

General Dental Practice Inspection Report (Announced)

Calgary Dental Practice, Cardiff and
Vale 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.



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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 Calgary Dental Practice, Cardiff and Vale University Health Board on 20 August 2024.

Our team for the inspection comprised of a HIW senior 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 34 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:

The staff at the dental practice were committed to providing a positive experience for their patients. Patients provided positive feedback about the care and service provided by the practice. We found staff to be friendly and polite.

The practice attempted to accommodate patients regarding appointment times including some late-night appointments based on patient requirements as well as working on a Saturday.

Limited healthcare information was available in the practice, there was scope for additional information to be provided such as healthy lifestyle and more information in Welsh.

This is what we recommend the service can improve:

- The registered manager should improve the healthcare information available to patients
- Make more information available in Welsh.

This is what the service did well:

- Pleasant, well-maintained, and welcoming environment
- Patient feedback was positive
- Short waiting times between appointments.

Delivery of Safe and Effective Care

Overall summary:

The practice was in a good state of repair both internally and externally, with a suitable layout to provide safe and effective care to patients.

The practice had suitable policies and procedures in place for health, safety, and wellbeing, including recent risk assessments for fire safety and health and safety. The practice needed to ensure that the action plans as a result of these risk assessments need to be kept up-to-date, with the work carried out.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

Infection prevention and control measures were mostly satisfactory.

Medicines management policies were in place, although better disposal procedures for drugs and removal of expired emergency equipment were needed. Medical devices and equipment were managed effectively, with staff demonstrating confidence in using them. Whilst dental treatments were managed safely, we did find gaps in patient records which required improvement.

This is what we recommend the service can improve:

- Medicines management controls relating to recording of fridge temperatures and the disposal of medicines, emergency drugs and equipment
- Recording of information on dental treatments relating to consent, language and treatment plans
- Undertaking a radiation risk assessment.

This is what the service did well:

- The practice was clean, well equipped and fit for purpose
- Designated decontamination rooms
- Clinical equipment was safe and maintained appropriately
- The arrangements in place for safeguarding children and vulnerable adults.

Quality of Management and Leadership

Overall summary:

The practice had good clinical leadership and clear lines of accountability. The owner, who was also the principal dentist and practice manager demonstrated commitment to providing a high standard of care.

Staff were supported within their roles with documented evidence of regular appraisals taking place. In general, compliance with mandatory staff training and professional obligations was good. The day-to-day management of the practice was the responsibility of the registered managers, who we found to be very committed and dedicated to the role and the practice.

We identified regulatory breaches during this inspection regarding the recording of number of governance related issues. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non-compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

This is what we recommend the service can improve:

- Complete an up-to-date statement of purpose and patient information leaflet as required by regulations

- Ensure that the registered manager is registered with HIW
- Complete an annual return of the practice
- Display the complaint policy.

This is what the service did well:

- Ensured good training compliance and staff appraisals
- Well maintained staff files
- The duty of candour was well understood.

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

HIW issued a questionnaire to obtain patient views on the care at Calgary Dental Practice for the inspection in August 2024. In total, we received 34 responses from patients at this setting.

Overall, the respondents' comments were positive. All 34 respondents agreed the service provide at Calgary Dental Practice was 'very good'. Respondents told us:

“The standard of work is excellent. All staff professional and friendly.”

“Excellent service, friendly, lovely staff.”

“I moved from another practice, and I wouldn't look back. Best dental practice I have been too. Staff are wonderful. Times are great, honestly best move I have made, very professional and never had a bad appointment. Thank you.”

“Fab staff, very patient and understanding.”

Person-centred

Health promotion and patient information

We noted limited health promotion information was displayed in the patient waiting area. We were told patients would be provided with specific health promotion advice when seen by the dentists or other dental care professionals at the practice.

We recommend the registered manager improves the healthcare information available to patients.

Information about charges for both private and NHS treatments were displayed in the waiting area. We saw clear signage that indicated how to contact the practice out of hours.

In accordance with current legislation, signs were displayed notifying patients and visitors that smoking was not permitted on the premises. The names and General

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

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

Dignified and respectful care

There were arrangements in place to protect the privacy of patients, including areas for patients to have private conversations with staff. We found that the nine principles, as set out by the General Dental Council (GDC), was displayed in the reception.

The practice had a dental confidentiality policy and a dental consent policy that ensured that the patients' privacy and dignity was respected.

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

Individualised care

All but one patient who answered felt they received adequate guidance on what to do and who to contact in the event of an infection or emergency, and how the setting would resolve any concerns or complaints post-treatment.

All patients who answered agreed that there was enough information given to understand the treatment options available and, where applicable, all respondents said they were given enough information to understand the risks and benefits associated with those treatment options. All patients also said that they were involved as much they wanted to be in decisions about their treatment.

Timely

Timely care

There were appropriate systems in place to ensure patients received 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.

Staff told us that two emergency appointments were scheduled daily and that they prioritised emergency appointments based on patient symptoms and clinical need. However, children with trauma would always be accommodated.

We were told that the wait times between routine appointments was, on average, two weeks. We were also told that the practice was open for some late night appointments based on patient requirements as well as working on a Saturday morning to ensure that appointments were available for patients who had difficulty in attending during the working week.

All respondents said it was 'very easy' or 'fairly easy' to arrange an appointment when they need one. Most respondents said they would know how to access the out of hours dental service if they had an urgent dental problem. Some comments received about patient care are below:

"I have complicated dental issues and this practice (dentists and support staff) have been incredible, supportive and kind and always efficient and professional."

"Very personal goes the extra mile. Always available if there are problems or teeth emergencies, even out of hours at times. Good care."

"The staff are extremely knowledgeable about their service, products and pricing. Every aspect is explained in detail and staff go above and beyond to ensure customer needs are met. They are also always friendly and polite."

"I'm a very nervous person. The staff always make me feel at ease. They are so friendly and helpful."

"Always very pleasant and put themselves out if in pain."

"Exceptional care and professionalism."

"{Named} is a wonderful dentist. Giving clear information, very gentle treatment and very considerate; especially good with looking after my elderly father, never rushes him and has a downstairs practice room which helps accessibility. Her staff are lovely too!"

Equitable

Communication and language

We were told that any written patient information was available in a larger font format on request. There were pop up messages on the dental system used to indicate to staff whether patients would require any information to be sent to them in a digital or hard copy format.

Whilst there was some written information displayed in the practice available in Welsh and English, the practice needs to ensure that additional information is available in Welsh.

The practice must consider the needs of their patients and ensure that the Welsh language is given equal status with the English language in the information available to patients on display at the practice.

During the initial registration process patients would be asked their medical history, gender and language preference. All bar one patient responding to the HIW questionnaire confirmed their medical history was checked prior to any appointment taking place.

The majority of patients said the cost was made clear to them before treatment. All patients said that staff explained what they were doing throughout the appointment and that staff listened to patients and answered their questions.

There was one staff member who spoke Welsh, who wore a 'iaith gwaith' badge to identify them as a Welsh speaker and one patient who answered the question said they were a Welsh speaker.

Rights and equality

There was an equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment. Dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients. Examples were described where reasonable adjustments were in place so that everyone, including individuals with particular protected characteristics could access and use the service on an equal basis.

There was a slightly raised step access to the practice, which, we were told could be accessed by wheelchair users. Staff would also aid patients to access where required. However, there was not a wheelchair accessible toilet at the practice. The practice needs to ensure that patients are made aware of this.

The practice must ensure that patients are aware of the lack of an accessible toilet at the practice, through advertising this in the practice leaflet.

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

They also all said that they could access the right healthcare at the right time, regardless of any protected characteristic.

Delivery of Safe and Effective Care

Safe

Risk management

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

Arrangements were in place to protect the safety and wellbeing of staff and people visiting the practice. Patient waiting areas were visibly clean and free from hazards and clutter.

There were several policies in place to ensure the environment was safe and secure. These included a health and safety policy, environmental sustainability policy, legionella policy, latex policy, inoculation injuries policy, lone working and chaperone policy.

We noted there was an appropriate fire risk assessment in place 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. Fire extinguishers were stored correctly and had been serviced regularly. There were also a fire risk assessment and health and safety risk assessment, that included a legionella risk assessment. However, we noted that the action plans for the risk assessments were not kept up to date with the actions carried out because of the assessments.

The registered manager must ensure that the risk assessments are considered a live document and the action plans kept up to date.

There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to an emergency event such as a power cut, flood, or a system failure. However, there was not a business maintenance policy in place to ensure that the premises were kept safe and in a good state of repair.

The registered manager must ensure that a business maintenance policy is in place.

An approved health and safety poster was clearly displayed for staff to see and we confirmed that employer's and public liability insurance was in place.

Staff had the use of a lockable staff room to change as well as having lockers to store their personal items. There were internal messaging tools to communicate and we heard telephone lines working effectively.

Infection, prevention and control (IPC) and decontamination

There were arrangements in place to ensure a good standard of infection control, with a designated infection control lead appointed. We saw up-to-date policies and procedures were in place in relation to IPC and decontamination. Surgeries were noted to be clean and decluttered.

We saw a schedule was in place to support effective cleaning routines. Suitable handwashing and drying facilities were available in each surgery and in the toilets. The facility was clean, well-organised, well equipped and uncluttered.

The practice had a dedicated area for the cleaning and sterilisation (decontamination) of dental instruments, for each surgery, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05. The decontamination arrangements were good and staff demonstrated the decontamination process. The equipment used for the cleaning and sterilisation of instruments was in good condition. There was sufficient personal protective equipment (PPE) to protect staff against injury and or infection and instruments were stored appropriately and dated.

There were periodic tests for the autoclave, ultrasonic and washer-disinfectant performed in accordance with the WHTM. We noted daily surgery checklists in place for each surgery including the setting up and closing down of the surgery protocol displayed in each surgery. Whilst we noted that autoclaves were used safely and effectively, the autoclave cycles were currently downloaded and printed every quarter. These should be downloaded weekly.

The registered manager must ensure that the autoclave cycles are downloaded weekly and kept on files.

All instruments would be dated and packed in the decontamination room and brought into the surgery prior to the appointment, to limit the amount of equipment in the surgery.

Appropriate arrangements were in place for the Control of Substances Hazardous to Health (COSHH).

Staff were aware of the actions to take in the event of a sharps injuries. However, the sharps injuries protocol was not displayed in the clinical area and there was not a written protocol.

The registered manager must ensure that there is a written sharps injury protocol displayed in all clinical areas for staff to follow when required.

There were several contracts in place for the management of dental waste and subsequent disposal, as well as for non-hazardous and domestic waste.

All patient respondents felt the setting was 'very clean' and IPC measures were evident.

Medicines management

We noted a suitable policy for the obtaining, handling, use and safe keeping of medicines. Medicines were not routinely dispensed by staff, other than those used in an emergency. We found that any expired emergency medicines were disposed of at a local pharmacy. Staff told us that they did not request receipts when disposing of unused or out of date medication at the pharmacy. Receipting disposal would protect staff and prevent medications being lost, mislaid or subject to misuse.

The registered manager must ensure that receipts are obtained from the pharmacy to maintain a robust audit trail of the disposal of any unused or expired medication and emergency drugs. These must be maintained for two years.

Medication was not dispensed to private patients, which differed to the content of the medicines management policy.

The registered manager must ensure that the medicines management policy is amended to reflect that medication is not dispensed to private patients.

There was a policy in place for responding to a medical emergency at the practice. This was based on current national resuscitation guidelines and had been reviewed within the last 12 months. All clinical staff had received cardiopulmonary resuscitation (CPR) training and the practice had two trained first aiders.

There were several areas where medicines management at the practice needed to improve as follows:

- Signage was not displayed to ensure patients informed the practice of any changes to their medication history

- There was not a policy on the disposal management of controlled drugs
- Fridge temperatures were not recorded for medicines, but were for whitening kits only
- Midazolam was available in the emergency drugs for patients aged 10 and over but not for those under 10
- Some of emergency equipment face masks and airways were noted as being out of date.

The registered manager must ensure that:

- **Signage is displayed to remind patients to inform the practice of any changes to their medication history**
- **A policy is written on the disposal management of controlled drugs**
- **A checklist is put in place to ensure that there is evidence of the regular checking and recording of fridge temperatures**
- **Midazolam is available in the emergency drugs for all ages including those under 10 years of age.**
- **Replacement airways and face masks are ordered to include in the emergency equipment and all emergency equipment including airways and face masks are checked to ensure they are up to date.**

The first aid kit was available and found to be in order and the practice had two appointed trained first aiders, ensuring first aid cover at times of leave or sickness. The emergency drugs were stored securely and in a location making them immediately available in the event of a medical emergency (patient collapse) at the practice.

Safeguarding of children and adults

There were appropriate and effective safeguarding arrangements in place. The practice had a safeguarding file containing the relevant safeguarding policies and procedures in one place. These included the relevant local contact details to report concerns. In addition, there was a safeguarding flow in place to simplify the process for staff to use should they need to.

Staff told us they used the All-Wales Safeguarding Procedures application on their mobile devices to ensure they had the most up to date information.

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

Management of medical devices and equipment

The clinical equipment at the practice was safe and maintained appropriately. The staff we spoke with were confident in using the equipment and the training records checked confirmed they had suitable training for their roles. This included up-to-date training on Ionisation Radiation (Medical Exposure) Regulations 2017 (IR(ME)R). The practice had an inventory of X-ray equipment, records of maintenance and local rules in place. However, we noted that the employer's procedures in relation to IR(ME)R were incomplete as they did not include a section on carers and comforters as required by the regulations.

The registered manager must ensure that the IR(ME)R employer's procedures include the relevant section on carers and comforters.

Generally, there were safe arrangements in place in terms of the environment, maintenance and testing of X-ray equipment, including the relevant radiation protection documentation. However, the practice had not undertaken a radiation risk assessment that identified ways to protect employees and other persons.

The registered manager must ensure that an up-to-date radiation risk assessment is carried out and maintained on file in the radiation protection documentation.

Effective

Effective care

The practice had safe arrangements 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.

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

The practice owner was currently training and supervising two trainee nurses.

Patient records

Suitable systems were in place to help ensure records were stored securely and safely managed. There was a consent policy and appropriate processes in place to uphold the rights of patients who lacked capacity. The records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017. The practice ensured that patients referred for suspected oral cancer had been seen at the hospital.

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

- The choice of language was not recorded
- Informed consent was not recorded consistently
- The amount and location of the administered anaesthetic was not recorded
- Written treatment plans were not provided when required.

The registered manager must ensure that patient notes are complete and consistent, including:

- Recording the choice of language
- Ensuring informed consent is recorded consistently
- That the amount and location of the administered anaesthetic is recorded
- Providing written treatment plans where required.

Efficient

Efficient

The practice ensured that it operated in an efficient way upholding standards of quality care. The premises and facilities were appropriate for the services being provided. Patients requiring urgent care were prioritised where possible and cancelled appointments made available to others.

Both a dental hygienist and dental therapist were employed providing the practice with additional treatment options for patients, as part of the provision of care for patients.

Quality of Management and Leadership

Leadership

Governance and leadership

There were clear management structures in place, with the practice under the direction of the principal dentist, who was also the owner, registered manager, and practice manager. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

Staff meetings were held monthly and attended by all staff, with written notes made to inform staff who could not attend. There was a standard meeting agenda.

The practice also maintained a list of policies, which were reviewed on an annual basis and staff signed every year and on induction to say that all policies were seen and up to date.

However, the following issues were noted regarding the governance arrangements at the practice:

- The statement of purpose did not include all of the requirements of Schedule 1 of the Private Dentistry (Wales) Regulations 2017
- The patient information leaflet did not include all of the requirements of Schedule 2 of the above regulations
- Both the statement of purpose and patient information leaflet held at the practice differed to the copy held at HIW
- The practice had not completed an annual return, assessing and monitoring the quality-of-service provision as required by regulation 16 of the above regulations.

Copies of the content required by the above regulations relating to the statement of purpose, patient information leaflet and the annual return were provided to the practice.

In addition, the current manager registered with HIW, as required by regulation 12 of the above regulations manager of the practice, left the practice in 2023. The practice stated that they had informed HIW of the change, but the relevant documentation had not been completed to change the registered manager.

The registered manager must ensure the following actions are carried out to ensure compliance with the Private Dentistry (Wales) Regulations 2017 and forward copies to HIW:

- Complete the statement of purpose to include all of the requirements of Schedule 1 of the above regulations
- Complete the patient information leaflet to include all of the requirements of Schedule 2 of the above regulations
- Forward a copy of the revised statement of purpose and patient information leaflet to HIW
- Complete the annual return, assessing and monitoring the quality-of-service provision as required by regulation 16 of the above regulations
- Complete the relevant documentation to ensure that the principal dentist is correctly registered as the register manager with HIW.

There was clear evidence of positive clinical management in place and staff worked well together as a team.

Workforce

Skilled and enabled workforce

In addition to the principal dentist, there was also a sessional dentist, a dental hygienist, a dental therapist, a dental nurse and two trainee dental nurses.

The system used to ensure that at all times there were appropriate numbers of suitably qualified staff working at the practice was discussed. This included ensuring that there was a qualified first aider and fire marshal present. Arrangements were also in place to monitor the GDC registration for all staff.

Appropriate arrangements were in place for employing staff and all staff at the practice had a contract of employment. There was also an induction programme described with copies of the completed checklist held in the staff files. Staff files contained all the necessary information to confirm their on-going suitability for their roles.

Examination of staff training records showed 100% compliance with all training requirements including safeguarding, cardiopulmonary resuscitation (CPR), IR(ME)R training, IPC and fire training. Staff were reminded of their training requirements through the software system used. We were told that if staff wanted to complete

any other relevant training, consideration would be given to this by the principal dentist. Currently there were two trainee dental nurses being supported through their training at the practice.

We also noted that there was 100% compliance with staff appraisals.

The policies and procedures in place were all in date and would benefit from including who was responsible for writing or amending the policies and procedures being included on the document.

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

Culture

People engagement, feedback and learning

We were told that the practice had carried out a survey and the results had been analysed in team meetings. The main complaint related to the installation of a stair lift, which we were told had been investigated by the practice, but that it did not fit on the stairs. There was not a 'you said, we did' board at the practice to display these results. There were also a number of thank you cards noted on a notice board at the practice.

The registered manager must ensure that the practice displays the results of the feedback on a 'you said, we did' board to make patients aware of the results of the feedback process.

There was a complaints policy at the practice, that included details of the Public Service Ombudsman for Wales and the dental complaints service. This policy also agreed to the NHS Wales 'Putting Things Right', but neither the complaints policy nor 'Putting Things Right' was displayed at the practice

The registered manager must ensure that the complaints policy and the NHS Wales 'Putting Things Right' are displayed at the practice to make patients aware of the process.

There was a clear duty of candour policy for the practice in line with expectations set out in the duty of candour guidance. There had not been any incidents at the practice and as a result the duty of candour had not been exercised.

Information

Information governance and digital technology

There was a system in place to record patient safety incidents, although we were told that there had not been any incidents at the practice.

The practice used electronic systems to manage patient records, policies, procedures and staff training records. There was a General Data Protection Regulation (GDPR) file containing up-to-date data protection, information security and confidentiality policies.

Learning, improvement and research

Quality improvement activities

There were appropriate policies available governing quality improvement activities that aimed to ensure that the practice was continually improving their standards and keeping pace with up to date guidance.

Clinical audits had been carried out including X-ray audits, an oral cancer audit and a disability access audit such as grip handles. However, a smoking cessation audit had not been completed as required and quality improvement tools such as maturity matrix were not used as a practice development tool for the whole dental team to deliver high quality care for patients. Additionally, we were told that peer review audits and discussions with other clinical staff at the practice about treatments was not taking place.

The registered manager must ensure that a smoking cessation audit is completed and that the maturity matrix is used as a practice development tool.

The dental team were proactive, knowledgeable, professional and demonstrated their understanding on where and how to access advice and guidance.

Whole-systems approach

Partnership working and development

The practice described the ways they engaged with quality management systems, these included checking NHS metrics on a regular basis, fluoride varnish applications and checking X-rays. Additionally, the practice worked with another local practice to provide a buddy system during staff training.

Referrals were made through an NHS Wales Dental Referral Management System for orthodontist, paediatric, special care, oral surgery and maxillofacial surgery.

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 concerns were identified in this inspection.			

Appendix B - Immediate improvement plan

Service: Calgary Dental Practice

Date of inspection: 20 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
1. No immediate assurances were identified in 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):

Job role:

Date:

Appendix C - Improvement plan

Service: Calgary Dental Practice

Date of inspection: 20 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
1.	We noted limited health promotion information was displayed at the practice, in the patient waiting area.	We recommend the registered manager improves the healthcare information available to patients.	Standard - Health Promotion	Health promotion leaflets have been made more readily available for patients in reception.	Louise Morgan completed
2.	There was some written information displayed in the practice available in Welsh and English, the practice needs to ensure that additional	The practice must consider the needs of their patients and ensure that the Welsh language is given equal status with the English language in the information available	Standard - Communication and Language	More Welsh language information has been printed for patients.	Louise Morgan Completed

	information is available in Welsh.	to patients on display at the practice.				
3.	There was not a wheelchair accessible toilet at the practice. The practice needs to ensure that patients are made aware of this.	The practice must ensure that patients are aware of the lack of an accessible toilet at the practice, through advertising this in the practice leaflet.	Standard - Rights and Equality	All patients are to be made aware when booking appointments that if they cannot climb the stairs there is no toilet available for use.	Kate Scandrett	Completed all staff have had training on the desk so they are aware that when booking appointments this information is relayed.
4.	The action plans for the risk assessments were not kept up to date with the actions carried out because of the assessments.	The registered manager must ensure that the risk assessments are considered a live document and the action plans kept up to date.	Private Dentistry (Wales) Regulations PD(W)R 2017 regulation	All actions when completed must be updated on risk assessments.	Kate Scandrett	Risk assessments must be updated once improvements have been done. 1 month.
5.					Kate Scandrett	Completed

	There was not a business maintenance policy in place to ensure that the premises were kept safe and in a good state of repair.	The registered manager must ensure that a business maintenance policy is in place.	PD(W)R 2017 regulation 8 (1) 9c)	New policy created for business maintenance		
6.	The autoclave cycles were currently downloaded and printed every quarter. These should be downloaded weekly.	The registered manager must ensure that the autoclave cycles are downloaded weekly and kept on files.	PD(W)R 2017 regulation 13 (3) (b)	All nursing staff made aware that this is now a weekly task.	Louise Morgan	Completed and downloaded weekly
7.	The sharps injuries protocol was not displayed in the clinical area and there was not a written protocol.	The registered manager must ensure that there is a written sharps injury protocol displayed in all clinical areas for staff to follow when required.	PD(W)R 2017 regulation 13 (5) (b)	The practice does have a sharps injury policy which is updated annually. This is now displayed in all surgeries and decontamination rooms.	Kate Scandrett	Completed

8.	Any expired emergency medicines were disposed of at a local pharmacy. Staff told us that they did not request receipts when disposing of unused or out of date medication at the pharmacy. Receipting disposal would protect staff and prevent medications being lost, mislaid or subject to misuse.	The registered manager must ensure that receipts are obtained from the pharmacy to maintain a robust audit trail of the disposal of any unused or expired medication and emergency drugs. These must be maintained for two years.	PD(W)R 2017 regulation 13 (4) (a)	New policy created regarding expired medicines and paper trail created for safety of staff and patients regarding emergency drugs disposal.	Kate Scandrett	Completed
9.	Medication was not dispensed to private patients, which differed to the content of the medicines management policy.	The registered manager must ensure that the medicines management policy is amended to reflect that medication was not dispensed to private patients.	PD(W)R 2017 regulation 8 (1) (l)	Policy updated and “private medication dispensing” removed from policy.	Kate Scandrett	Completed

10.	<p>There were several areas where medicines management at the practice did not reflect best practice as follows:</p> <ul style="list-style-type: none"> • Signage was not displayed to ensure patients informed the practice of any changes to their medication history • There was not a policy on the disposal management of controlled drugs • Fridge temperatures were not recorded for medicines, but where 	<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> • Signage is displayed to remind patients to inform the practice of any changes to their medication history • A policy is written on the disposal management of controlled drugs • A checklist is put in place to ensure that there is evidence of the regular checking and 	<p>PD(W)R 2017 regulation 20 (1) (a) (ii)</p> <p>PD(W)R 2017 regulation 8 (1) (l)</p> <p>PD(W)R 2017 regulation 8 (1) (d) and 13 (2) (a)</p>	<p>Sign now displayed in both waiting rooms to ask patients to inform dentist should there have been any changes to medical history.</p> <p>New policy created for management and disposal of controlled drugs and record folder.</p> <p>Thermometer placed in fridge containing tooth whitening fridge and a daily check is recorded.</p>	Kate Scandrett	Completed
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	<p>for whitening kits only</p> <ul style="list-style-type: none"> • Midazolam was available in the emergency drugs for patients aged 10 and over but not for those under 10 • Some of emergency equipment face masks and airways were noted as being out of date. 	<p>recording of fridge temperatures</p> <ul style="list-style-type: none"> • Midazolam is available in the emergency drugs for all ages including those under 10 years of age. • Replacement airways and face masks are ordered to include in the emergency equipment and all emergency equipment including airways and face masks are checked to ensure they are up to date. 	<p>PD(W)R 2017 regulation 13 (4) (b)</p> <p>PD(W)R 2017 regulation 31 (3) (b)</p>	<p>Midazolam bought with easier dispensing for different ages requiring different quantities.</p> <p>Masks were on order but had not been delivered. These have now arrived.</p>		
11.	<p>The employer's procedures in relation to IR(ME)R were incomplete as they did not include a</p>	<p>The registered manager must ensure that the IR(ME)R employer's procedures include the</p>	<p>Ionisation Radiation (Medical Exposure) Regulations 2017 regulation 6 and Schedule 2</p>	<p>Carers and comforters policy to be written.</p>	<p>Kate Scandrett</p>	<p>3months</p>

	<p>section on carer's and comforters as required by the regulations.</p> <p>Additionally, the practice had not undertaken a radiation risk assessment that identified ways to protect employees and other persons.</p>	<p>relevant section on carer's and comforters.</p> <p>The registered manager must ensure that an up-to-date radiation risk assessment is carried out and maintained on file in the radiation protection documentation.</p>	<p>PD(W)R 2017 regulation 8 (1) (e)</p>	<p>Radiation risk assessment to be completed for staff and other persons.</p>		
12.	<p>The following areas required the quality of the patient notes to be strengthened:</p> <ul style="list-style-type: none"> • The choice of language was not recorded • Informed consent was not recorded consistently 	<p>The registered manager must ensure that patient notes are complete and consistent including:</p> <ul style="list-style-type: none"> • Recording the choice of language • Ensuring informed consent is recorded consistently 	<p>PD(W)R 2017 regulation 13 (1) (a)</p> <p>PD(W)R 2017 regulation 20 (1) (a)</p>	<p>Choice of language is now noted on each patients notes.</p> <p>All clinicians must write informed consent in notes and if using anaesthetic</p>	Kate scandrett	Completed

	<ul style="list-style-type: none"> The amount and location of the administered anaesthetic was not recorded Written treatment plans where not provided when required. 	<ul style="list-style-type: none"> That the amount and location of the administered anaesthetic is recorded Providing written treatment plans where required. 	<p>PD(W)R 2017 regulation 13 (4)</p> <p>PD(W)R 2017 regulation 20 (1) (a) (i)</p>	<p>batch number, type and quantity recorded.</p> <p>Patients can view treatment plans on clinipads and if required these can be printed.</p>		
13.	<p>However, the following issues were noted regarding the governance arrangements at the practice:</p> <ul style="list-style-type: none"> The statement of purpose did not include all of the requirements of 	<p>The registered manager must ensure the following actions are carried out to ensure compliance with the Private Dentistry (Wales) Regulations 2017 and forward copies to HIW:</p> <ul style="list-style-type: none"> Complete the statement of purpose to include all of the requirements of Schedule 	<p>PD(W)R 2017 regulation 5</p>	<p>Statement of purpose updated and sent to HIW during change of manager form, this</p>	Kate Scandrett	<p>This has been actioned already we are currently waiting on the documentation to be updated by HIW, we have received a confirmation email that all paperwork has been received,</p>

<p>Schedule 1 of the Private Dentistry (Wales) Regulations 2017.</p> <ul style="list-style-type: none"> The patient information leaflet did not include all of the requirements of Schedule 2 of the above regulations. Both the statement of purpose and patient information leaflet held at the practice differed from the copy held at HIW. The practice had also not completed an annual return, assessing and monitoring the quality-of-service 	<p>1 of the Private Dentistry (Wales) Regulations 2017</p> <ul style="list-style-type: none"> Complete the patient information leaflet to include all of the requirements of Schedule 2 of the above regulations Forward a copy of the revised statement of purpose and patient information leaflet to HIW Complete the annual return, assessing and monitoring the quality-of-service provision as required by regulation 16 of the 	<p>PD(W)R 2017 regulation 6</p> <p>PD(W)R 2017 regulation 5 (2) and 6 (2)</p> <p>PD(W)R 2017 regulation 16</p>	<p>has been received by HIW (email confirmation received)</p> <p>The patient information leaflet will be updated to now include all requirements of schedule 2.</p> <p>Statement of purpose and patient information leaflets have been sent and received by HIW to be updated alongside the change of management form.</p> <p>The practice will complete an annual return going forward monitoring the quality of service.</p>	<p>any further actions shall be completed immediately should HIW return with any further information that they need.</p>
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	<p>provision as required by regulation 16 of the above regulations</p> <ul style="list-style-type: none"> The relevant documentation had not been completed to change the registered manager. 	<p>above regulations and forward a copy to HIW</p> <ul style="list-style-type: none"> Complete the relevant documentation to ensure that the principal dentist is correctly registered as the register manager with HIW. 	<p>PD(W)R 2017 regulation 12 (1) and (2)</p>			
14.	<p>There was not a 'you said, we did' board at the practice to display these results. There were also a number of thank you cards noted on a notice board at the practice.</p>	<p>The registered manager must ensure that the practice displays the results of the feedback on a 'you said, we did' board to make patients aware of the results of the feedback process.</p>	<p>Standard - People engagement, feedback and learning</p>	<p>You said we did board displayed in reception for patients.</p>	<p>Louise Morgan</p>	<p>Completed</p>
15.	<p>Neither the complaints policy nor 'Putting Things Right'</p>	<p>The registered manager must ensure that the complaints policy and the</p>	<p>PD(W)R 2017 regulation 21</p>	<p>Complaints policy was clearly displayed in reception however</p>	<p>Louise Morgan</p>	<p>Completed</p>

	was displayed at the practice	NHS Wales 'Putting Things Right' are displayed at the practice to make patients aware of the process.		"Putting things right" poster now displayed.		
16.	A Smoking cessation audit had not been completed as required and quality improvement tools such as maturity matrix were not used as a practice development tool for the whole dental team to deliver high quality care for patients.	The registered manager must ensure that a smoking cessation audit is completed and that the maturity matrix is used as a practice development tool.	PD(W)R 2017 regulation 8 (n) and 16 (d) (ii)	All staff are now aware of the maturity matrix and smoking cessation audit in progress.	Kate Scandrett	3months

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): Kate Scandrett

Job role: Principal Dentist

Date:

14 October 2024 and 15 November 2024