Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Wyecliff Dental Surgery, Aneurin Bevan University Health Board

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

Our purpose

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

Our values

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

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

Our goal

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

Our priorities

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

Contents

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 Wyecliff Dental Surgery, Aneurin Bevan University Health Board on 13 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. In total we received two responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had two responses. We also spoke to staff working at the service during our inspection. Feedback and some of the comments we received appear throughout the report.

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

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Patients provided positive feedback about the care and service provided by the dental practice. We found staff to be friendly and polite and they treated patients with kindness and respect.

There was lots of healthcare information available throughout the practice but much of it was in treatment rooms where patients may not have sufficient time to read it and some found the amount to be overwhelming.

The practice effectively accommodated patients regarding emergency appointments via telephone, and patients said it was 'very easy' to get an appointment when they need one.

With several steps and sloping pathways outside, and a narrow corridor and patient toilet on the first floor, the practice was not considered wheelchair accessible.

This is what we recommend the service can improve:

- To install a suitable window in Surgery 2 that protects the privacy of patients
- Make information available in other formats that consider people with reading difficulties.

This is what the service did well:

- Wide range of useful information available
- Short waiting times between appointments
- Active offer of Welsh service and ability to treat patients using several other languages including Vietnamese and Cantonese.

Delivery of Safe and Effective Care

Overall summary:
The dental practice was comfortable and free from clutter. However, we found cracks in the plaster and the floor covering on the stairway and first floor landing that required attention. We found the building maintenance policy to be inadequate.

We found good fire safety processes in place and staff had completed fire safety awareness training. One fire extinguisher was awaiting replacement.

There was a dedicated decontamination area with suitable systems in place for decontaminating reusable dental instruments. However, the door would not close and there was no automatic door closer fitted.

There was a medicines management policy in place. However, there was no thermometer to record the temperature of the fridge where medicines were stored, and we found loose medicines stored in plastic bags without any patient information leaflet or original packaging.

There were some inconsistencies in the information recorded in patient records.

Immediate assurances:

- Dust and staining on chair in Surgery 2 posed infection control risk
- No thermometer fitted to fridge where medicines were stored
- Loose medicines stored in plastic bags for dispensing without necessary information
- Emergency equipment was missing, out of date, or the expiry date could not be determined.

This is what we recommend the service can improve:

- Preventative maintenance to be carried out where necessary with particular attention to the stairs and landing flooring
- To review and update the building maintenance policy to ensure it covers issues of maintenance
- To re-fit the decontamination door to ensure it closes, and fit an automatic closer mechanism
- To implement a system of daily fridge temperature checks
- To implement weekly checks of emergency drugs
- To take action to address our findings in relation to the completeness of patient records
- To record preferred choice of language within the patient records.

This is what the service did well:

- Clinical equipment was safe and maintained appropriately
- Evidence of regular checks of fire detection and safety equipment including regular drills
- Protocols readily available to advise staff of the action to take in the event of a needlestick incident
- Suitable systems in place to ensure patient records were safely stored and protected.

Quality of Management and Leadership

Overall summary:
We found that Wyecliff Dental Surgery was a small family run dental practice with clear reporting lines for staff.

Monthly team meetings were held although we felt there was scope for daily team huddles to discuss issues and objectives more quickly.

Up-to-date policies were in place. However, we found that staff had not signed these to confirm they had read and understood the contents.

There was a recruitment and induction policy which included conditions of employment. However, we found no references available for any staff.

There were various complaints processes available although some records of complaints that we reviewed were not fully recorded. There were limited opportunities for patients to provide feedback.

Immediate assurances:

- There were no references available for any staff working at the practice.

This is what we recommend the service can improve:

- All staff to sign policies and updates to confirm they have been read and understood
- To put in place systems to regularly seek the views of patients regarding their care and treatment
- The practice complaints process is to be adhered to and fully documented
- To conduct patient records audit.

This is what the service did well:

- Evidence of compliance with professional obligations including an ongoing system of checks to ensure staff remained fit to work at the practice
- Good compliance with mandatory staff training.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. Both respondents rated the service as 'very good.'

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

> ***"My dentist is fantastic. The receptionist is always so helpful and approachable, she's fab."***

Person Centred

Health Promotion
We saw lots of healthcare information was available throughout the practice to help patients maintain both general and oral health. Further useful information about the practice and charges for both private and NHS treatments were also on display. However, we found that a large amount of information was displayed in treatment rooms, and therefore only visible to patients who were treated in that particular room. We also felt that the treatment room was not the most appropriate location for patients to have sufficient time to read this information. Whilst the diversity of information covered a broad range of subject matter, patients we spoke to found the amount and layout of information overwhelming. We discussed with staff how the practice might better present the information in a manner that is easier for patients to read.

The names and General Dental Council (GDC) registration numbers for the dentists were clearly displayed. However, the details of the other members of the dental team were missing. We raised this with the practice manager who rectified the matter immediately following the inspection.

Both respondents who completed a HIW patient questionnaire agreed they had their oral care explained to them by staff in a way they could understand.

We saw signage displayed that smoking was not permitted on the premises, in accordance with current legislation.

Dignified and Respectful Care

We saw that the exterior windows to Surgery 1 and Surgery 3were covered and the surgery doors closed when dentists were seeing patients to maintain patient privacy and dignity. However, the blind to Surgery 2 could not be properly positioned due to the location of the extractor fan, which allowed a view into the treatment room from neighbouring premises.

The registered manager must install a suitable window covering in Surgery 2 to protect the privacy of patients when accessing treatment.

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

We found that patients reported to reception via a small hatch in the patient waiting area, limiting privacy when checking-in. Reception staff understood the need to maintain confidentiality when dealing with patients. We were told sensitive patient discussions could be held in a spare surgery if required.

The GDC core ethical principles of practice were displayed in the waiting area.

Individualised care

Both respondents who completed a HIW patient questionnaire said that they were given enough information to understand the treatment options available and associated risks and benefits associated. Both told us they had been involved as much as they had wanted to be in decisions about their treatment.

Although both respondents confirmed their medical history was checked before treatment, we suggested displaying signs to remind patients to inform dentists or dental care professionals of any change of their medical history as good practice.

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.

The practice arranged appointments by telephone, by email or in person at reception. There was no online appointment booking facility available.

Staff told us that whilst every effort was made to accommodate emergency appointments, patients would preferably need to telephone at 08:30am. These appointments would be assessed based on patient symptoms and clinical need.

We were told that patients generally wait seven to ten days between each ongoing dental treatment appointment. Whilst the practice did not ringfence certain times of the day for specific patient groups, we were told that they did try to arrange appointments for children after school hours. The practice was open until 6pm on two nights a week to enable access to dental care for patients who cannot attend during normal business hours.

The practice opening hours and out of hours contact numbers were not displayed in a way that they would be visible externally. We raised this with the practice manager who rectified the matter during the inspection.

Both respondents who completed a HIW patient questionnaire said it was 'very easy' to get an appointment when they needed one and would know how to access the out-of-hours dental service if they had an urgent dental problem.

Equitable

Communication and Language
We were told there was one member of staff who could speak Welsh if required. We saw a notice displayed offering treatment in the medium of Welsh, although this was lost among the other information displayed in the waiting area. We discussed how this notice might be more appropriately displayed next to the reception hatch.

The practice also had staff who could communicate and provide services in several other languages including Vietnamese and Cantonese. For other patients whose first language was not English, a translation service was available.

We found a hearing loop system in place to assist patients with hearing difficulties. However, we did not see information available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties.

The registered manager is required to provide HIW with details of how the practice will make information available in other formats that benefit patients with reading difficulties.

Rights and Equality
We saw the practice had an appropriate equality, diversity and human rights policy in place along with a harassment policy.

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

There was level flooring throughout the ground floor area which included the reception, waiting area and one surgery. However, we found access to the practice involved several steps, sloping pathways and a narrow corridor inside. We also found the patient toilet was located on the first floor with no lift available. The premises were not considered wheelchair accessible. This situation was reflected within the patient information leaflet.

Both respondents who completed a HIW patient questionnaire considered the building only partially accessible, with one commenting:

> ***"No lift to first floor and the stairs are quite steep."***

Delivery of Safe and Effective Care

Safe

Risk Management
We found the premises to be clean, comfortable and free from clutter. However, we found cracks in the plaster in several areas within the practice. We also noticed that the floor covering on the stairway and first floor landing was starting to come loose in several places. Although not a trip hazard at the time of the inspection, we considered this required preventative maintenance to stop the issue worsening and developing into a significant risk.

The registered manager must arrange for preventative maintenance to be carried out where necessary within the practice. Particular attention should be given to the stairs and landing flooring.

We inspected the building maintenance policy entitled 'Ensuring the premises used for the purpose of carrying on private dental practice are at all times fit for that purpose'. However, we found this was a rudimentary document which largely referenced the practice Health and Safety policy and contained little guidance for addressing building maintenance. Considering the age of the building and apparent issues, we considered it important that this document be reviewed.

The registered manager must review and update the building maintenance policy to ensure it covers the maintenance of the premises.

There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to an emergency event. Contact details for the emergency response team and a list of emergency contact numbers were available to staff if required.

The practice had a Health and Safety policy and comprehensive Health and Safety Risk Assessment in place. An approved health and safety poster was clearly displayed for staff to see and we saw that employer's and public liability insurance was in place. There were appropriate arrangements for handling materials subject to the Control of Substances Hazardous to Health (COSHH).

We saw annual gas safety records, five yearly wiring inspection and Portable Appliance Testing (PAT) were all current and in date. There were facilities for staff to change in privacy with storage available for staff to keep their belongings.

We found the practice had an up-to-date fire risk assessment. We saw evidence of weekly fire safety equipment tests and regular fire drills, and that fire exits were suitably signposted and free from obstructions. A current fire equipment maintenance contract was in place and we saw that all fire extinguishers had been serviced within the last year. However, we found that one carbon dioxide extinguisher located in the staff kitchen had been recently decommissioned and was awaiting a replacement to be supplied.

The registered manager must ensure the recommended replacement extinguisher is installed and provide HIW with evidence once completed.

Our review of staff training records identified that up-to-date fire safety awareness training had been completed by all staff.

Infection Prevention and Control (IPC) and Decontamination
We saw appropriate infection control policy and procedures were in place in with a designated infection control lead appointed. Personal protective equipment (PPE) was readily available for staff use.

We saw domestic cleaning schedules were in place to support cleaning routines. We found the waiting area seating was covered in material that was easy to wipe clean. Suitable handwashing and drying facilities were available in each surgery and in the toilets. We found the patient toilet to be clean and suitably stocked. However, in the staff toilet we found what appeared to be soapy-water marks on the wall around the sink and mould on the wall behind the toilet.

In general, the dental surgeries were visibly clean and uncluttered. However, we found dust on the wheelbase, and scuffs and stains on the plastic cover on the backs of chairs in Surgery 2 which posed an infection prevention and control risk. We raised this with staff who immediately cleaned the affected areas.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

The registered manager must:

- **Review the relevant infection prevention and control procedures to ensure effective cleaning processes throughout the practice**
- **Repair or replace the plastic covering on the rear of the back supports of chairs within surgeries, where necessary.**

We were told that the practice had bought safety plus syringes and were planning to adopt the use of these imminently. Protocols were readily available to advise staff of the action to take in event of a sharps injury.

Both respondents who completed a HIW patient questionnaire thought that in their opinion, the practice was very clean and felt that infection prevention and control measures were being followed.

The practice had a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum (WHTM) 01-05. We found appropriate procedures for processing, decontamination and sterilisation of equipment, and that daily checks on equipment were carried out and recorded. However, we saw the decontamination room door was left open throughout our inspection. This was due to the door being poorly fitted so that it was catching on the floor and would not close. We also found that there was no automatic door closer mechanism fitted.

The registered manager must arrange for the decontamination room door:

- **To be re-fitted to enable it to be closed**
- **To be fitted with an automatic door closer mechanism.**

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

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.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. There were suitable processes in place for obtaining and disposing of drugs. However, we found that there was no thermometer recording the fridge temperature where medicines were stored, and therefore no system to monitor this. We raised this with the practice manager who immediately ordered a thermometer.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

The registered manager must implement an ongoing system of recording daily fridge temperature checks to ensure that temperatures do not exceed safe parameters.

We also found antibiotics that had been cut from supplied strips were held in small plastic bags without any patient information or original packaging, ready for dispensing to patients. We were told that this was due to changes in prescription guidelines which resulted in leftover medication. This was contrary to the practice policy.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix B.

There was a policy in place for responding to a medical emergency at the practice. This was based on current national resuscitation guidelines and had been reviewed within the last 12 months. We were told this would be made available to patients on request.

We confirmed all staff working at the practice had completed resuscitation training within the last year and saw evidence of this within the sample of staff files we reviewed.

Equipment and medicines for use in the event of an emergency were inspected. We confirmed all medicines along with expiry date were recorded on a sheet so the practice was aware of when to order replacements. However, we were told these were not checked on a weekly basis.

The registered manager must implement a process of checking emergency drugs weekly.

Whilst also found that whilst some emergency equipment was available, we found numerous items were either out of date, or the expiry date could not be determined. We also found that face masks were not available in all sizes. We were advised these had been supplied in this condition. We requested the practice order replacement masks to be supplied in sealed packaging with expiry dates. Replacements were ordered during the inspection.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix A.

We saw evidence that oxygen cylinders had required service maintenance checks and that staff had completed basic training in their use. However, staff had not

completed BOC specific oxygen training in accordance with recent Welsh Health Circular WHC (2024) 036 PSN 041. The practice manager stated that they had tried to complete the online training but the link would not work. It was arranged for staff to complete this training and certificates of completion were supplied to HIW shortly following the inspection.

The first aid kit was available and found to be in order. We were told that all staff were appointed trained first aiders, ensuring there was always first aid cover.

Management of Medical Devices and Equipment
We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition and suitable processes were described for dealing with a device or system failure. We saw that a new compressor had been recently installed.

Up-to-date policies and protocols were available to show safe arrangements were in place for the use of the X-ray equipment and that local rules were available in each surgery. A radiation risk assessment was in place to protect staff and patients. We saw that the required maintenance and testing had been carried out.

A quality assurance programme was in place in relation to X-rays covering image quality, accidental exposure and dose levels. We found clinical evaluations and justifications for each X-ray exposure were noted in patient records. We confirmed all staff who were involved in the use of X-rays had completed relevant training.

We saw information on display for patients explaining the risks and benefits of having an X-ray.

Safeguarding of Children and Adults
We saw written policy and procedures were in place in relation to safeguarding. This was based on the current Wales Safeguarding Procedures. Up-to date safeguarding guidance and relevant local contact details were available via the All Wales Safeguarding website. We saw a shortcut to this website was saved on the desktop on the practice computer system and available in each surgery.

All staff had appropriate safeguarding training for both children and vulnerable adults. In addition to the appointed safeguarding lead, we were told that all staff had access to the local health board helpline for wellbeing support and occupational health services in the event of a concern.

Effective

Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. Staff were clear regarding their roles and responsibilities at the practice and we saw that regulatory and statutory guidance was being followed including the use of recommended checklists to help prevent the risk of wrong tooth extraction.

We considered arrangements for managing referrals including those for suspected oral cancer to be appropriate.

Patient Records
A suitable system was in place to help ensure records were safely stored and managed. An appropriate consent policy was in place to uphold the rights of patients who lack capacity. The records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

We reviewed the dental care records of ten patients. All records we reviewed had suitable patient identifiers and the reason for attending recorded. However, there were some entries that we did not see within the patient records. Whilst an updated medical history and informed consent were recorded as provided at each treatment, the initial medical history were often unsigned by both the patient and clinician. We also found oral hygiene, screening for oral cancer and treatment plans where required, were inconsistently recorded within notes. Extra and intra oral examination, and the amount and location of local anaesthetic entries were not seen. We discussed that the practice records the NHS prescription number for each patient whenever an NHS prescription is prescribed. Patient language choice was not recorded in any of the records we reviewed, which could inhibit effective, 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 is recorded within the patient records.

Efficient

Efficient
We were told of the arrangements in place to ensure the practice operated in an efficient way, with sufficient clinicians for the services provided and an additional nurse employed to act as cover in event of staff absence and holidays. A hygienist was employed providing additional treatment options for private patients. We were told the practice would like to have more clinicians but found recruitment difficult.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were being used efficiently with emergency dental care slots planned around routine appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership
The practice is a family-owned service. We were told the day-to-day operations were run by the owner who was also the principal dentist and practice manager. She was assisted by the senior nurse and the nurse / receptionist. We were disappointed that the service was not always receptive to our findings during the inspection and often challenged or obfuscated rather than accept our professional advice. During these discussions it became unclear whether the team were aware of their own areas of responsibility. The practice may wish to consider appointing a dedicated practice manager to provide robust oversight whilst removed of the duties of clinical dentistry.

We reviewed arrangements for sharing relevant information with the practice team. We were told that monthly team meetings were held, with minutes recorded and made available for staff unable to attend. We felt there was scope for additional team huddles to discuss issues more quickly, discuss daily practice objectives and develop team engagement. There was a staff WhatsApp group for sharing information, alerts and safety notices.

We found that a comprehensive range of policies and procedures were in place and reviewed regularly. However, we noted there was no record of staff signing policies to confirm that they had read and understood the content.

The registered manager must ensure all policies are suitably signed by staff to confirm the latest version has been read and understood.

The practice had a statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. Both documents provided useful information about the services offered at the practice and had been the subject of reviews.

Workforce

Skilled and Enabled Workforce
In addition to the senior management team, the practice team consisted of two dentists, one hygienist and three dental nurses, two of whom were trainees. We were told that the practice did not use temporary nor agency staff.

The practice had an up-to-date recruitment and induction policy. This stated that the practice would seek the candidates consent to seek two references and that any offer of employment would be conditional to this being satisfactory. However, we found no references available for any staff working at the practice, contrary to the Private Dentistry (Wales) Regulations 2017.

Our concerns regarding this were dealt with under our non-compliance notice process. This meant that we wrote to the service immediately following the inspection requiring that urgent remedial actions were taken. Further information on the issues we identified, and the actions taken by the service, are provided in Appendix B.

We saw an induction process was in place for new staff at the practice which was documented and signed off by a senior staff member.

We reviewed a sample of staff records and saw evidence of compliance with their professional obligations including registration with the General Dental Council (GDC) and Disclosure and Barring Service (DBS) certificates. We saw an ongoing system of checks to ensure staff remained fit to work at the practice.

In general, compliance with mandatory staff training was good and staff had attended training on a range of topics relevant to their roles within the practice. We saw evidence that annual staff appraisals were being conducted.

Culture

People Engagement, Feedback and Learning
Arrangements were described for obtaining patient feedback about their experiences of care at the practice. This consisted of verbal feedback which would be discussed in practice meetings. We were given examples of changes made following these discussions. We found that there were no systems for patients to provide written feedback about services received at the practice.

The registered manager must put in place systems that enable the practice to regularly seek the views of patients regarding their care and treatment at the practice. This must consider patients who wish to do so anonymously.

We saw up-to-date written complaints procedures were in place for managing complaints about dental care provided at the practice. These covered NHS, private and Denplan patients and included the expected response timescales and the name of the complaints manager. HIW contact information and details of other organisations that patients could approach for help and support was also included. We saw complaints were documented and managed via a complaints file. However,

one record was missing an acknowledgment letter while another record lacked any evidence that the process had been followed.

The registered manager must provide assurance that the practice complaints process shall always be adhered to and fully documented to evidence this.

There was an up-to-date Duty of Candour policy in place and we saw staff had received appropriate training on this.

Information

Information Governance and Digital Technology

The practice had an up-to-date information security policy to help ensure appropriate handling and storage of confidential information in accordance with the relevant legislation. Appropriate reporting systems were described for reporting patient safety incidents.

Learning, Improvement and Research

Quality Improvement Activities

We saw evidence of clinical audits including the Welsh Technical Health Memorandum (WHTM) 01-05 decontamination audit, antibiotic prescribing and smoking cessation. However, we found the practice had not conducted a patient records or health and safety audit. We recommended senior management also consider a disability access review as part of their upcoming programme of audits.

We recommend the registered manager conducts patient records audit and provide HIW with results when complete.

We were told the practice had used appropriate team development tools as part of their wider quality improvement programme and had applied to use the Skills Optimiser Self-Evaluation Tool (SOSET) from Health Education and Improvement Wales (HEIW).

Whole Systems Approach

Partnership Working and Development

We were told the practice was experiencing difficulties locally with engaging with the nearby GP practice and felt general interaction with other healthcare provider was ‘hit and miss.’

The practice used the NHS eDEN quality management system to support the development and implementation of practice improvements.

4. Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's website.

Appendix A – Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found dust on the wheelbase, and scuffs and stains on the plastic cover on the backs of chairs in Surgery 2 which posed an infection prevention and control risk.	Patients could be put at risk of infection due to ineffective cleaning processes within surgeries.	We raised this immediately with senior staff.	Affected areas were cleaned immediately.
We found there was no thermometer fitted to the fridge where medicines were stored.	Patients could be put at risk due to safe storage parameters for medicines not being adhered to.	We raised this immediately with senior staff.	New thermometer was ordered immediately.
We found numerous items of emergency equipment were either out of date, or the expiry date could not be determined. We also found	Patients could be put at risk in event of an emergency collapse.	We raised this immediately with senior staff.	Replacement equipment was ordered immediately.

that face masks were not available in all sizes.			

Appendix B - Immediate improvement plan

Service: Wyecliff Dental Surgery

Date of inspection: 13 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
During the inspection we found that medicines were being dispensed as split packs without using the original packaging, contrary to the practice policy. This could result in missing batch numbers and expiry dates, and patients not receiving the important information leaflets with associated warnings and precautions.	The registered manager must immediately provide written assurance to HIW that any dispensed medication will use the original packaging with relevant information including batch numbers, expiry dates and the medicine information leaflet.	Regulation 13(4)(a)	We are unable to buy Metronidazole 400mg in anything less than 21 tablets. We only prescribe 15 tablets, in accordance with SDCEP and NICE guidelines, so the remainder are removed and placed into a plastic bag with the details of the drug written, on the bag and - DO NOT DISPENSE written on the bag also. When we have 15 tablets, they are placed in a cardboard box with a label printed and stuck to the front, showing the drug name and strength, quantity of tablets,	Dr S D Wilkins BDS	Completed 18/11/2024

			batch number and expiry date. Also included in the box is the patient information leaflet which has been photocopied from the original leaflet in the original box or downloaded from www.medicines.org.uk/emc		
During the inspection we saw no evidence of relevant written references as required under the regulations. This could result in the employment of persons within the dental practice when that person is not fit to do so.	The registered manager must immediately provide written assurance to HIW that satisfactory written references will be obtained prior to employing any person to work at the dental practice.	Regulation 18(2)(e) and Schedule 3, Part 1(3)	We have downloaded the reference request letter from the BDA website and adapted it for us to use for future requests for references for any new starter	Dr S D Wilkins BDS	Completed 18/11/2024

Appendix C - Improvement plan

Service: Wyecliff Dental Surgery

Date of inspection: 13 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
We found the blind to Surgery 2 could not be properly positioned due to the location of the extractor fan, which allowed a view into the treatment room from neighbouring premises.	The registered manager must arrange for a suitable window covering to be installed in surgery two that protects the privacy of patients when accessing treatment.	Regulation 15(1)	Sticky back plastic to be added to bottom of the window	Dr S D Wilkins BDS	Completed 08/01/2025
We did not see information available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties.	The registered manager is required to provide HIW with details of how the practice will make information available in other formats	Quality Standard - Equitable	Sign added to waiting room notice board asking if anyone needs large font etc and also added to medical history questionnaire	Kay Jones DCP	Completed 07/01/2025

	that benefit patients with reading difficulties.				
We found cracks in the plaster in several areas within the practice and the floor covering on the stairway and first floor landing was starting to come loose in several places.	The registered manager must arrange for preventative maintenance to be carried out where necessary within the practice. Particular attention should be given to the stairs and landing flooring.	Regulation 22(2)(b)	Flooring glued etc. Practice handyman contacted concerning cracks etc	Dr S D Wilkins BDS	Completed 23/12/2024
The building maintenance policy was a rudimentary document which largely referenced the practice Health and Safety policy and contained little guidance for addressing building maintenance	The registered manager must review and update the building maintenance policy to ensure it covers the maintenance of the premises.	Regulation 8(1)(c)	Practice policy updated, to include time limits etc following any actions noted as a result of weekly maintenance inspections	Dr S D Wilkins BDS	Completed 23/12/2024
We found that one carbon dioxide extinguisher located in the staff kitchen had been recently decommissioned and was	The registered manager must ensure the recommended replacement extinguisher is installed and provide HIW with evidence once completed.	Regulation 22(4)(a)	The Fire People contacted as no follow up received following their recent inspection.	Dr S D Wilkins BDS	31/01/2025

awaiting a replacement to be supplied.			Person dealing with this on annual leave until 13/01/2025		
We found dust on the wheelbase, and scuffs and stains on the plastic cover on the backs of chairs in Surgery 2.	The registered manager must: • Review the relevant infection prevention and control procedures to ensure effective cleaning processes throughout the practice • Repair or replace the plastic covering on the rear of the back supports of chairs within surgeries, where necessary.	Regulation 22(2)(a)	Task added to daily task list to check for scuffs and stains on back and base of nurse/GDP chairs. Added to quarterly IPC audit questions to check chair back and base etc. Added to both of the above to inform practice owner of need to replace plastic covering etc when noticed.	Dr S D Wilkins BDS	Completed 23/12/2024
The decontamination room door was open throughout our inspection due to the door catching on the floor and could not be closed.	The registered manager must arrange for the decontamination room door:	Regulation 22(2)(b)	All work completed as advised	Dr S D Wilkins BDS	23/12/2024

We also found that there was no automatic door closer mechanism fitted.	• To be re-fitted to enable it to be closed • To be fitted with an automatic door closer mechanism.				
We found that there was no thermometer recording the fridge temperature where medicines were stored.	The registered manager must implement an ongoing system of recording daily fridge temperature checks to ensure that temperatures do not exceed safe parameters.	Regulation 13(4)(a)	Fridge thermometer and check lists in place	Michelle Buckley DCP	20/11/2024
Medicines along with expiry date were recorded on a sheet. However, we were told these were not checked on a weekly basis.	The registered manager must implement a process of checking emergency drugs weekly.	Regulation 31(3)(b)	Emergency drugs checklist updated and checked on a weekly basis.	Kay Jones DCP	18/11/2024
There were some entries that we did not see within the patient records including: • Initial medical history was often	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)	Memo sent to every member of staff to confirm that all patients must complete and sign a printed medical history on their first appt, which	Dr S D Wilkins BDS	07/01/2025

unsigned by both the patient and clinician • Extra and intra oral examination, and the amount and location of local anaesthetic were not recorded • Oral hygiene, screening for oral cancer and treatment plans where required, were inconsistently recorded.			in turn, must be signed by GDP. Discussed on the day of inspection – this info is recorded on the Reform data collection area of the R4 dental software Discussed on the day of inspection – this info is recorded on the Reform data collection area of the R4 dental software Faulty lead replaced on one of the surgery signature pads for patients to sign treatment plan.		Completed Completed 15/11/2024
Patient language choice was not recorded in any of the records we reviewed. This could inhibit effective, individualised patient care.	The registered manager must ensure patients preferred choice of language is recorded within the patient records.	Regulation 13(1)(a)	Patient language choice added to initial paper medical history and also digital copy on computer software	Kay Jones DCP	07/01/2025

There was no record of staff signing policies to confirm that they had read and understood the content.	The registered manager must ensure all policies are suitably signed by staff to confirm the latest version has been read and understood.	Regulation 8(1)	List of policies added to induction paperwork for employee to sign and date each individual policy when read.	Dr S D Wilkins BDS	23/12/2024
There were no systems for patients to provide written feedback about services received at the practice.	The registered manager must put in place systems that enable the practice to regularly seek the views of patients regarding their care and treatment at the practice. This must consider patients who wish to do so anonymously.	Regulation 16(2)(c)	Notice on waiting room board asking patients to make any comments or concerns – also HEIW questionnaire replaced in waiting room.	Kay Jones DCP	07/01/2025
We saw complaints were documented and managed via a complaints file. However, one record was missing an acknowledgment letter while another record lacked any evidence that the process had been followed.	The registered manager must provide assurance that the practice complaints process shall always be adhered to and fully documented to evidence this.	Regulation 21(5)	Complaints procedure printed and given to each member of staff to read, sign and date when read.	Kay Jones DCP	23/12/2024

We found the practice had not conducted a patient records audit.	We recommend the registered manager conducts patient records audit and provide HIW with results when complete.	Regulation 16(1)(a)	Patient records audit to be completed [BDA website]	Dr S D Wilkins BDS	31/01/2025

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): **Dr Sandra Wilkins BDS**

Job role: **Principal Dental Surgeon**

Date: **07/01/2025**