and were told that one member of staff spoke Welsh with others having some basic understanding. Staff told us that ‘iaith gwaith’ lanyards were available to staff, but none were seen during the inspection.

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

Rights and equality

The practice had an ‘Equal opportunities policy’ for staff and an ‘Equality and Diversity Policy’ for patients. Both included references to the protected characteristics as noted in the Equality Act.

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

We saw that some provision had been made to accommodate wheelchair users and patients with mobility difficulties. There was one surgery downstairs, and staff told us that patients with a need or preference for the downstairs surgery would be accommodated. The patient toilet was upstairs and therefore not accessible for wheelchair users. Patients with hearing difficulties were aided by a hearing loop.

Delivery of Safe and Effective Care

Safe

Risk management

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

Staff told us that building maintenance was carried out as required. However, there was no policy for ensuring the premises were fit for purpose.

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

We reviewed documents relating to Health and Safety (H&S) and found that a H&S policy was in place along with a comprehensive H&S risk assessment, which was reviewed annually.

We saw evidence of up-to-date Portable Appliance Testing (PAT). Certificates were available showing that electrical installation testing had previously been carried out, but re-testing was overdue.

The registered manager must ensure that an electrical installation test is carried out.

We reviewed documents relating to fire safety and found there was an appropriate fire risk assessment, and records of regular checks and servicing of fire safety equipment. Escape routes were clearly signposted, and we saw evidence of regular fire drills having taken place. The practice had forms to record Personal Emergency Evacuation Plans (PEEPs) for patients with specific needs. Fire extinguishers were stored correctly and had been serviced regularly.

Staff did not have up-to-date training on fire safety, having been advised informally by a local fire safety officer that it was unlikely to be required. However, we clarified that this was a regulatory requirement. By talking to staff, we were assured that there was good awareness of fire safety at the practice and the training requirement was addressed during the inspection with staff being booked onto appropriate training.

The registered manager must ensure that staff undertake regular training on fire safety.

The practice had a 'Business continuity policy and disaster recovery strategy' and an 'Emergency contingency policy'. We recommended that a list of emergency contact numbers be made easily available to staff and this was resolved during the inspection, with an appropriate notice put on display.

The mixed-gender patient toilet was visibly clean, with suitable hand washing and drying facilities. We noted that there was no sanitary disposal unit. However, the registered manager confirmed that this had been addressed, shortly after the inspection.

Staff had access to lockable areas to change, and storage for personal belongings.

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

Infection, prevention and control (IPC) and decontamination

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

The waiting areas were carpeted, and seating was of fabric rather than wipe-clean material. We advised that to minimise the risk of cross-infection, robust measures for cleaning these areas should be specified in the cleaning procedures.

The registered manager must ensure that appropriate cleaning procedures be specified for the soft furnishings in patient waiting areas.

The procedures for processing, decontamination and sterilisation were appropriate and well understood. The downstairs surgery had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. Instruments used in the upstairs surgery were decontaminated within the surgery itself.

We recommend that a separate decontamination area serving the upstairs surgery, in line with WHTM 01-05 recommendations, be considered in planned improvements of the premises.

The practice had two autoclaves that were maintained and checked appropriately. One unit used a datalogger to show that they cleaning cycle had been carried out correctly. Staff told us that the other unit would display an error code if any aspect of the cycle had not been completed correctly.

The practice had measures in place to minimise the risk from sharps injuries. We recommended that the practice displayed a flow chart on how to deal with needle-stick injuries, with details about how to seek medical advice.

Information should be made readily available to staff on how to deal with needle-stick injuries, including contact details for seeking medical advice.

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

Medicines management

There were appropriate medication management policies and procedures in place. We recommended that these could be improved by logging in the surgeries which medications and other materials used in clinical procedures were used, so that batch numbers and expiry dates could be identified if needed.

We recommend that medication and materials used in clinical procedures be logged to enable tracking of batch numbers and expiry dates.

There was a designated medicine fridge available. However, the temperature was not recorded. We advised that the fridge temperature be recorded to ensure that medicines were being stored appropriately.

The registered manager must ensure that the temperature of the fridge used to store medicines is recorded daily.

Staff told us that expired or unused medicines were taken to a local pharmacy for disposal, but that no receipts were issued. We advised that evidence of disposal should be recorded and kept for audit purposes. Alternatively, the disposal of medicines could be added to the existing waste disposal contract.

The registered manager must ensure that records are available to show that expired or unused medicines have been disposed of appropriately.

We inspected the arrangements and equipment in place to deal with medical emergencies and found all equipment and procedures to be satisfactory. We reviewed a sample of staff training records and saw evidence of appropriate training in cardiopulmonary resuscitation (CPR). Two members of staff were trained first aiders.

Safeguarding of children and adults

We found that safeguarding policies and procedures were in place. Flow charts were available to staff, with appropriate contact details.

We reviewed staff training records and found staff to have up-to-date training in the safeguarding of children and vulnerable adults. The certificate for one member of staff had expired but we saw evidence that they were already booked onto a training course and assured this would be resolved shortly after the inspection. There was a designated safeguarding lead.

Staff were aware of the All Wales national safeguarding procedures and the safeguarding lead demonstrated they had downloaded the application onto their phone for ease of reference.

Management of medical devices and equipment

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

We saw that the practice had an inventory of X-ray equipment, records of maintenance and local rules in place. We reviewed staff training records and saw that staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R). The practice had appropriate protocols for examination of patients, clinical evaluation and quality assurance. We did not see information on display to advise patients about the benefits and risks of an X-ray examination.

We recommend that the registered manager puts information on display to advise patients about the benefits and risks of an X-ray examination.

We found that the contract with the Radiation Protection Advisor (RPA) had expired. We advised that this should be addressed as a matter of urgency and a new contract was put in place during the inspection.

Effective

Effective care

There were safe arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. Staff explained to us how they would obtain and follow professional guidance and advice when necessary.

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

Patient records

Patient records were held electronically and in line with a records management policy. Older, paper-based records were stored securely and in line with retention timescales.

We reviewed a sample of nine patient records and found good recording of clinical information.

Efficient

Efficient

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

Quality of Management and Leadership

Leadership

Governance and leadership

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

We saw evidence of team meetings taking place, with minutes recorded to ensure all staff were kept up to date. We were told staff had regular appraisals and saw evidence to this effect.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly. Some policies were signed by staff, but most were not. We recommended that staff be asked to sign that they had read and understood key policies.

A system should be implemented to record that staff have read and understood policies and procedures that are important to their role.

Workforce

Skilled and enabled workforce

Appropriate arrangements were in place for employing staff. We saw a Recruitment policy was in place, detailing the recruitment process and checks made on prospective employees. The checks included seeking references, proof of entitlement to work in UK, GDC registration, appropriate health screening and immunisation, checks using the Disclosure and Barring Service (DBS).

The practice had an induction programme for new staff, specific to roles with timescales and checklists.

We reviewed a sample of staff records and saw evidence that staff were registered with the GDC, covered by professional indemnity insurance, and that appropriate DBS checks had been carried out.

Compliance with mandatory training requirements was generally good. However, we recommended that use of a training matrix or similar system would ensure that training requirements were monitored and identified more easily.

The registered manager should ensure that a training matrix or similar system is implemented to monitor and identify staff training requirements.

Culture

People engagement, feedback and learning

Patient feedback was actively sought by the provision of a suggestion box, the use of feedback forms and patient satisfaction surveys.

We saw examples of patient satisfaction surveys having been carried out, the results analysed and summarised, and conclusions shared with staff.

Staff showed us examples of feedback from patients, including the following comments from one patient.

“Thank you all so much for the care, consideration and empathy shown to me when I visited. I was staggered to find that you had sourced a chair with arms for me. In the last two years I have been to many healthcare establishments, and no-one has listened to my concerns and indeed fear of not being able to get out of their reception chairs, but you did!”

The practice did not routinely advertise to patients that feedback had been acted upon.

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

There was a clear and comprehensive complaints procedure in place, with summary details being displayed. We recommended that the full procedure should be made easily available to patients. This was addressed immediately with copies printed and put in the patient waiting areas during the inspection.

The procedure included contact details, timescales for response and how to escalate the issue if required with details of HIW and the Ombudsman. We noted that the procedure did not reference LLAIS as an advocacy service for patients.

The registered manager must update the complaints procedure to include details for the advocacy service, LLAIS.

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

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

Information

Information governance and digital technology

The practice used electronic systems to manage patient records. Policies and procedures, and staff training records were kept as a combination of electronic and paper copies.

Learning, improvement and research

Quality improvement activities

There was a Quality Assurance Policy in place, stating that regular audits would be carried out to monitor and improve the service provided.

We saw evidence of various clinical and non-clinical audits having been carried out, including smoking cessation, the use of antibiotics, clinical recording, healthcare waste, disability access.

Whole-systems approach

Partnership working and development

Staff told us that interaction with system partners was typically by phone or email. Electronic systems used for referral of patients, and to access and monitor metrics (eDEN system).

4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The core ethical principles of practice, as set out by the General Dental Council (GDC) were not on display.	This is a regulatory requirement. Patients were not appropriately informed about the standards of care expected from GDC registration.	The issue was raised with staff during the inspection.	Appropriate posters were put on display during the inspection.
The GDC registration numbers of the two dentists were available to patients but not those of the other clinical staff.	GDC registration numbers for all staff should be available to assure patients that they are being treated by qualified clinical staff.	The issue was raised with staff during the inspection.	Appropriate posters were put on display during the inspection.

Staff did not have up-to-date training on fire safety.	Patients could not be assured that risks to their health and safety were managed appropriately.	The issue was raised with staff during the inspection.	The training requirement was addressed during the inspection with staff being booked onto appropriate training.
A list of emergency contact numbers was not easily available to staff.	Having key information to hand would assure patients that staff could respond to an emergency appropriately.	The issue was raised with staff during the inspection.	An appropriate contact list was put on display in the staff room during the inspection.
The mixed-gender patient toilet did not have a sanitary disposal unit.	Patients were not able to appropriately dispose of sanitary items, which could compromise their privacy and dignity.	The issue was raised with staff during the inspection.	The registered manager confirmed that this had been addressed, shortly after the inspection, and the patient toilet now had a sanitary disposal unit in place.
The contract with the Radiation Protection Advisor (RPA) had expired.	This is a regulatory requirement. Patients could not be assured that the X-ray equipment was safe to use.	The issue was raised with staff during the inspection.	A new contract was put in place during the inspection.
The full complaints procedure was not easily available to patients.	Patients wanting to raise a complaint did not have all the information easily available to them.	The issue was raised with staff during the inspection.	Copies of the full complaints procedure were printed and put in the patient waiting areas during the inspection.

Appendix B - Immediate improvement plan

Service: M Newland and Associates dental practice

Date of inspection: 16 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
1. No immediate non-compliance concerns were identified during this inspection.					

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

Service representative:

Name (print): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: M Newland and Associates dental practice

Date of inspection: 16 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
1. There was no policy for ensuring the premises were fit for purpose. This increases the risk of harm to patients, staff and visitors.	The registered manager must ensure that policies and procedures are in place to ensure the premises are fit for purpose.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(c)	We are in the process of creating a policy to ensure that our premises are fit for purpose.	Matthew Newland	To be completed by 24/10/2024
2. Electrical installation testing was overdue. This increases the risk of harm to patients, staff and visitors.	The registered manager must ensure that an electrical installation test is carried out.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(1)	Electrical installation testing being carried out by a certified electrician on 28/9/2024	Matthew Newland	To be completed 28/9/2024
3. Staff did not have up-to-date training on fire safety. This increases the risk of	The registered manager must ensure that staff undertake regular training on fire safety.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	Fire safety training has been completed by all staff (that hadn't	Matthew Newland	Completed 22/7/2024

	harm to patients, staff and visitors.			already completed it) - certificates logged		
4.	The cleaning procedures did not reflect the process to be followed to clean soft furnishings thus increasing the risk of cross infection.	The registered manager must ensure that the procedures specify actions to be taken for the cleaning of soft furnishings in patient waiting areas.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Soft furnishing disinfectant has been purchased. The practice cleaning policy has been updated to incorporate this. Plans are in place to recover or replace cloth covered chairs with wipeable chairs.	Matthew Newland Michelle Mordaunt	Completed 18/9/2024 Chairs to be recovered / replaced by 18/9/2025
5.	Instruments used in the upstairs surgery were decontaminated within the surgery itself. This increases the risk of cross infection.	A separate decontamination area serving the upstairs surgery should be considered during any planned improvements of the premises.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(3) and Welsh Health Technical Memorandum WHTM 01-05	We aim to address this in future with planned practice improvements. In the meantime, staff are aware of potential risks and risk assessments have been undertaken.	Matthew Newland	2028
6.	Information about dealing with needle-stick injuries, and how to seek medical advice	The registered manager must ensure that information about dealing with needle-stick injuries, including contact details for	The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)	Needlestick Policy and Procedure that was already kept in practice folder has been duplicated and	Matthew Newland Michelle Mordaunt	Completed 18/9/2024

	was not easily available to staff.	seeking medical advice, is made readily available to staff.		placed in both surgery folders for immediate use.		
7.	Batch numbers and expiry dates of medication and other materials used in clinical procedures used were not recorded in the surgeries.	The registered manager must ensure that the batch numbers and expiry dates of medication and other materials used in clinical procedures are recorded.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	Material log sheets have been added to each surgery folder and all staff have been made aware of the procedure.	Matthew Newland Michelle Mordaunt	Completed 18/9/2024
8.	The temperature of the fridge used to store medicines was not recorded. This could result in harm to patients.	The registered manager must ensure that the temperature of the fridge used to store medicines is recorded daily.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	A fridge thermometer has been purchased and log sheets started to record daily fridge temperatures. All staff have been made aware of the procedure.	Matthew Newland Michelle Mordaunt	Completed 18/9/2024
9.	Expired or unused medicines were taken to a local pharmacy for disposal, but no receipts were issued.	The registered manager must ensure that records are available to show that expired or unused medicines have been disposed of appropriately.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	(Unused) Medicine return slips have been created and all staff made aware of the new procedure	Matthew Newland Michelle Mordaunt	Completed 18/9/2024
10.	No information was on display to advise	The registered manager should ensure that	The Ionising Radiation (Medical Exposure)	Posters advising patients of the	Matthew Newland	22/9/2024

	patients about the benefits and risks of an X-ray examination.	information is on display to advise patients about the benefits and risks of an X-ray examination.	Regulations 2017, Schedule 2, 1(i)	benefits and risks of dental X-ray examination are now on display in the practice		
11.	Some policies were signed by staff, but most were not.	The registered manager must implement a system to record when staff have read and understood policies and procedures that are important to their role.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)	Staff always have access to all policies. An all relevant to role policies information sheet will be produced along with a central signature sheet.	Michelle Mordaunt	28/10/2024
12.	There was no system in place to ensure training requirements were monitored and identified	A training matrix or similar system should be implemented to monitor and identify staff training requirements.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)	All staff are (informed of and) aware of their training requirements. An excel spreadsheet has been developed as a more robust way of monitoring training needs and requirements.	Matthew Newland Michelle Mordaunt	18/9/2024 To be reviewed and updated by 28/10/2024
13.	The practice did not routinely advertise to patients that feedback had been acted upon.	The registered manager should ensure that patients are informed of actions taken in response to feedback, such as a 'you said, we did' poster.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(d)	A feedback notice has been placed on our information board. This will be updated as necessary.	Michelle Mordaunt	18/9/2024

14.	The complaints procedure did not reference LLAIS as an advocacy service for patients.	The registered manager should update the complaints procedure to include details for the advocacy service, LLAIS.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)	The complaints procedure and related information for patients have been updated to include details of the advocacy service, LLAIS	Matthew Newland	18/9/2024
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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): Matthew Newland

Job role: Principal Dentist

Date: 22/9/2024