

General Dental Practice Inspection Report (Announced)

Killay Dental Health Centre, Swansea
Bay University Health Board

Inspection date: 20 August 2024

Publication date: 20 November 2024



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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



Contents

1. What we did.....	5
2. Summary of inspection	6
3. What we found	8
• Quality of Patient Experience	8
• Delivery of Safe and Effective Care	11
• Quality of Management and Leadership	15
4. Next steps	18
Appendix A - Summary of concerns resolved during the inspection	19
Appendix B - Immediate improvement plan	21
Appendix C - Improvement plan.....	22

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 Killay Dental Health Centre, Swansea Bay University Health Board on 20 August 2024.

Our team for the inspection comprised of a HIW healthcare inspector and a dental peer reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 17 were completed. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the staff at Killay Dental Health Centre were committed to providing a positive experience for their patients.

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

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

"Excellent care and service."

"Great bunch working there, always feel welcomed."

"Staff are lovely to my wife and I, have been coming here for years, a great practice."

This is what we recommend the service can improve:

- Provide more information to patients to promote good health
- Improve the 'Active Offer' of Welsh language.

This is what the service did well:

- Good arrangements to maintain privacy and dignity of patients
- Facilities to assist wheelchair users and patients with mobility difficulties
- Established team of staff, focussed on patient care.

Delivery of Safe and Effective Care

Overall summary:

Killay Dental Health Centre was in a good state of repair, with dental surgeries that were well equipped and fit for purpose.

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.

This is what we recommend the service can improve:

- Review how to minimise cross-infection risk from the use of fabric seating in the waiting area
- Update the fire risk assessment
- Ensure storage areas are free from clutter.

This is what the service did well:

- Good arrangements were in place for the decontamination and sterilisation of equipment
- Appropriate arrangements in place to deal with medical emergencies
- Patient records were of a good standard.

Quality of Management and Leadership

Overall summary:

We found that Killay Dental Health Centre had clear lines of accountability, with the practice manager committed to providing a high standard of care.

Staff records were well-maintained, and we saw evidence of up-to-date training, in line with regulatory requirements.

This is what we recommend the service can improve:

- Ensure policies and procedures are in place and reviewed regularly
- Ensure safety checklists are supported by regularly reviewed risk assessments
- Ensure audits capture objectives and outcomes
- Ensure all staff understand their responsibilities under the Duty of Candour.

This is what the service did well:

- Well-established team, seen to work well together
- Good compliance with mandatory training for staff
- Appropriate processes in place for the recruitment of staff.

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

3. What we found

Quality of Patient Experience

Patient feedback

Patient comments included:

“Wouldn't go anywhere else. staff are very accommodating. Staff always go above and beyond.”

“Very friendly, efficient staff. Always willing to help and advice.”

“Lovely helpful staff, made to feel comfortable.”

Person-centred

Health promotion and patient information

A limited amount of printed material was available about health promotion, including advice on smoking cessation and oral cancer. We advised that additional information about both oral and general health would be beneficial to patients.

The registered manager must ensure that additional information to support patient health is provided in the waiting area.

A 'no smoking' sign was displayed, confirming the practice adhered to the smoke-free premises legislation.

We reviewed a sample of 10 patient records and noted that oral hygiene and diet advice was recorded consistently.

Patients who expressed an opinion in the HIW questionnaire said that staff explained oral health to them in a way they understood, that staff listened and answered questions, and explained what they were doing throughout the appointment.

A copy of the General Dental Council (GDC) Code of Ethics was displayed in the reception area, along with registration certificates issued by HIW. Treatment prices were also displayed in the reception area.

The GDC registration numbers of the two dentists were displayed. We advised that the names and GDC numbers for all clinical staff should be available to patients. This was resolved during the inspection with an appropriate poster put on display.

Dignified and respectful care

We saw that doors to clinical areas were kept closed during treatment, and that external windows were obscured or fitted with blinds, to preserve patient privacy and dignity.

Staff told us that patients wanting a confidential discussion would be taken to an available surgery.

All respondents to the HIW questionnaire felt they were treated with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical histories were recorded.

All respondents to the HIW questionnaire said that there was enough information given to understand the treatment options available, and said they were given enough information to understand the risks and benefits associated with those treatment options.

Timely

Timely care

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

The practice's opening hours were clearly displayed at the front door and on the practice website, along with telephone numbers to use out of hours or in an emergency. The practice did not use an online booking system. Staff told us that patients could book appointments in person or over the telephone. In addition, any requests received by email would be followed up with a telephone call to arrange an appointment.

Staff told us that emergency appointment slots were not routinely scheduled, but that additional time was built into the daily schedule to provide flexibility and ensure patients needing urgent care could be treated.

All the respondents to the HIW questionnaire said it was 'very easy' to get an appointment when they needed one.

Equitable

Communication and language

Staff told us that they had access to translation services, when required for non-English speaking patients.

One member of staff spoke Welsh and was seen to be wearing a 'iaith gwaith' badge to indicate this to patients. However, there was a limited 'Active Offer' of Welsh or materials available bilingually.

The registered manager must seek advice and support from the Health Board and implement the 'Active Offer' of Welsh.

Rights and equality

The practice had a policy in place about equality and diversity. Staff told us that transgender patients had their preferred name and pronouns noted on their records, to ensure they were treated with respect.

Provision had been made to accommodate wheelchair users and patients with mobility difficulties. Access to the premises featured a handrail and a ramp with a removable slat available to mitigate a small lip to the front door as needed. The reception area and all clinical areas were at ground level. The reception desk had a lowered section for the benefit of wheelchair users.

A mixed gender toilet was also available at ground level, which was wheelchair accessible and had grab handles and an emergency alarm installed. The reception area had a clearly indicated hearing loop in place.

Delivery of Safe and Effective Care

Safe

Risk management

Public facing areas were generally clean, well-maintained and free from obvious hazards. The premises were visibly well maintained. However, there was no overarching policy about ensuring the premises were fit for purpose.

The registered manager must put a policy in place to ensure the premises are fit for purpose.

We found that the practice had some cluttered storage areas. Whilst not presenting an immediate hazard these could make cleaning and infection control more difficult.

We recommend that the practice carry out a de-cluttering exercise and incorporate this into regular reviews of the premises.

We reviewed documents relating to Health and Safety (H&S). Risk assessments were in place, but these required review and a H&S Policy was required. The potential impact on patient safety was mitigated by the use of comprehensive checklists to check H&S issues on a regular basis.

The registered manager must ensure that a H&S Policy is put in place, supported by appropriate, up-to-date risk assessments.

A review of fire safety documentation showed that the risk assessment was out of date and required review. Again, the potential impact on patient safety was mitigated by the use of a comprehensive checklists, along with an annual audit of fire safety measures.

The registered manager must ensure that a fire risk assessment is carried out and reviewed regularly.

We saw evidence of appropriate servicing and maintenance of fire prevention equipment. Fire extinguishers were appropriately mounted, signposted and serviced. Fire exits were clearly identified, and we saw evidence of fire drills having been carried out.

We were told that staff had undergone training in the use of fire extinguishers. We advised that all staff should have training in general fire safety. This was

addressed immediately after the inspection with evidence provided to HIW of all staff having undertaken fire safety training.

The mixed-gender patient toilet was visibly clean, with suitable hand washing and drying facilities and a sanitary disposal unit. Staff had access to a separate toilet and lockable area to store personal belongings.

Cleaning products subject to Control of Substances Hazardous to Health (COSHH) regulations were stored in the patient toilet and accessible to users. We advised they be removed, and this was resolved during the inspection.

There was a 'business continuity plan and disaster recovery strategy' in place, which included a list of emergency telephone numbers.

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

Infection, prevention and control (IPC) and decontamination

There were arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures and having a designated infection control lead. A ventilation unit ensured good air movement in the building.

There was a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found the procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood, and that regular checks on equipment were recorded.

We found the practice to have an effective cleaning regime. However, the interior of some drawers in surgeries were worn and damaged, making them difficult to clean.

The registered manager must ensure storage areas in clinical areas can be effectively cleaned.

The bench seating in the patient waiting area was covered with fabric, making effective cleaning and disinfection difficult. We advised that specific cleaning materials be used to minimise the risk of cross-infection and consideration be given to replacing the upholstery with wipe-clean material. This was addressed during the inspection with appropriate cleaning materials being procured and arrangements made to have the seating re-covered.

All respondents to the HIW questionnaire felt the setting was ‘very clean’ and that infection prevention and control measures were evident.

Medicines management

The practice had a medicines management policy, and safe procedures for the use, storage, dispensing and disposal of medicines.

The practice had adequate equipment and medicines to manage medical emergencies, with all materials seen to be in date. We noted that the equipment was stored at a high level, potentially making it difficult to access in an emergency. This was addressed during the inspection with the equipment moved to a more accessible level.

We reviewed a sample of staff training records and saw evidence that staff had up-to-date training in cardiopulmonary resuscitation (CPR). One member of staff was a trained first aider. We advised that another member of staff be trained to provide adequate cover.

The registered manager must ensure that an additional member of staff is trained as a first aider.

Safeguarding of children and adults

Policies and procedures on safeguarding of adults and children were in place and included reference to the All-Wales national procedures. However, the policy required review and consolidation, to remove outdated information and ensure external contact details were up to date and easily accessible.

The registered manager must ensure that safeguarding policies and procedures are reviewed regularly.

Several members of staff had training to Level 3 in safeguarding. The safeguarding lead had training to Level 3 for the safeguarding of children but not for vulnerable adults. Immediately after the inspection, evidence was provided to show that the lead had since undertaken training to Level 3 for the protection of vulnerable adults.

Management of medical devices and equipment

Overall, we found clinical equipment to be safe, in good condition and suitable for the intended purpose.

We reviewed documentation about the use of X-ray equipment. We saw that there was an appropriate inventory of equipment, records of maintenance and local rules were displayed. We reviewed a sample of staff training records and saw evidence

of up-to-date training on IR(ME)R (Ionising Radiation (Medical Exposure) Regulations).

A unit was used at the practice to produce dental restorations, which required registration with the Medicines and Healthcare products Regulatory Agency (MHRA). Evidence could not be provided to show this had been done. However, an application was made during the inspection to address this and register the equipment.

Effective

Effective care

The practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. We saw evidence that staff would obtain and follow professional guidance and advice when necessary.

Staff told us that they did not use the Local Standards for Invasive Procedures (LoSSIPs) checklists.

We recommend that the practice implements the use of LoCSSIPs checklists to minimise the risk of wrong site tooth extraction.

Patient records

Patient records were held electronically and in line with a Records Management policy.

We reviewed a sample of 10 patient records and found notably good recording of clinical information. There was no evidence of the ‘Delivering better oral health’ toolkit being used.

We recommend that the practice implements the use of the guidance “Delivering better oral health: an evidence-based toolkit for prevention.”

Efficient

Efficient

The premises and facilities were appropriate for the services being carried out. Staff told us that patients requiring urgent care were prioritised and accommodated where possible.

Quality of Management and Leadership

Leadership

Governance and leadership

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

We saw evidence of team meetings taking place and ad-hoc sharing of information, with staff signing to confirm reading the information.

A range of policies and procedures were in place, with evidence of these being reviewed. However, we found that some documents required updating, indicating the reviews were not carried out in sufficient detail. There was no robust system to ensure policies and procedures were reviewed and updated on a regular basis.

The registered manager must implement a system to ensure that policies and procedures are regularly reviewed and updated as necessary, in line with regulatory requirements.

We noted that the practice used a range of checklists to regularly assess health and safety, fire safety and maintenance issues. We advised that these should be supported by regular, typically annual, risk assessments to ensure that any changes or new issues were identified.

The registered manager must ensure that full risk assessments are in place and reviewed regularly, in addition to checklists.

Workforce

Skilled and enabled workforce

We found the practice had appropriate arrangements for employing staff, including an induction checklist, and staff told us they had regular appraisals.

All clinical staff were registered with the GDC, except for those still undergoing training.

We reviewed a sample of staff records and found good compliance with mandatory training requirements.

Culture

People engagement, feedback and learning

An anonymous patient survey was carried out annually, with the results assessed and discussed in staff meetings. Patients were also able to leave feedback via Google reviews.

Staff told us that they had well-established relationships with the patients and that verbal feedback was sought and encouraged. This included telephone calls to patients following complex treatment.

The practice did not have a mechanism to show that patient feedback was acted upon. We recommend that this is communicated to patients, such as using a “you said, we did” poster, to encourage feedback.

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

The practice had a comprehensive complaints procedure and made this readily available to patients, with copies in the patient information leaflet, a poster in the reception area and details on the practice website. However, we found there were different versions providing different information, making the process unclear to patients. Additionally, some contact details for external bodies were found to be incorrect or out of date.

Some improvements were made immediately after the inspection with an updated version of the complaints process uploaded to the practice website.

The registered manager must ensure that the complaints procedure is reviewed, to ensure all information is correct and that all versions available to patients have consistent information.

The practice had a policy about the Duty of Candour. However, staff had a limited understanding of the requirements under the Duty.

The registered manager must ensure that all staff are aware of the Duty of Candour and understand their responsibilities under it.

Information

Information governance and digital technology

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

Learning, improvement and research

Quality improvement activities

The practice had appropriate policies and procedures about quality improvement.

We saw evidence of a comprehensive range of clinical audits taking place. These included smoking cessation, antibiotic prescribing and quality of patient records. However, no audits had been carried out on Health and Safety, and about the disposal of clinical waste.

The registered manager must ensure that Health and Safety, and disposal of clinical waste are included in the program of audits.

We noted that the audit process could be improved by including additional information, specifically the objective of the audit, a summary of the outcomes and the sharing of any lessons learnt.

We recommend the registered manager review the audit process to ensure that objectives and outcomes are included.

There was no formal peer review structure in place. However, staff told us that the two dentists at the practice regularly shared experiences and learnings.

Whole-systems approach

Partnership working and development

Staff told us that interaction with system partners was typically done by phone or email, and that referrals were submitted using an online system.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The GDC registration numbers of the two dentists were displayed. However, the names and GDC numbers for all clinical staff should be available to patients.	Patients did not have sufficient information to identify the clinicians involved in their care.	This was discussed with the practice manager.	An appropriate poster was put on display during the inspection.
Staff had undergone training in the use of fire extinguishers. We advised that all staff should have training in general fire safety with evidence to demonstrate this.	Patients did not have sufficient assurance that staff had adequate fire safety training.	This was discussed with the practice manager.	This was addressed immediately after the inspection with evidence provided to HIW of all staff having undertaken fire safety training.
Cleaning products subject to Control of Substances Hazardous to Health (COSHH) regulations were stored in the patient toilet	Potentially harmful materials were accessible to patients.	This was discussed with the practice manager.	The materials were moved to a secure location during the inspection.

<p>The bench seating in the patient waiting area was covered with fabric.</p>	<p>This meant that effective cleaning and disinfection was difficult, increasing the risk of cross-infection.</p>	<p>This was discussed with the practice manager.</p>	<p>During the inspection, evidence was provided to show that arrangements were made to have the seating re-covered, and that appropriate cleaning materials had been procured to use in the meantime.</p>
<p>Emergency equipment was stored at a high level.</p>	<p>This potentially made the equipment difficult to access in an emergency.</p>	<p>This was discussed with the practice manager.</p>	<p>This was addressed during the inspection with the equipment moved to a more accessible level.</p>
<p>The safeguarding lead had training to Level 3 for the safeguarding of children but not for vulnerable adults.</p>	<p>It is considered best practice that the safeguarding lead be trained to level 3 in the safeguarding of both children and vulnerable adults.</p>	<p>This was discussed with the practice manager.</p>	<p>Immediately after the inspection, evidence was provided to show that the safeguarding lead had completed training to Level 3 for the protection of vulnerable adults.</p>
<p>A unit was used at the practice to produce dental restorations, which required registration with the Medicines and Healthcare products Regulatory Agency (MHRA).</p>	<p>To ensure patient safety, the equipment required registration with the MHRA.</p>	<p>This was discussed with the practice manager.</p>	<p>An application was submitted during the inspection to register the equipment.</p>

Appendix B - Immediate improvement plan

Service: Killay Dental Health Centre

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 non-compliance concerns were identified during the inspection					

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

Service representative:

Name (print): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: Killay Dental Health Centre

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. A limited amount of printed material was available about health promotion.	The registered manager must ensure that additional information to support patient health is provided in the waiting area.	Health and Care Quality Standards, 4.2 Patient Information	New posters in reception adult and child oral health. Leaflets for patients sourced	manager	completed
2. There was a limited 'Active Offer' of Welsh.	The registered manager must seek advice and support from the Health Board and implement the 'Active Offer' of Welsh.	The Welsh Language (Wales) Measure 2011	We are in contact with BLOD practice leaflet updated	all	8 months

3.	The premises were visibly well maintained. However, there was no over-arching policy about ensuring the premises were fit for purpose.	The registered manager must put a policy in place to ensure the premises are fit for purpose.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(c)	Fit to practice policy implemented	manager	completed
4.	We found that the practice had some cluttered storage areas, which could make cleaning and infection control more difficult.	We recommend that the practice carry out a de-cluttering exercise and incorporate this into regular reviews of the premises.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	The cupboard has been emptied of clutter	All staff	completed
5.	Risk assessments were in place, but these required review and a H&S Policy was required.	The registered manager must ensure that a H&S Policy is put in place, supported by appropriate, up-to-date risk assessments.	The Private Dentistry (Wales) Regulations 2017, Regulations 8(1)(k) and 8(6)	There is a Health and Safety policy in place, along with risk assessments	manager	completed
6.	The fire risk assessment was out of date and required review.	The registered manager must ensure that a fire risk assessment is carried	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	A fire risk assessment has been done and documented	Manager	completed

		out and reviewed regularly.				
7.	The interior of some drawers in surgeries were worn and damaged, making them difficult to clean.	The registered manager must ensure storage areas in clinical areas can be effectively cleaned.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	All draws now have liners in them, and have been de-cluttered, the ones that needed to be. If the draws had been used for instruments they would have been bagged. The draws that needed liners have not been used since 2020all staff	All staff	completed
8.	Only one member of staff was a trained first aider.	The registered manager must ensure that an additional member of staff is trained as a first aider.	The Private Dentistry (Wales) Regulations 2017, Regulation 31	We have another staff member who has done the 3 year first aid certificate, we only knew this information a few days ago, she	Louise Meaden Sofie Tainton	completed

				completed it at another practice		
9.	The safeguarding policy and procedures required review and consolidation, to remove outdated information and ensure external contact details were up to date and easily accessible.	The registered manager must ensure that safeguarding policies and procedures are reviewed regularly.	The Private Dentistry (Wales) Regulations 2017, Regulation 14	The safeguarding policy has been reviewed and updated	Manager	completed
10.	Staff told us that they did not use the Local Standards for Invasive Procedures (LoCSSIPs) checklists.	We recommend that the practice implements the use of LoCSSIPs checklists to minimise the risk of wrong site tooth extraction.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(8)	All staff have been told about this, and full training given, patients records updated	All staff	completed
11.	There was no evidence of the 'Delivering better	We recommend that the practice implements the use of the guidance	The Private Dentistry (Wales) Regulations 2017, Regulation 13(8)	All staff have been given relevant training; the patients notes	All staff	completed

	oral health' toolkit being used.	"Delivering better oral health: an evidence-based toolkit for prevention".		are updated to reflect this		
12.	There was no robust system to ensure policies and procedures were reviewed and updated on a regular basis.	The registered manager must implement a system to ensure that policies and procedures are regularly reviewed and updated as necessary, in line with regulatory requirements.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(6)	Policies are under review and will continue to be.	Manager/reception/under manager	Completed/on-going
13.	The practice used a range of checklists to regularly assess health and safety, fire safety and maintenance issues. These should be supported by risk assessment.	The registered manager must ensure that full risk assessments are in place and reviewed regularly, in addition to checklists.	The Private Dentistry (Wales) Regulations 2017, Regulation 8(1)(e)	Fire Risk Assessment updated Health and Safety risk assessment and maintenance completed	manager	Completed
14.	The practice did not have a	We recommend that the practice	The Private Dentistry (Wales)	We have ordered a poster that we	Reception	completed

	mechanism to show that patient feedback was acted upon.	communicates to patients where actions have been taken as a response to feedback, such as using a “you said, we did” poster.	Regulations 2017, Regulation 16(2)	can write and change as necessary		
15.	There were different versions of the complaints procedure, making the process unclear to patients. Additionally, some contact details for external bodies were found to be incorrect or out of date.	The registered manager must ensure that the complaints procedure is reviewed, to ensure all information is correct and that all versions available to patients have consistent information.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)	The policies have now been updated to the correct information	Manager	completed
16.	Staff had a limited understanding of the requirements under the Duty of Candour.	The registered manager must ensure that all staff are aware of the Duty of Candour and understand their responsibilities under it.	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 20	All staff are attending various on-line workshops SBU	All staff	Completion by end of October 2024

17.	No audits had been carried out on Health and Safety, and about the disposal of clinical waste.	The registered manager must ensure that Health and Safety, and disposal of clinical waste are included in the program of audits.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)	The risk assessments will now be audited as you have requested	Manager	Completed/ongoing
18.	The audit process could be improved by including additional information.	We recommend the registered manager review the audit process to ensure that objectives and outcomes are included.	The Private Dentistry (Wales) Regulations 2017, Regulations 16(1) and 16(2)(c)	As and when audits are completed outcomes and objectives will be included in more detail	Manager	completed

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): Portia Edwards
Job role: Practice Manager
Date: 30 September 2024