

General Dental Practice Inspection Report (Announced)

The Courtyard Dental Care, Cardiff
and Vale University Health Board

Inspection date: 06 August 2024

Publication date: 06 November 2024



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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83625-832-2

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

Our purpose

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

Our values

We place people at the heart of what we do.
We are:

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of The Courtyard Dental Care, Cardiff and Vale University Health Board on 06 August 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 15 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 15 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 dignity and 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.

We were told NHS patients wait approximately six weeks between each treatment appointment. Appointment slots were available both in the morning and afternoon to accommodate emergency treatment requests.

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:

- Make information available in Welsh and other formats that consider people with reading difficulties.

This is what the service did well:

- Patient dignity was upheld with surgery doors closed and windows covered
- Patients were actively offered the opportunity to receive treatment in Welsh
- Visual prompts were worn by staff to indicate that they spoke Welsh
- Lunch breaks structured to provide continuous telephone cover
- Lift installed to provide access to upstairs treatment areas for patients with mobility impairment.

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 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. However, recording equipment for one autoclave and ultrasonic bath logbooks were missing.

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. All staff had completed up-to-date safeguarding training.

Dental records we reviewed were considered to be of good quality with a few points for improvement.

This is what we recommend the service can improve:

- Recommendations raised within the fire risk assessment are to be actioned
- To put in place a system to ensure staff remain up to date with fire safety awareness training
- Either install a recorder device to the non-vacuum autoclave or replace the equipment
- Ensure emergency equipment is checked and replace missing items and those items missing expiry dates.

This is what the service did well:

- Clean and comfortable areas for both staff and patients
- Gas and electrical safety inspections were all recently completed
- Needlestick procedures were readily available in each surgery
- Safeguarding training completed by all staff and appropriate processes in place.

Quality of Management and Leadership

Overall summary:

The management team appeared readily available for staff, and we found clear reporting lines for staff. Whilst there were several areas for improvement, we felt that it was an effectively run practice.

We found a good range of up-to-date policies and procedures in place. These had an appropriate review process and version control and 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 appropriate arrangements for staff recruitment in place. However, the induction process for new employees needed to be fully documented and signed off.

The practice had a quality assurance policy in place and we saw evidence of clinical audits the results of which contributed to staff discussions.

This is what the service did well:

- Good compliance with professional obligations
- 'You said, we did' notice on display in patient waiting area
- Suitable duty of candour policy in place and all staff trained on the subject
- Up-to-date data security 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 15 respondents rated the service as 'very good'.

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

"I have been a patient for 25 years and have always been extremely satisfied with my treatment. Dentist always explain things clearly and are reassuring. Practice is always very clean. Nurses and receptionist are helpful and friendly."

"Reception, nurses, dentists and all staff are 10/10. Greeted and left with a smile."

"Very helpful and always go above and beyond to get an appointment as promptly as possible."

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 found Welsh versions of the patient information leaflet were readily available.

Information about charges for both NHS and private treatments were on display. We were told patients would be provided with relevant health promotion advice when seen by the dentists and other dental care professionals working at the practice. However, 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 healthy eating.

The names and General Dental Council (GDC) registration numbers for the current dental team were 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 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 downstairs surgery windows ensuring patient privacy and dignity. There was an up-to-date confidentiality policy in place that all staff had signed and dated as read and understood.

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 busy at various times throughout the day. An additional reception and waiting area for private patients was located upstairs. We were told confidential patient discussions and phone calls would be held either in a spare surgery, or in the upstairs reception during quieter periods.

The GDC core ethical principles of practice were not on display where they 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 confirmed they had their medical history checked before treatment.

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

Most respondents (14/15) said that the charges were made clear prior to commencing treatment. The remaining respondent said the question was not applicable in their case.

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

“My recent treatments were conducted by (dentist and assistant) who I found attentive with compassion and understanding, very helpful.”

“The dentist I see is really knowledgeable, friendly helpful reassuring. The receptionist is polite, friendly and helpful.”

Timely

Timely Care

We were told reception staff would let patients know should there be a delay in being seen at their appointment time.

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 NHS patients wait approximately six weeks between each treatment appointment depending on the urgency and nature of treatment, whereas private patients would wait between two to three weeks.

We were told that the practice would aim to see all emergency calls within 24 hours. Reception staff would assess and prioritise the urgency, seeking clarification from a dentist where there were any doubts. Emergency slots were available both in the morning and afternoon to accommodate these requests.

The practice had structured their staff lunch breaks to provide telephone cover throughout the working day, and we were also told that treatments would continue through lunch times during busier periods.

All respondents said it was ‘very easy’ or ‘fairly easy’ to get an appointment when they need one. All respondents who felt it applicable said they received adequate guidance on what to do and who to contact in the event of an infection or emergency (13/15).

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, three 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 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 two staff members currently spoke Welsh at the practice and they were aware of the 'Active Offer' of providing care in the Welsh language. We saw appropriate 'Iaith Gwaith' visual prompts were worn to indicate to patients that they spoke Welsh. We suggested that additional signage in reception may be displayed to inform patients of this service.

A suitable translation service would be offered to patients who need to speak in another language if necessary. We found the practice answerphone service was in English only. The practice may wish to consider implementing a bilingual answerphone service.

One respondent who completed the HIW patient questionnaire indicated their preferred language as Welsh and confirmed that they had been actively offered the opportunity to speak Welsh during treatment.

We were told that appointments could be made either in-person at reception or by telephone, ensuring patients without digital access could arrange treatment.

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 and diversity policy in place. There was also a bullying and harassment policy with suitable procedures for raising a complaint. During our inspection we observed staff dealing with patients in a polite, professional manner and treated everyone with respect.

All respondents who answered the question (14/15) told us they had not faced discrimination when accessing services provided by the practice. The other respondent did not answer the question.

We saw ramp access into the main entrance of the practice. We saw 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. Private patients were directed to the waiting area and surgeries located upstairs. A lift was installed to aid access for private patients with mobility impairment. We saw service records to indicate this was well maintained.

We found suitable arrangements in place to ensure that the rights of transgender patients were upheld.

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible. Two respondents were unsure.

Delivery of Safe and Effective Care

Safe

Risk Management

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

Externally, the building appeared to be in sound condition and we found there was a suitable building maintenance policy to ensure this remained the case. We saw annual gas safety records, five yearly wiring inspection and Portable Appliance Testing (PAT) were all recently completed.

There was a suitable business continuity policy in place with relevant contact numbers and 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 and store their personal possessions. However, we noted the changing room window did not have blinds fitted. Whilst this room was on the first floor and without a direct view in from outside, the practice manager may wish to consider installing a blind to improve privacy for staff.

We inspected the fire safety arrangements and saw fire marshals were appointed, with fire safety drills conducted on a regular basis. There were numerous fire extinguishers located throughout the practice which were found to have been serviced within the last year. Fire exits were free of obstructions and emergency lighting was subject to regular testing. Whilst fire exits were signposted, we considered the practice would benefit from an additional fire exit sign next to the upstairs surgeries. This was raised with the senior management team who ordered a sign at the time of the inspection.

Whilst we were assured that a fire safety risk assessment had been carried out, as we were unable to locate a copy during the inspection, we were unable to verify the date and its relevance to the current structure of the practice. We raised this with the senior management team who arranged for a new fire risk assessment to be conducted. A copy of this report was submitted shortly following the inspection. We noted there were several recommendations raised within the report.

The registered manager must ensure that recommendations raised within the fire risk assessment are suitably resolved to protect the safety of staff and patients.

Our review of staff training records identified several staff members required fire safety awareness training. Again, this was raised with the senior management team who arranged for the relevant staff to complete the necessary training. Copies of their completed records were supplied to HIW shortly following the inspection.

The registered manager must put in place an effective system to ensure staff complete up-to-date fire safety awareness training in a timely manner.

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

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. We saw extensive cleaning schedules were in place to support effective cleaning practices.

The dental surgeries appeared clean and were suitably furnished to promote effective cleaning. Appropriate handwashing and drying facilities were available in each surgery, the decontamination area and in the toilets. Personal protective equipment (PPE) was readily available for staff to use. We saw suitable occupational support was available for staff and found procedures to be followed in the event of sharps injuries readily available in each of the surgeries.

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

There was a designated decontamination room at the practice with a suitable system in place to safely transport used instruments between the decontamination room and the surgeries. Appropriate arrangements were demonstrated for cleaning and decontaminating reusable instruments. We saw periodic tests of the decontamination equipment had been carried out and there was evidence that regular maintenance was completed. The practice had three autoclaves. However, we found that one of the three autoclaves did not have a recording device to record each cycle, although Time, Steam and Temperature (TST) strips were being used to mitigate this issue. We recommended that the registered manager stop

using this autoclave until a recorder or printer is fitted. Staff confirmed during the inspection that they would stop using this autoclave whilst inquiries were made to retrofit the recording device.

The registered manager must either install a recorder device to the non-vacuum autoclave or replace the equipment.

We were told the autoclave cycles on the remaining two machines were downloaded on a monthly basis. We advised that weekly downloads would be a more suitable period. We also found that although the required tests were completed for the ultrasonic baths, there were no logbooks available. We discussed these issues with senior management who created a logbook during the inspection.

We found annual infection control audits were completed. We were told that the practice had applied to undertake another audit in accordance the 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.

There were suitable arrangements for the storage and disposal of clinical waste.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. We found that no medicines were being stored at the practice other than emergency drugs. There was a suitable process in place for disposal of out-of-date emergency drugs. We saw that any medicines administered were recorded in the patient notes.

We were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice. We were told this could be made available to patients on request.

We inspected equipment and medicines for use in the event of an emergency at the practice. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. A suitable system was in place for checking stocks and identifying when medicines need to be replaced. We also saw records of checks having been completed, and confirmed all medicines were within their

expiry date. However, we found oropharyngeal airway size 0 and some of the five recommended sizes of clear face masks as part of emergency equipment were missing, whilst expiry dates on others could not be determined. We also found that expiry dates were missing for both adult and child inflating bags. We raised these issues with the senior management who ordered the missing items at the time of inspection.

Our concerns regarding this were dealt with at the time of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

The registered manager must:

- **Replace emergency items that were missing an expiry date to be assured that equipment can be used effectively in event of an emergency**
- **Ensure that the process of regular checks ensures the required emergency equipment is always available and provide HIW with evidence of this being completed.**

We found most staff working at the practice had completed resuscitation training within the last year. However, we could see no evidence of this training for the decontamination nurse.

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

The first aid kit was available and found to be in order. We found that the practice had an appointed two 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 saw a quality assurance programme in place in relation to X-rays covering accidental exposure and dose levels and noted that several radiography audits had been recently conducted.

We were advised that patients were given verbal advice regarding the risks and benefits of X-rays and this was recorded in the patient notes. We found clinical evaluations, justifications and quality grading for each X-ray exposure were noted in patient records. Carers were not permitted to support the patients during the radiographic examination in line with the practice radiation protection policy.

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 were told that agency nurses would have an induction to ensure they were trained in the practice processes and equipment, and that the practice tried to request the same nurses from the agency.

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 and contained relevant local safeguarding team contact details. The practice had a safeguarding lead appointed.

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. We were told that safeguarding updates were communicated to staff via team meetings and the practice WhatsApp group.

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. Relevant professional advice for staff was available via the practice owner who was also a dental foundation trainer.

The practice used recommended checklists to minimise the risk of wrong tooth extraction. These were found to be available in each surgery.

Patient Records

We found a suitable system was in place to help ensure patient records were safely managed and stored securely. There was an appropriate consent policy that ensured the rights of patients 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, diet and smoking cessation advice marked as provided.

We saw evidence of full base charting, soft tissue examination and that treatment planning and options, and baseline Basic Periodontal Examination (BPE) were recorded where appropriate. All records indicated that recall was in accordance with National Institute for Health and Care Excellence (NICE) guidelines.

However, we identified some omissions in the records. Whilst most records showed that informed consent was obtained and recorded, there was one record where this information was missing. We also noted that oral cancer screening had not been recorded in most 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 recording of patient language choice was inconsistent across the records we reviewed, and there was no evidence if any 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 therapists and hygienists employed at the practice.

In cases of urgent cancer referrals, the practice checks with patients to monitor progress and chase up referrals where contact has not been made in a timely manner.

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 daily emergency slots within the dental programme. The practice was also operating a short notice list to utilise any cancelled appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is a partnership owned practice located in Cardiff. Day-to-day operation of the practice was managed by the practice manager along with the two principal dentists and head nurses. We considered there to be effective governance and leadership in relation to the size of the service with clear lines of reporting described.

Suitable arrangements were described for sharing relevant information with the practice staff team including regular staff meetings and staff WhatsApp groups. 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 found a range of written policies were readily available to staff to support them in their roles and that all had been reviewed and signed by staff to confirm they had been read and understood. The practice maintained a well ordered register of policies to assist effective management of review dates and version control.

Workforce

Skilled and Enabled Workforce

In addition to the management team, the practice team consisted of three associate dentists, three hygienists, two therapists, two dental nurses, two trainee nurses, a decontamination nurse and two receptionists. We found the number and skill mix of staff sufficient for the dental services provided. We were told the practice used agency staff occasionally but did request that the same nurses be supplied each time.

The practice had a recruitment policy which detailed the process including conditional offers subject to satisfactory compliance with professional obligations. We were told GDC registration requirements was monitored by senior staff. We saw that the senior management team was open and approachable to staff, with regular interactions during our inspection. A practice whistleblowing policy was in place for staff.

A suitable induction process was described for new staff at the practice to help ensure they understood their roles and were aware of the practice policies and

procedures. However, this process was not fully documented and we saw no evidence that new staff were assessed and signed off as competent.

The registered manager must ensure the induction process is appropriately recorded and signed off when completed.

We reviewed the files of staff working at the practice. There was evidence that immunisations and Disclosure and Barring Service (DBS) checks were in place. All files contained job descriptions, employment contracts and written references for the employees.

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. Training was monitored by the practice manager. A staff handbook was available for all staff to refer to.

Culture

People Engagement, Feedback and Learning

Arrangements were described for seeking patient feedback about their experiences of using the practice. These included patient satisfaction surveys and online reviews. A suggestions box was in the reception enabling patients without digital access to leave feedback. We saw a 'You said, we did' notice displayed in the waiting area which kept patients informed of changes made as a result of their feedback.

We saw a written complaints procedure was in place for managing complaints about dental care provided at the practice. This indicated the name of the person responsible for handling complaints and the timescales for acknowledgment and resolution. A summarised copy was on display in Welsh and English. Putting Things Right information was put on display during the inspection at our request.

The arrangements for dealing with complaints was contained within the patient information leaflet. However, we found there was no reference to HIW as an option to make a complaint. We raised this with the practice manager who amended the patient information leaflet during the inspection.

All respondents who answered the question (12/15) told us they had been given information on how the practice would resolve any concerns or 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. This had been signed as read by all staff. We also saw that all staff had received training on this subject. To date, there has been no incidents which required the Duty of Candour process to be 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. We were advised there had been no such incidents to date.

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

Learning, Improvement and Research

Quality Improvement Activities

The practice had a quality assurance policy in place as part of the practice quality improvement activities. We saw evidence of several clinical audits including smoking cessation, radiography, antimicrobial and patient records audits, the results of which were used to contribute to staff discussions. We recommended senior management consider health and safety and disability access reviews as part of their upcoming programme of audits.

We were told the practice take part in peer review meetings with other local practices. We found the practice used appropriate quality improvement and team development tools including British Dental Association (BDA) good practice and Maturity Matrix Dentistry.

Whole Systems Approach

Partnership Working and Development

Senior management told us that they used NHS metrics as part of monthly clinical meetings with staff.

The practice is part of a local health care cluster group, meeting on a quarterly basis. Suitable arrangements were described for engagement between the practice and other services such as safeguarding, general practitioners and pharmacies. This helped to deliver better co-ordinated healthcare to promote the wellbeing of patients and the wider community.

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 were unable to locate a copy of the fire safety risk assessment during the inspection.	Staff and patients could be put at risk as fire hazards may not be identified and mitigated.	We raised this immediately with senior staff.	New fire risk assessment booked at time of inspection and completed shortly after.
We identified several staff members required fire safety awareness training.	Staff and patients could be put at risk in event of a fire.	We raised this immediately with senior staff.	Arrangements made during inspection for staff to complete training. Certificates supplied to HIW shortly following inspection.
Oropharyngeal airway size 0 and several sizes of clear face masks as part of emergency equipment were missing.	Staff and patients could be put at risk in event of an emergency.	We raised this immediately with senior staff.	Replacements were ordered during the inspection.

Appendix B - Immediate improvement plan

Service: The Courtyard Dental Care

Date of inspection: 06 August 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: The Courtyard Dental Care

Date of inspection: 06 August 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
Three 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	To survey patients to understand why 3/15 did not know how to access Out of Hours urgent care. To investigate use of tv screen in waiting room for displaying health care information.	AM	To complete by 31 st December 2024
There were no leaflets available in other formats, such as easy read or large font, that considered the needs of	The registered manager is required to provide HIW with details of how the practice will make information available in Welsh and other formats	Quality Standard - Equitable	To create leaflets and laminated posters in English and Welsh containing links to various resources for healthcare information including healthy eating and	AM	To complete by 31 st January 2025

patients with reading difficulties.	that benefit patients with reading difficulties.		smoking cessation in easy read format. The practice leaflet is already available in Welsh.		
We saw a fire risk assessment had been completed which identified several issues that needed addressing.	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)	Contractors including Fire safety company and carpenter booked in to address issues raised in fire safety report.	ER KP	To complete by 31 st December 2024
Fire safety awareness refresher training was overdue for several staff.	The registered manager must put in place an effective system to ensure staff complete up-to-date fire safety awareness training in a timely manner.	Regulation 22(4)(c)	Annual Fire safety training added to annual training log for each employee.	AM SD	Completed 7 th October 2024
We found that one of the three autoclaves did not have a recording device to record each cycle.	The registered manager must either install a recorder device to the non-	Regulation 13(3)(b) & (c)	Data logger added to third autoclave by contractor and data downloaded weekly.	AM	Completed 6 th September 2024

	vacuum autoclave or replace the equipment.				
We found oropharyngeal airway size 0 and some of the five recommended sizes of clear face masks as part of emergency equipment were missing. Also, we found expiry dates were missing on some clear face masks and both adult and child inflating bags as part of emergency equipment.	<p>The registered manager must:</p> <ul style="list-style-type: none"> • Replace emergency items that were missing an expiry date to be assured that equipment can be used effectively in event of an emergency. • Ensure that the process of regular checks ensures the required emergency equipment is always available and provide HIW with evidence of this being completed. 	Regulation 13(2)(a)	Ordered new set of masks size 0-4 on day of inspection and other items added to existing weekly expiry date log book for emergency equipment.	ER	Completed 13th August 2024
Resuscitation training was required for a member of staff.	The registered manager must ensure that all staff complete resuscitation	Regulation 31(3)(a)	One member of staff who works one day a week and new to the area was already	AM	Completed 29 th August 2024

	training and provide evidence to HIW when completed.		booked in for face to face training soon after the inspection on the first available course.		
<p>We identified some omissions in the records including:</p> <ul style="list-style-type: none"> • one instance where informed consent was not recorded • oral cancer screening had not been recorded in most 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.	Regulation 20(1)(a)(i) &(ii)	<p>All clinicians advised to add the words ‘oral cancer screening’ to their existing notes on soft tissue examination in future and the consent process to be fully documented.</p> <p>Note keeping audits to be continued on a regular basis and findings discussed with the team.</p>	ER KP	To be completed by 31 st December 2024
Patient language choice was inconsistently recorded. 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	Regulation 13(1)(a)	Any clinicians who were not doing so already to be reminded to enquire re language preference and add to notes in future and will be	ER	Completed 7 th October 2024

	needs are recorded within the patient records.		checked in note keeping audits on a regular basis		
The induction process was not fully documented and we saw no evidence that new staff were assessed and signed off as competent.	The registered manager must ensure the induction process is appropriately recorded and signed off when completed.	Regulation 17(3)(a)	The Induction process is fully documented using a BDA template. All new future employees will receive training outlined in the document and will be signed off as competent and dated.	AM SD	Completed 7 th October 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): Emyr Roberts, Katy Palmer-Morgan

Job role: Principal dentists and Owners

Date: 08/10/24