

General Dental Practice Inspection Report (Announced)

KAA Dental Hub (Mountain Ash
dental surgery), Cwm Taf Morgannwg
University Health Board

Inspection date: 17 September 2024

Publication date: 18 December 2024



This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our [website](#) or by contacting us:

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

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



Contents

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

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of KAA Dental Hub (Mountain Ash dental surgery), Cwm Taf Morgannwg University Health Board on 17 September 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of nine questionnaires were completed by patients or their carers and six were completed by staff. 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 KAA Dental Hub (also known as Mountain Ash dental surgery) 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 rated the service as 'very good' or 'good'.

This is what we recommend the service can improve:

- Update the practice's Statement of Purpose
- Encourage greater patient feedback
- Increase health promotion information for patients.

This is what the service did well:

- Pleasant, clean and welcoming environment
- Adjustments made to assist wheelchair users and patients with mobility difficulties
- Good range of information about the practice easily available to patients.

Delivery of Safe and Effective Care

Overall summary:

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

There were clear and effective procedures in place to ensure that dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

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

This is what we recommend the service can improve:

- Review the fire risk assessment and implement any recommendations
- Ensure that all sections of the Radiation Protection File are completed.

This is what the service did well:

- Good compliance with mandatory training requirements for staff
- Appropriate arrangements in place to deal with medical emergencies
- Policies and procedures in place to support safe and effective care.

Quality of Management and Leadership

Overall summary:

KAA Dental Hub had clear lines of accountability, with the two dentists owning and managing the practice. With the support of a capable practice manager, we saw a commitment to providing a high standard of care.

The staff team worked well together and were committed to providing a high standard of care to their patients.

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

This is what we recommend the service can improve:

- Ensure all staff have regular appraisals
- Conduct regular team meetings.

This is what the service did well:

- Comprehensive range of policies and procedures in place
- Good compliance with staff training requirements
- Appropriate procedures 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

Patients who responded to the HIW questionnaire provided generally positive comments. All respondents agreed that they were given enough information to understand their treatment options, what the costs would be and that staff explained what they were doing throughout the appointment.

Person-centred

Health promotion and patient information

Posters and leaflets were also available providing relevant information about the practice. This included a poster identifying the staff and, apart from staff still in training, their General Dental Council (GDC) registration numbers.

There was a limited amount of information to promote the health of patients. We recommended that this be improved, to promote oral and general health.

The registered manager must provide suitable information for patients to promote oral and general health.

No smoking signs were clearly displayed, showing that the premises adhered to the smoke-free premises legislation.

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

The Statement of Purpose for the practice required updating and a copy made available on the practice website.

The registered manager must ensure the Statement of Purpose is updated and a copy made available on the practice website.

Dignified and respectful care

Doors to clinical areas were kept closed during treatment, and external windows were obscured with blinds, to preserve patient privacy and dignity.

Patients wanting a confidential discussion could be taken to the office or an available surgery.

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

The core ethical principles of practice, as set out by the General Dental Council (GDC) were displayed in both English and Welsh in the reception area. The principles set out what patients should expect from dental professionals.

All patients who responded to the HIW questionnaire felt they were treated with dignity and respect.

Individualised care

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

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

Timely

Timely care

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

The practice opening hours were clearly displayed by the front door, along with telephone numbers to use out of hours or in an emergency.

Patients could book appointments by phone, in person or submit an email for staff to contact them.

Staff told us that time was built into the schedule to allow flexibility and accommodate patients requiring emergency treatment. Specific timeslots were also kept daily for emergency patients referred through the NHS 111 scheme. Staff

told us that they prioritised emergency appointments based on patient symptoms and clinical need.

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

Equitable

Communication and language

Some Active Offer of Welsh was implemented at the practice, with some bilingual materials provided and a poster advising that translation services could be arranged. The practice manager spoke Welsh fluently and one of the reception staff was a Welsh learner.

Staff had access to Language Line translation services, if required for non-English speaking patients.

Rights and equality

There was an Equal Opportunities Policy in place and an Equality, Diversity and Human Rights Policy, which included definitions of protected characteristics under the Equality Act.

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

Some adjustments had been made to accommodate wheelchair users and patients with mobility difficulties. There was a ramp to the front door enabling wheelchair access. There was one surgery downstairs, and staff told us that patients with a need or preference for the downstairs surgery had this noted in their records.

The practice manager advised us that a disability access audit had recently been carried out and that recommendations from this were being considered, such as installing a hearing loop.

There was no designated patient toilet at the premises. Staff advised patients that public toilets were available nearby. We were told that in exceptional circumstances patients were allowed to use the staff toilet on the first floor.

Delivery of Safe and Effective Care

Safe

Risk management

The premises were clean, well-maintained, and free from obvious hazards.

There were policies and procedures in place for risk management and health and safety, supported by a range of risk assessments. A current Employer's Liability Insurance Certificate and a Health and Safety at Work poster were displayed. We found there were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

There was a policy on maintenance and the quality of, and suitability of facilities and equipment. We advised that it was good practice to have a system to capture maintenance issues as they arose, and this was addressed during the inspection with a poster put up for staff to note any issues.

There was an up-to-date and comprehensive Business Continuity and Disaster Recovery Policy in place, which included emergency contact numbers.

We reviewed fire safety arrangements and saw that escape routes were clearly signposted and fire safety equipment was regularly maintained. Fire extinguishers were stored and serviced correctly, and we saw evidence of fire drills having taken place. There was an up-to-date fire risk assessment. However, this was an in-house assessment, and previous external assessments were no longer relevant. Staff told us that there was one smoke alarm fitted and no fire alarm, with the procedure being to raise the alarm verbally and by using internal communication systems. Due to the size of the premises, we did not have immediate concerns about the fire safety arrangements but advised that a full risk assessment should be carried out to ensure that the precautions were appropriate.

The registered manager must ensure that a full fire safety risk assessment is carried out, by an external body, and that any recommendations are implemented.

We saw evidence of up-to-date Portable Appliance Testing (PAT), five-yearly electrical installation inspection and annual gas safety check.

The mixed-gender toilet was for staff use only, but we were told that patients could use it in exceptional circumstances. It had suitable hand washing and drying

facilities and a sanitary disposal unit. We noted that wallpaper was torn and coming away from the wall in some areas, which could make cleaning difficult.

The registered manager must ensure that the staff toilet area is in good repair.

There was closed-circuit television (CCTV) recording in public areas. This was clearly indicated to patients through signage and an appropriate CCTV policy was in place.

Infection, prevention and control (IPC) and decontamination

Arrangements were 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. We found the practice to have an effective cleaning regime. We noted some evidence of damp in a storage cupboard and advised that this should be cleaned to avoid the growth of black mould.

The registered manager must ensure storage cupboards are regularly cleaned to prevent the growth of mould.

There was a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. The procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood by staff. However, we advised that regular protein testing be carried out to confirm the effectiveness of instrument cleaning.

The registered manager must ensure that regular protein testing is carried out to confirm the effectiveness of instrument cleaning.

We saw that decontamination equipment was being used safely and effectively, and regularly checked. Some servicing records relating to one autoclave (Alpha 16l) were not available at the time of inspection.

The registered manager must submit to HIW evidence of servicing and the written scheme for the relevant autoclave.

We checked staff records and found that all members of clinical staff had received vaccinations against Hepatitis B.

We reviewed the arrangements for disposal of waste, including clinical waste, and found them to be appropriate.

The patient waiting area had seating in good condition with wipe-clean material.

All respondents to the HIW questionnaire said that the practice was ‘very clean’.

Medicines management

There was a medicines management policy in place, and procedures for the safe use, storage and disposal of medicines. A designated fridge for medicines was available with temperatures checked and recorded daily.

There was equipment in place to manage medical emergencies, with all equipment and medicines up to date.

We reviewed staff training records and saw evidence that all staff had up-to-date training in cardiopulmonary resuscitation (CPR). One member of staff was a trained first aider. However, we recommend that additional staff be trained in first aid to ensure adequate provision.

The registered manager must ensure that at least one additional member of staff is trained in first aid.

Safeguarding of children and adults

Policies and procedures on safeguarding of adults and children were in place and available to all staff. These included a flowchart and external contact details. However, no reference was made to the All Wales national safeguarding procedures.

We recommend that safeguarding policies and procedures are updated to refer to the All Wales national safeguarding procedures.

We reviewed a sample of staff records and saw evidence of appropriate and up-to-date training in the safeguarding of children and adults. The safeguarding lead had undertaken training at Level 3, which we consider to be good practice.

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. There were details of controlled areas, risk assessments, local rules and a designated Radiation Protection Advisor (RPA). However, we found that some sections of the Radiation Protection File had not been populated, including the inventory of X-ray equipment.

The registered manager must ensure that all relevant sections of the Radiation Protection File are completed.

During the inspection we saw evidence to assure us that X-ray equipment had been serviced, but certificates were not available at the time of inspection.

The registered manager must ensure that up-to-date certificates to show that X-ray units have been serviced are submitted to HIW.

There was no evidence that the digital processor for X-ray images had been serviced or that any checks were carried out on the image quality.

The registered manager must ensure that the X-ray image processor is serviced regularly, and audits carried out to check the quality of images.

We reviewed staff training records and saw that staff had up-to-date training on the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

There was no information available to patients outlining the risks and benefits of X-ray exposures. This was addressed during the inspection and an appropriate poster put on display.

Effective

Effective care

We found that 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.

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

Patient records

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

We reviewed a sample of nine patient records. Overall, the recording of information was good. However, we advised that some aspects of the records required more consistency.

The registered manager must ensure that patient records consistently include signed treatment plans, language preference, and detailed notes about diagnoses and treatment options.

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

Staff feedback

Staff who responded to the HIW questionnaire provided generally positive comments. All those who responded felt that the facilities and premises were suitable for their work, and that there were enough suitably trained staff at the practice. Staff felt that the care of patients was a top priority at the practice and were satisfied with the quality of the care and support they gave. All those who responded agreed they would be happy for a friend or relative to receive the standard of care provided at this practice.

Leadership

Governance and leadership

There were clear management structures in place, with the practice under the direction of the two dentists, who were also the owners, and a recently appointed practice manager. We noted that the Registered Manager on the HIW certificate was incorrect and required updating. We were assured that this would be done, with the application process being started during the inspection.

We saw a clear commitment to providing a high standard of service and a positive approach to making improvements. An electronic system was used to good effect to maintain records of policies, procedures, training records and other information.

We saw evidence that formal team meetings had recently started taking place and minutes recorded. No staff appraisals were taking place, but the practice manager told us that these were due to be implemented.

The registered manager must ensure that regular staff appraisals are carried out.

Workforce

Skilled and enabled workforce

There were appropriate arrangements in place for employing staff, including a Recruitment and Selection policy detailing pre-employment checks to be carried out.

We reviewed a sample of staff records and saw evidence that qualified clinical staff were registered with the GDC, covered by professional indemnity insurance and had been vaccinated against Hepatitis B. This was monitored by the practice manager to ensure continued compliance. We also saw evidence that pre-employment references had been sought, and checks made using the Disclosure and Barring Service (DBS).

We reviewed staff records and found good compliance with mandatory training requirements. This was actively managed using an electronic system, highlighting when training was due.

Culture

People engagement, feedback and learning

Patients were encouraged to leave feedback via Google reviews. We advised that additional feedback routes should be provided for patients without access to digital services and those who wished to remain anonymous.

The registered manager must ensure that patients without access to digital services and those who wish to remain anonymous are able to provide feedback.

The practice did not have a mechanism to show that patient feedback was acted upon.

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

There was a clear and comprehensive complaints procedure in place. This was clearly displayed, in both English and Welsh, in the reception area. The procedure included contact details, appropriate timescales for response and how to escalate the issue if required, including details of Llais as an advocacy organisation. The details of external bodies included the local Health Board, Public Service Ombudsman, GDC and the Dental Complaints Service. However, contact details for HIW were not included. This was noted and corrected during the inspection, with a revised version being put on display.

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

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

Information

Information governance and digital technology

The practice used electronic systems to manage patient records, policies and procedures, and staff training records.

Learning, improvement and research

Quality improvement activities

The practice had appropriate policies and procedures about quality improvement activities.

We saw evidence of audits taking place, including health and safety, healthcare waste, disability access and clinical notes. We advised that additional audits be carried out on smoking cessation and the prescribing of antibiotics.

The registered manager must ensure that a suitable program of audits is carried out, including audits on smoking cessation and the prescribing of antibiotics.

Staff told us that they did not use team development tools such as the Maturity Matrix provided by Health Education and Improvement Wales (HEIW).

We recommend that the registered manager review whether team development tools such as the Maturity Matrix would assist with improving the service.

There were systems in place to record and notify patient safety incidents. Staff told us that any lessons learnt would be shared in team meetings or via electronic communications.

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
There was no system in place to capture maintenance issues as they arose.	This would ensure that maintenance issues are captured and addressed in a timely way and would lead to an improved patient experience.	The issue was raised with the practice manager.	A poster was put up in the staff kitchen during the inspection, for staff to note any issues.
There was no information available to patients outlining the risks and benefits of X-ray exposures.	Patients were not informed of the risks and benefits of exposure to X-rays as part of their treatment.	The issue was raised with the practice manager.	An appropriate poster was put on display during the inspection.
The Registered Manager name on the HIW certificate was incorrect and required updating.	This could lead to confusion with patients not knowing who the Registered Manager was. It is also a legal requirement for such information to be correct and on display.	The issue was raised with the practice manager and owner.	The application process was started during the inspection.

Contact details for HIW were not included within the complaints procedure.	Patients would not know that they could contact HIW should they wish to make a complaint about the service.	The issue was raised with the practice manager and owner.	The procedure was corrected during the inspection, with a revised version being put on display.
--	---	---	---

Appendix B - Immediate improvement plan

Service: KAA Dental Hub

Date of inspection: 17 September 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 on this inspection					

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

Service representative:

Name (print): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: KAA Dental Hub

Date of inspection: 17 September 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1. There was a limited amount of information to promote the health of patients.	The registered manager must provide suitable information for patients to promote oral and general health.	Health and Care Quality Standards 2023 4.2 Patient information	Health information leaflets have been ordered from Public Health Wales and will be available to all patients in the waiting area. Relevant posters promoting oral health have been put up in the surgeries.	Surabhi Veettil	1 week
2. The Statement of Purpose for the practice required updating and a copy made available on the practice website.	The registered manager must ensure the Statement of Purpose is updated and a copy made available on the practice website.	The Private Dentistry (Wales) Regulations 2017, Regulations 5(2) and 7	Statement of Purpose has now been updated and made available on the practice website.	Emily Brown Surabhi Veettil	COMPLETED

3.	A full risk assessment should be carried out to ensure that the fire safety precautions are appropriate.	The registered manager must ensure that a full fire safety risk assessment is carried out, by an external body, and that any recommendations are implemented.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	External contractor carried out Fire risk assessment on the 24/09//2024 and recommendations have been completed.	Oday Hamond	COMPLETED
4.	The wallpaper in the toilet was torn and coming away from the walls in some areas, which could make cleaning difficult.	The registered manager must ensure that the staff toilet area is in good repair.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	The Registered Manager has noted this concern and is in the process of appointing a contractor to complete the required repairs.	Oday Hamond	Based on the contractor's availability, the practice aims to complete this as soon as possible.
5.	There was evidence of damp in a storage cupboard.	The registered manager must ensure storage cupboards are regularly cleaned to prevent the growth of mould.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Deep clean of storage cupboards have been added to the cleaning logs and will be monitored regularly.	Oday Hamond	COMPLETED
6.	Regular protein testing was not being carried out to confirm the effectiveness of instrument cleaning.	The registered manager must ensure that regular protein testing is carried out to confirm the effectiveness of instrument cleaning.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Protein testing kit has been ordered and nursing staff have been trained to undertake the testing.	Surabhi Veettil	COMPLETED

7.	Safeguarding documents did not reference the All Wales national safeguarding procedures.	We recommend that safeguarding policies and procedures are updated to refer to the All Wales national safeguarding procedures.	The Private Dentistry (Wales) Regulations 2017, Regulation 14(1)(a)	Safeguarding documents have now been updated with the required information.	Emily Brown	COMPLETED
8.	Some sections of the Radiation Protection File had not been populated, including the inventory of X-ray equipment.	The registered manager must ensure that all relevant sections of the Radiation Protection File are completed.	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 15	An inventory of x-ray equipment has been added to the file and certificates of recently carried out servicing and tests have now been added in the file.	Oday Hamond	COMPLETED
9.	There was no evidence that the digital processor for X-ray images had been serviced or that any checks were carried out on the image quality.	The registered manager must ensure that the X-ray image processor is serviced regularly, and audits carried out to check the quality of images.	The Ionising Radiation (Medical Exposure) Regulations 2017, Regulation 15	We have assigned a contractor to carry out servicing for the x-ray digital processor.	Oday Hamond	1 week
10.	Some aspects of patient records require more consistent recording.	The registered manager must ensure that patient records consistently include signed treatment plans, language preference, and	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	This concern was noted and discussed amongst the Dentists and DCP at the practice following	Oday Hamond Surabhi Veettil	COMPLETED To be reviewed during

		detailed notes about diagnoses and treatment options.		which language preferences was added to patient notes. Going forward, the treatment plans are to be electronically signed and the GDPs aim to have more in-depth notes regarding diagnoses and treatment options given to the patients.		clinical record keeping audits.
11.	Staff appraisals were not being carried out.	The registered manager must ensure that regular staff appraisals are carried out.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(4)	Annual staff appraisals have now been carried out on 20/11/2024 and Registered Manager will ensure it is carried out regularly going forward.	Oday Hamond	COMPLETED
12.	No feedback routes were provided for patients without access to digital services and those who wished to remain anonymous.	The registered manager must ensure that patients without access to digital services and those who wish to remain anonymous are able to provide feedback.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	Paper feedback forms have now been made available at reception for patients to fill out and drop off. Option of not including their name given in the form.	Oday Hamond	COMPLETED

13.	The practice did not have a mechanism to show that patient feedback was acted upon.	We recommend that the practice communicates to patients where actions have been taken in response to feedback, such as a 'you said, we did' poster.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	A feedback board has been set up in the practice where going forward we aim to display actions taken in response to feedbacks received from patients.	Oday Hamond	COMPLETED
14.	No audits were being carried out on smoking cessation and the prescribing of antibiotics.	The registered manager must ensure that a suitable program of audits is carried out, including audits on smoking cessation and the prescribing of antibiotics.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(1)	Registered with HEIW for Integrated Smoking Cessation Audit; to be completed by January 2025. Antibiotic prescribing audit files completed in March 2024 are available in the Audits folder in the practice. Registered with HEIW for the Antimicrobial Prescribing audit to be completed by January 2025.	Surabhi Veettil	January 2025
15.	Team development tools such as the Maturity Matrix provided by Health	We recommend that the registered manager review whether team development tools such as the Maturity	The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)	MMD seminar has been conducted in the practice by HEIW QI Educator on 27 th June	Oday Hamond	COMPLETED

	Education and Improvement Wales (HEIW) were not being used.	Matrix would assist with improving the service.		2024. Educator to inform us when recommended courses are available for staff to undertaken from HEIW.		
16.	Some servicing records relating to one autoclave (Alpha 16l) were not available at the time of inspection.	The registered manager must submit to HIW evidence of servicing and the written scheme for the relevant autoclave.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	Servicing reports obtained from the company and have been submitted to the HIW.	Surabhi Veettil	COMPLETED
17.	There was only one member of staff trained in first aid.	The registered manager must ensure that at least one additional member of staff is trained in first aid.	The Private Dentistry (Wales) Regulations 2017, Regulation 31	Additional staff, Surabhi Veettil has completed the First Aider course on 21/11/2024.	Oday Hamond	COMPLETED
18.	Certificates to show that X-ray equipment had been serviced were not available at the time of inspection.	The registered manager must ensure that up-to-date certificates to show that X-ray units have been serviced are submitted to HIW.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	Reports received from the servicing company and have now been submitted to the HIW.	Surabhi Veettil	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): Oday Hamond
Job role: Registered Manager
Date: 25 November 2024