

# General Dental Practice Inspection Report (Announced)

The Gateway Dental Practice,  
Aneurin Bevan University Health  
Board

Inspection date: 26 November 2024

Publication date: 26 February 2025



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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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

Digital ISBN 978-1-83715-365-7

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

## Our purpose

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

## Our values

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

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

## Our goal

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

## Our priorities

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



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# 1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of The Gateway Dental Practice, Aneurin Bevan University Health Board on 26 November 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 spoke to staff working at the service during our inspection. In total, we received eight responses from patients and eleven responses from staff at this setting. Some questions were skipped by some respondents, meaning not all questions had responses. Feedback and some of the comments we received appear throughout the report.

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

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

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

Patients provided very positive feedback about the care and service provided by the dental practice. All respondents to the HIW questionnaire rated the service as 'very good.'

There was a good range of relevant healthcare and patient information available throughout the practice and on the practice website. This included guidance relating to the conscious sedation service available at the practice. Patients confirmed that oral care had been explained to them appropriately.

We found that the practice team worked hard to treat their patients with kindness, dignity, and respect throughout the inspection.

The practice accommodated unscheduled emergency treatment on a first come, first served basis. A short notice list was maintained to utilise cancelled appointment slots.

This is what we recommend the service can improve:

- To ensure patients are aware of how to access the out of hours dental service
- To install a pull-cord alarm system in the accessible patient toilet.

This is what the service did well:

- A notice was displayed to remind patients to notify dentists of any changes in medication
- Conscious sedation service was offered for anxious patients
- Waiting time for therapist appointments could be as little as the next day
- Good accessibility for patients with impaired mobility.

### Delivery of Safe and Effective Care

Overall summary:

In general, the dental practice was well maintained, clean and decorated to a good standard. Patient areas were uncluttered and free of hazards.

We found suitable arrangements were in place at the practice to provide patients with safe and effective care and that staff were clear regarding their work roles and responsibilities.

Good decontamination processes were demonstrated. However, some unsealed syringe handles were found in surgery drawers. We also found that the inflow of air into the decontamination room was achieved by keeping the door open, which we considered inappropriate.

There was a suitable policy in place for the safe management of medicines. Equipment for use in an emergency was readily available and in good order, although some non-mandatory equipment was out of date and needed disposal.

We found X-ray equipment was being maintained and tested and a radiation risk assessment had been conducted. Patient information about the risks and benefits of X-rays was on display. However, the quality of X-ray images required more effective monitoring.

The dental records we reviewed were inconsistent, with some completed to a good standard, but others requiring improvement. However, we noted that patient language preference was not being recorded at all.

This is what we recommend the service can improve:

- To develop the buildings maintenance policy to account for age and listed status of premises
- Fire safety training outstanding for several staff
- To resolve issues raised within the fire risk assessment
- Plugs to be removed from basins within surgeries
- To implement a system to check the expiry dates of dental materials at the practice
- All cleaning cupboards must be locked when not in use
- To carry out a clinical audit of X-rays
- Ensure patients preferred choice of language is recorded within the patient records.

This is what the service did well:

- Access to an alternative practice to coordinate emergency care as part of business continuity plan
- Good first aid arrangements with kit in good order and appropriate number of trained and appointed staff
- Good X-ray compliance with appropriate signage above surgery doors
- Good arrangements for safe sedation services.

## **Quality of Management and Leadership**

Overall summary:

On the day of our visit, we found the practice managers to be open and approachable to staff and it was apparent that there was a good team spirit at the practice.

Whilst we considered the practice was generally well led, we did consider there was scope for additional oversight in some areas. We found that policies required more consistent version control and needed to be signed by staff as confirmation that they had been read and understood.

We saw a suitable induction process in place and staff appeared supported in their roles with evidence of regular appraisals. All staff who responded to the HIW questionnaire said they would recommend the practice as a good place to work.

We found good levels of compliance with staff professional obligations including General Dental Council registration, indemnity insurance and appropriate Disclosure and Barring Service (DBS) checks in place.

This is what we recommend the service can improve:

- Improve oversight of training and implement a robust programme of audits
- Create an index of policies with consistent version control
- To conduct a review of the conscious sedation policy.

This is what the service did well:

- Complaints were fully documented and often resolved on the same day
- An audit of complaints had recently been conducted
- Developed good links with the local health board and was an active member of the local healthcare cluster group
- Involved in teaching early years dentists and alternate patient management techniques including hypnotherapy and acupuncture
- The practice had partnered with a nearby dental practice to provide emergency treatment cover.



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All eight respondents rated the service as ‘very good.’

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

*“Would like to emphasise how pleasant and helpful everyone at the practice is. A good example of making a difficult experience as good as possible.”*

#### Person Centred

##### Health Promotion

We saw a range of relevant healthcare information available in the patient waiting areas, which included smoking cessation and healthy diet guidance. We saw information about treatment fees was also on display.

The practice website contained lot of useful information about the service with a page dedicated to the sedation services offered, access and parking information. Further information about the sedation service was available within the practice. There was a notice to remind patients to notify dentists of any changes in medication.

The names and General Dental Council (GDC) registration numbers for the dental team were displayed and ‘no smoking’ signs were clearly displayed in accordance with legislation.

All respondents who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand, and most (6/8) agreed that staff had provided them with aftercare instructions on how to maintain good oral health. The remaining respondents said the question was not applicable.

### **Dignified and Respectful Care**

During the inspection we found staff treated patients with kindness and respect. A confidentiality agreement was incorporated into the staff contract of employment. We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. We were told that patients who receive sedation are provided with sufficient time to recover in the dental chairs with appointment times arranged accordingly.

The reception desk was in the waiting room limiting privacy when checking-in. We were told confidential discussions and phone calls could be taken in an available surgery.

The GDC core ethical principles of practice were clearly displayed in the waiting area in both Welsh and English.

All respondents who completed a HIW patient questionnaire felt they were treated with dignity and respect at the practice.

### **Individualised care**

All respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and said they were given enough information to understand the risks and benefits associated with those treatment options. All respondents who considered the question applicable (6/8) said that the costs were made clear to them prior to commencing treatment.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment and confirmed that their medical history was checked before treatment.

## **Timely**

### **Timely Care**

We were told that reception staff informed patients if there were any delays to appointments. We were advised that the average waiting time between each treatment appointment was three weeks for dentists, but appointments for the therapist could be as little as the next day.

We were told emergency appointments were available every day and allocated on a first come, first served basis with telephone lines open from 09:00 am. This information was also contained on the practice website.

The practice's opening hours and out-of-hours emergency telephone number were prominently displayed and could be seen from outside the premises.

All respondents who completed the HIW patient questionnaire said it was easy to get an appointment when they needed one. Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, three respondents said that they did not.

**We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.**

## **Equitable**

### **Communication and Language**

Whilst we found patient information available in large print and easy read formats, there was little written information available in Welsh at the practice. We also found the 'Active offer' of providing treatment in Welsh was not promoted, and were told that staff did not inquire about patient language preferences. We raised this with senior management who arranged for appropriate signs to be displayed during the inspection and advised reception staff accordingly.

We were told there were no Welsh speaking staff at the practice but that several staff had inquired about Welsh language training. A translation service was available for patients whose first language was not English. A notice was displayed to indicate this option to patients.

The practice arranged appointments by telephone or in person at reception, which enabled patients without digital access to arrange treatment. There was no online appointment booking facility available.

### **Rights and Equality**

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients. The practice had an equality and diversity policy and all staff had completed training on this subject. We also found a bullying and harassment in the workplace policy in place.

Staff told us that preferred names and/or pronouns of patients would be recorded in their records which helped to ensure transgender patients were treated with respect.

All respondents who completed the HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice.

The floor into the practice was level with the pavement outside. There were two surgeries easily accessible for wheelchair users and we noted a lowered section of the reception desk also helped wheelchair users when reporting for appointments.

We found the patient toilet to be clean and was accessible with handrails fitted and the wash basin installed at an appropriate height. However, we found there was no emergency call aid available in event of an incident.

**The registered manager must install a pull-cord alarm system in the accessible patient toilet.**

# Delivery of Safe and Effective Care

## Safe

### Risk Management

The dental practice was located within a listed property with strict planning rules that imposed limitations to maintenance and upgrades to the practice. However, we found the buildings maintenance policy was a very brief document. Considering the listed status of the property, and the potential issues associated with an older structure, we considered this lacked sufficient detail to be assured that the premises would always be fit for purpose.

**The registered manager must develop the buildings maintenance policy to ensure the premises are always fit for purpose.**

Overall, we found a well maintained practice with spacious, comfortable and well-lit surgeries. Internally, the environment was decorated and furnished to a good standard, although we found the trim on some work surfaces in surgeries had evidence of wear and tear. We also found cupboards containing sharps bins had no handles, requiring staff to pull them open with their feet. This had again resulted in damaged surfaces. We noted flaking paint on a beam in Surgery 2 which needed to be rectified.

**The registered manager must:**

- **Repair damaged surfaces to enable effective infection prevention and control processes**
- **Install appropriate opening mechanisms for the cupboards**
- **Ensure all paintwork is in suitable condition within surgeries.**

Patient areas were uncluttered and free from hazards. We saw there were suitable arrangements for staff to change their clothes and store their personal possessions. We saw a several up-to-date health and safety related policies were in place. We suggested this could be incorporated into one comprehensive document rather than as separate elements. An approved health and safety poster and employer's and public liability insurance were clearly displayed.

We saw annual gas safety records, five yearly wiring inspection and Portable Appliance Testing (PAT) were all current and in 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 unforeseen event. This included access to an alternative practice to coordinate emergency care. We were

told that this policy had been emailed to all staff so that everyone had access to the contact numbers.

There was a fire equipment maintenance contract in place and all fire extinguishers had been serviced within the last year. Fire safety training had been completed by most staff and we saw evidence of weekly equipment checks and regular fire drills. Fire exits were clearly signposted. We saw that annual reviews of the fire risk assessment were conducted. However, we found a fire risk assessment from November 2022 that contained recommendations yet to be actioned.

**The registered manager must:**

- **Ensure annual fire safety training is completed by all staff and provide evidence to HIW when completed**
- **Make suitable arrangements to resolve issues raised within the fire risk assessment and provide HIW with evidence when complete.**

#### **Infection Prevention and Control (IPC) and Decontamination**

The premises appeared clean with the patient waiting area suitably furnished to allow effective cleaning. Although there were schedules used to aid effective cleaning processes, some were not available for shared spaces, while exposed beams and plaster moulding presented additional challenges.

There was an up-to-date policy in relation to infection prevention and control, and decontamination. Appropriate hand hygiene facilities were available in each surgery and in the toilets, and personal protective equipment (PPE) was readily available. However, we found some local anaesthetic safety-plus handles were unsealed in drawers and plugs in sinks within surgeries. There was some out-of-date Temp-Bond found in Surgery 3. We also found fabric tourniquets in use which we considered problematic to keep clean. We suggest that the practice considers using single-use disposable tourniquets instead.

**The registered manager must:**

- **Ensure dental syringes are sealed once decontaminated to retain the sterile condition of the equipment**
- **Remove plugs from surgery sinks**
- **Ensure there is a system in place to check the expiry dates of the dental materials at the practice and dispose of, and replace, any that are out of date.**

There was a designated decontamination room with a suitable system in place to safely transport used instruments from surgeries to the decontamination room.

Appropriate arrangements were described and demonstrated for cleaning and decontaminating reusable instruments. However, we noted there was only an outflow extractor installed and that the inflow of air was achieved by keeping the door open, which we considered inappropriate. Staff said that the room becomes very hot during warm weather.

**We recommend the registered manager considers installing an appropriate ventilation system for the decontamination room in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.**

Additionally, we did not see evidence that an infection prevention and control (IPC) audit had been conducted within the last year.

**The registered manager must conduct an infection prevention and control audit in line with WHTM 01-05 and provide HIW with evidence when completed.**

We saw a current contract was in place to safely transfer waste from the practice. We saw clinical waste produced by the practice was stored in appropriate containers in a secure, external area while awaiting collection.

We reviewed the arrangements in relation to handling substances subject to Control of Substances Hazardous to Health (COSHH). Whilst there were labelled COSHH cupboards in the surgeries, we found one cupboard close to the patient waiting area which was unlocked.

**The registered manager must ensure the COSHH storage is always locked when not in use.**

We inspected arrangements for the ventilation of sedative gas from the surgeries. We found the scavenging equipment removed the gas from the surgeries with the outflow at low level.

We confirmed all staff working at the practice had completed infection prevention and control training and saw evidence of this within the sample of staff files we reviewed.

All respondents who completed the HIW patient questionnaire considered the practice was very clean and felt that infection and prevention control measures were being followed.

### **Medicines Management**

We found that no medicines were stored at the practice other than drugs for sedation and medical emergencies. There was a suitable process in place for

checking and disposal of out-of-date emergency drugs. We discussed updating the practice's operating procedures to confirm this process. We found drugs were stored appropriately and were in date.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice which was based on current national resuscitation guidelines. Emergency equipment was found to be in date and available. Most staff working at the practice had completed resuscitation training within the last year and we saw evidence of this within the sample of staff files we reviewed. However, we found one member of staff had last completed resuscitation training in September 2020.

**The registered manager must ensure remaining staff have up-to-date resuscitation training and provide HIW with evidence when completed.**

We also found suitable arrangements in place for emergencies where sedation is used with relevant staff having completed immediate life support (ILS) training as necessary.

We saw evidence that oxygen cylinders had required service maintenance checks and that staff had completed basic training in their safe use. However, staff had not completed BOC specific cylinder training in accordance with the Welsh Health Circular WHC (2024) 036 PSN 041. We raised this with the practice manager who said that they had not received this circular from the local health board. It was arranged for staff to complete this training and certificates of completion for most staff were supplied to HIW shortly following the inspection.

**The registered manager must arrange for remaining staff to complete BOC cylinder training and provide HIW with copies of certificates.**

The first aid kit was found to be in order. We found an appropriate numbers of appointed first aiders to ensure there was cover in the event of sickness and holidays.

### **Management of Medical Devices and Equipment**

We found the dental surgeries were suitably equipped to provide safe and effective dental treatment including sedation. Equipment appeared clean and in good condition. However, we found some non-mandatory I-gel airways as part of the sedation equipment was out of date that required replacing.

The required documentation was available to show safe arrangements were in place for the safe use of the X-ray equipment and that appropriate signage was above all surgeries. Posters were displayed advising patient of the risks and



benefits of X-rays. We reviewed documentation indicating that the equipment underwent the necessary maintenance and testing, and that a radiation risk assessment was conducted. We found a Radiation Protection Advisor (RPA) report dated 2023 that recommended the local rules be updated. However, we found no evidence that these recommendations had been implemented.

**The registered manager must make suitable arrangements to resolve issues raised within the Radiation Protection Advisor report and provide HIW with evidence when complete.**

We found clinical evaluations and justifications for each X-ray exposure were noted in patient records. However, we found no evidence that image quality was being monitored. Some images we reviewed were of a poor quality and we noted a large difference between digital sensor and phosphor plate images that were not picked up by the practice.

**The registered manager must conduct a clinical audit of X-rays. We recommend implementing an audit of X-rays every six months in accordance with Faculty of General Dental Practice (UK) guidance.**

We confirmed all staff who were involved in the use of X-rays had completed relevant training and saw evidence of this within the sample of staff files we reviewed.

### **Safeguarding of Children and Adults**

We saw suitable up-to-date policy was in place in relation to safeguarding including the relevant local safeguarding team contact details. We discussed making a quick reference safeguarding guide sheet available in each surgery and staff room for easy access in the event of a concern.

The practice had an appointed dedicated safeguarding lead and we saw all staff were appropriately trained and knowledgeable about child and adult protection. The practice had access to the latest All-Wales Safeguarding guidelines.

## **Effective**

### **Effective Care**

We found there was sufficient trained staff in place at the practice to provide patients with safe and effective care. Staff were clear regarding their work roles and responsibilities at the practice and we were assured that regulatory and statutory guidance was being followed when treatment was provided. We found sedation was being delivered in accordance with best practice guidelines.

We saw the practice used recommended checklists to minimise the risk of wrong tooth extraction and that staff were aware of how to seek relevant professional advice when required. We saw evidence of good clinical practice in relation to complimentary anxiety management therapies.

### **Patient Records**

We saw a suitable system was in place to help ensure patient records were safely managed and stored securely in line with the practice data security policy. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental records of nine patients, and overall, we considered these to be of a variable standard across clinicians. Each record had suitable patient identifiers with the initial medical history recorded and signed by both patient and dentist. Full base charting, baseline BPE and cancer screening were recorded on each record. However, we found several omissions including little evidence of treatment planning and options, and previous dental history was missing for seven of the records. Informed consent was missing for two records, while reason for attendance and symptoms were inconsistently recorded. We found risk assessments were not always recorded which impacted recall intervals, contrary to NICE guidelines. We found patient language choice was not recorded, which could inhibit effective and individualised patient care.

**The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.**

**The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.**

## **Efficient**

### **Efficient**

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians and therapists for the services provided. We considered there was a good flow of patients both in and out of referral pathways with an electronic system controlling this to ensure they were actively monitored.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were used efficiently with urgent dental care being

accommodated via emergency slots and any cancelled appointments made available to others using a waiting list.

# Quality of Management and Leadership

## Staff feedback

Eleven staff responded to the HIW questionnaire and overall, responses were positive. Some comments provided by staff who completed the questionnaire included:

*“A great team to work with, I feel supported within my role.”*

*“Busy NHS practice with a great team. Everyone works hard and tries their best.”*

*“This is the best practice I've worked at. I think any downfalls are due to the demands of balancing providing NHS care and keeping the business viable.”*

## Leadership

### Governance and Leadership

The practice is run as a co-operative practice with five directors responsible for the day-to-day management of the practice. On the day of our visit, we found that the practice managers were open and approachable to staff and it was apparent that there was a good team spirit at the practice. Overall, we found the practice was well led with a clear commitment to providing a high standard of service and a positive approach to making improvements. Clear lines of reporting were described, although we discussed the option of appointing a dedicated practice manager for greater oversight of some aspects such as training and audits.

There were suitable arrangements for sharing relevant information with staff including regular team meetings with minutes recorded and made available. One staff member commented:

*“Regular team meetings encourage information sharing and excellent communication within practice.”*

We found a good range of policies available to staff to support them in their roles. However, the practice did not have an index of these policies, version control was inconsistent and we found that very few had been signed by staff to confirm they had had read and understood the contents. We noted that the conscious sedation policy was overdue for a review as some details were not relevant and specific to the sedation service at the practice.

The registered manager must ensure that:

- The conscious sedation policy is reviewed and updated accordingly, and ensure it is specific to the service being provided at the practice.
- An index of policies is drawn up to enable better management of policies
- All policies contain version history, review dates and person responsible for reviewing the procedure
- All staff have read and understood relevant practice policies to ensure compliance with practice processes
- Provide HIW with evidence once completed.

All staff who completed the HIW questionnaire said that they would recommend the practice as a good place to work, that they had fair and equal access to workplace opportunities, and felt the workplace was supportive of equality and diversity. Most (9/11) agreed that their current working pattern allowed for a good work-life balance.

## Workforce

### Skilled and Enabled Workforce

The practice team comprises of three dentists, one hygienist, three therapists, seven nurses and a decontamination assistant. We considered the number and skill mix of staff was appropriate to deliver the dental services provided.

The practice had a recruitment policy which set out all the requirements in respect of staff working at the dental practice. We reviewed the files of staff working at the practice and saw all had a valid Disclosure and Barring Service (DBS) certificate, evidence of indemnity insurance, and where relevant, current registration with the General Dental Council (GDC). Appropriate vaccinations against Hepatitis B were evident.

An appropriate induction process was in place that helped ensure new staff were aware of the practice procedures and saw evidence of annual staff appraisals. We found staff who provided sedation services were suitably trained.

All staff who responded to the HIW questionnaire agreed that they had appropriate training to undertake their role and have had an appraisal within the last 12 months. All agreed there was an appropriate skill mix at the practice and that they were able to access the necessary information technology to provide care for patients.

## Culture

### People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including online reviews. A suggestions box was available to enable patients without digital access to provide feedback anonymously. We discussed considering the option of automated text messaging patients for feedback following an appointment.

We were told that feedback is regularly reviewed and we saw evidence that this was discussed at team meetings. The practice had no formal method for advising patients of action taken as a result of their feedback. We discussed displaying 'You said, we did' notices within the waiting area.

There was a comprehensive complaints procedure in place which included appropriate timescales for response, how to escalate the issue if required and included details of other organisations that patients could approach for help and support. We reviewed the complaints file and found the process to be fully adhered to and documented throughout. We noted that complaints were often resolved on the same day. An audit of complaints had recently been conducted.

There was a suitable Duty of Candour policy in place and staff confirmed they had received appropriate training on this subject. We were told there had been no incidents to date that had triggered the Duty of Candour process.

All staff who responded to the HIW questionnaire said the practice encouraged them to report errors, near misses or incidents.

## Information

### Information Governance and Digital Technology

The practice had suitable up-to-date data protection and security policies to help ensure appropriate handling and storage of patient information.

Appropriate systems were described for sharing patient safety information with staff and other relevant agencies and organisations.

## Learning, Improvement and Research

### Quality Improvement Activities

We saw evidence that some audits had been completed, including antibiotic prescribing, disability access and complaints. However, we found the practice had

not conducted a clinical records audit, in addition to the X-rays and overdue infection control audits. We saw no evidence of either health and safety, nor clinical waste audits.

**The registered manager must implement a more robust programme of clinical audits and provide HIW with results when complete.**

We saw evidence in files that the practice had previously used the Skills Optimiser Self-Evaluation Tool (SOSET). However, we were told the practice did not currently use any team development tool. We discussed revisiting these as part of their wider quality improvement programme.

## **Whole Systems Approach**

### **Partnership Working and Development**

We were told the practice had good links with the local health board and was an active member of the local healthcare cluster group. The practice was involved in teaching early years dentists and alternate patient management techniques including hypnotherapy and acupuncture supportive of anxious patients which we considered good practice.

Suitable arrangements were described for engagement between the practice and other primary care providers promoting the wellbeing of patients by ensuring better co-ordinated healthcare within the community. This included a partnership with another local dental practice to provide cover for emergency treatment, and liaison with local community services regarding patients being sedated in the most appropriate setting.

## 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
There were no immediate concerns resolved during our inspection.			

## Appendix B - Immediate improvement plan

**Service:** The Gateway Dental Practice

**Date of inspection:** 26 November 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance concerns were identified on this inspection.					

## Appendix C - Improvement plan

**Service:** The Gateway Dental Practice

**Date of inspection:** 26 November 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
Whilst most respondents said that they knew how to access the out of hours dental service if they had an urgent dental problem, three respondents said that they did not.	We recommend the registered manager reflects on the issues raised in this feedback to ensure patients are aware of how to access the out of hours dental service.	Quality Standard - Timely	We already have this on posters, the website and the practice leaflet. I have no added this to the SMS reminders	Stephanie Brooks	Already completed
There was no emergency call aid installed in the accessible patient toilet.	The registered manager must install a pull-cord alarm system to the accessible patient toilet.	Quality Standard - Equitable Regulation 13(1)(a) & (b)	Pull cord has been delivered will book in fitting	Stephanie Brooks	2 Months

<p>Considering the listed status of the property, and age of the structure, we considered the building maintenance policy lacked sufficient detail to be assured that the premises would always be fit for purpose.</p>	<p>The registered manager must develop the buildings maintenance policy to ensure the premises are always fit for purpose.</p>	<p>Regulation 8(1)(c)</p>	<p>We have registered with iComply to help us develop policies</p>	<p>George Warmisham</p>	<p>3 Months</p>
<p>We found some wear and tear on work surfaces and cupboards. We noted flaking paint on one of the beams in Surgery 2 which needed to be rectified.</p>	<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>• Repair damaged surfaces to enable effective infection prevention and control processes</li> <li>• Install appropriate opening mechanisms for the cupboards</li> <li>• Ensure all paintwork is in a suitable condition in surgeries</li> </ul>	<p>Regulation 22(2)(b)</p>	<p>Order new cupboard doors and handles repaint the beam</p>	<p>Stephanie Brooks</p>	<p>3 Months</p>

<p>Up to date fire safety training was missing for several staff members.</p> <p>A fire risk assessment contained several recommendations to be actioned.</p>	<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>• Ensure annual fire safety training is completed by all staff and provide evidence to HIW when completed</li> <li>• Make suitable arrangements to resolve issues raised within the fire risk assessment and provide HIW with evidence when completed.</li> </ul>	<p>Regulation 22(4)(c)</p> <p>Regulation 22(4)(f)</p>	<p>Will ensure all staff have had appropriate training and complete resolution of issues raised in the fire risk assessment</p>	<p>James Bathie</p>	<p>3 weeks for training</p> <p>6 months for building works</p>
<p>We found some local anaesthetic safety-plus handles were unsealed in drawers and plugs in sinks within surgeries. There was some out-of-date Temp-Bond found in Surgery 3</p>	<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>• Ensure dental syringes are sealed once decontaminated to retain the sterile condition of the equipment</li> <li>• Remove plugs from surgery sinks</li> <li>• Ensure there is a system in place to</li> </ul>	<p>Regulation 13(3)(b)</p> <p>Regulation 22(2)(a)</p>	<p>Have ensured LA syringes are now sealed after decontamination</p> <p>Plugs have been removed</p> <p>We are implementing a new system to check the expiry dates</p>	<p>Stephanie Brooks</p>	<p>Already done</p>

	check the expiry dates of the dental materials at the practice and dispose of, and replace, any that are out of date.	Regulation 13(6)(b)(iii)			
There was only an outflow extractor installed in the decontamination room. There was no appropriate provision for an inflow of air.	We recommend the registered manager considers installing an appropriate ventilation system for the decontamination room in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.	Regulation 22(2)(b)	We have looked into another fan in the past but it was not thought to be possible without compromising the structure of the building.  We'll look into it again	Stephanie Brooks	3 Months
We did not see evidence that an infection prevention and control (IPC) audit had been conducted within the last year.	The registered manager must conduct an infection prevention and control audit in line with WHTM 01-05 and provide HIW with evidence when completed.	Regulation 13(6)(a) and 16(1)(a)	Audit has since been carried out	Stephanie Brooks	Already complete
Whilst there were labelled COSHH cupboards in the surgeries, we found one cupboard close to the	The registered manager must ensure the COSHH storage is always locked when not in use.	Regulation 22(2)(a)	Will check we can lock door without compromising fire door	James Bathie	1 month

patient waiting area which was unlocked.					
We found one member of staff had last completed resuscitation training in September 2020.	The registered manager must ensure remaining staff have up-to-date resuscitation training and provide HIW with evidence when completed.	Regulation 31(3)(a)	Staff member has completed course	George Warmisham	Already Completed
While staff had completed basic training in their safe use, several were yet to complete the BOC specific cylinder training.	The registered manager must arrange for remaining staff to complete BOC cylinder training and provide HIW with copies of certificates.	Regulation 13(2)(b)	All staff have now completed will send on certificates	Stacey Richards	Already complete
We found a Radiation Protection Advisor (RPA) report dated 2023 that recommended the local rules be updated.	The registered manager must make suitable arrangements to resolve issues raised within the Radiation Protection Advisor report and provide HIW with evidence when complete.	Regulation 16(2)(a)	RPS has been considered  Outside workers and local rules updated	George Warmisham	Already complete
We found no evidence that image quality was being monitored. Some images	The registered manager must conduct a clinical audit of X-rays. We recommend an audit of X-rays every six months in	Regulation 16(1)(a)	We have registered with Icomply which will prompt us to carry out these audits	George Warmisham	6 Months

we reviewed were of a poor quality.	accordance with Faculty of General Dental Practice (UK) guidance.				
We found several omissions including little evidence of treatment planning and options, and previous dental history was missing for seven of the records. Informed consent was missing for two records. Further inconsistencies were noted.	The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulation 20(1)(a)(i) &(ii)	We have already carried out a notes audit. This has highlighted general and individual shortcomings we will re-audit in 6 months	George Warmisham	Completed-ongoing
We found patient language choice was not recorded, which could inhibit effective and individualised patient care.	The registered manager must ensure patients preferred choice of language and action taken to address any language needs are recorded within the patient records.	Regulation 13(1)(a)	We will discuss at next patient meeting asking staff to ask patients and record their preference	George Warmisham	1 Month
The practice did not have an index of these policies, version control was inconsistent and we found	The registered manager must ensure that: <ul style="list-style-type: none"> <li>The conscious sedation policy is reviewed and updated accordingly,</li> </ul>	Regulation 8	We have registered with iComply which will better organise the policies and allow us to send them out to staff	George Warmisham Stacey Richards	6 months



<p>that very few had been signed by staff.</p> <p>The conscious sedation policy was overdue for a review.</p>	<p>and ensure it is specific to the service being provided at the practice</p> <ul style="list-style-type: none"> <li>• An index of policies is drawn up to enable better management of policies</li> <li>• All policies contain version history, review dates and person responsible for reviewing the procedure</li> <li>• All staff have read and understood relevant practice policies to ensure compliance with practice processes</li> </ul> <p>Provide HIW with evidence once completed.</p>		<p>and record their read status</p> <p>We will also use iComply to help review the sedation policy and they will keep us up to date with any changes.</p>	Stephanie Brooks	
<p>We found the practice had not conducted a clinical records audit, in addition</p>	<ul style="list-style-type: none"> <li>• The registered manager must implement a more robust programme of clinical audits and</li> </ul>	Regulation 16	Again, will utilise iComply.	Stephanie Brooks	3 Months

to the X-rays and overdue infection control audits. We saw no evidence of either health and safety, nor clinical waste audits.	provide HIW with results when complete.			Stacey Richards	
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

### Service representative

**Name (print):** George Warmisham

**Job role:** Practice Principal

**Date:** 24/01/2025