

# General Dental Practice Inspection Report (Announced)

Crickhowell Dental Practice, Powys  
Teaching Health Board

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

## Our purpose

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

## Our values

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

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

## Our goal

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

## Our priorities

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



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# 1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Crickhowell Dental Practice, Powys Teaching Health Board on 16 May 2022.

Our team for the inspection comprised of two HIW Inspectors and a dental peer reviewer.

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

We found Crickhowell Dental Practice to be a small, close-knit practice that focussed on providing a caring, friendly, and professional service for their patients.

The practice was situated within Crickhowell medical centre and provided a welcoming and pleasant atmosphere for patients.

We saw that changes had been made to the environment in line with government guidance to enable patients to be treated safely due to the recent COVID-19 pandemic. We observed staff greeting patients in a polite and friendly manner both in person and on the telephone. We noted that patient confidentiality and dignity was always maintained.

This is what we recommend the service can improve:

- Making an 'active offer' in order to encourage those patients who may wish to communicate through the medium of Welsh to do so
- Displaying information to encourage communication through Welsh and ensure written information is available bilingually
- Offering information in a variety of accessible formats
- Recommence the gathering of patient feedback
- Implement a 'you said, we did' information board in response to patient feedback
- Display a copy of the complaints policy
- Display GDC certificates for those professionals working at the practice.

This is what the service did well:

- We witnessed patients being treated in a caring and friendly manner within surgeries that preserved their dignity
- We found that the practice promoted confidentiality and saw that sensitive or confidential conversations were treated appropriately and in a private manner
- We saw that the practice had installed a TV screen on the wall of the waiting area that displayed relevant information about the practice

- We found the practice to be bright, airy and modern with a welcoming dental practice team

## Safe and Effective Care

Overall summary:

We identified that the practice required improvements to the fire safety arrangements in place at the practice. Specifically, the fire risk assessment was several years out of date and fire extinguishers had not been serviced within the last year as required. Additionally, we found that staff at the practice had not completed fire safety training.

Of the ten patient records that were reviewed as part of the inspection, we found that all were completed to a good standard. Notes were legible, clear and of good quality with comprehensive information about the patient and their treatment.

Crickhowell Dental Practice offers intravenous conscious sedation to their patients to help patients with dental phobia and anxiety. We found that this was provided in a highly competent and safe manner that adhered to best practice guidelines.

This is what we recommend the service can improve:

- [Fire risk assessments must be completed, staff must undertake fire safety training and fire extinguishers and equipment must be serviced regularly
- Written confirmation should be obtained from the pharmacy for receipt of expired medications
- Display information relating to the benefits and risks associated with exposure to ionising radiation for those patients undergoing X-ray procedures
- Safeguarding training to be completed to level 3 for the Safeguarding lead of the practice. ]

This is what the service did well:

- Intravenous conscious sedation was carried out safely and effectively with full pre and post sedation monitoring and checks
- Dental records were written clearly and contemporaneously and contained details of patient treatment
- We found that informed consent was gained for each of the patient dental records that we reviewed
- The practice had a well-appointed decontamination room with effective infection prevention and control measures in place throughout the practice

- Dental surgeries were clean, well equipped and fit for purpose with well-maintained equipment.

## Quality of Management and Leadership

Overall summary:

Crickhowell Dental Practice has a small, committed team of staff who we witnessed working well together to provide high standards of care to their patients.

We saw that the practice was well organised with policies and procedures in place that met the standards and regulations for private dental practices in Wales. Documentation relating to staff information was held safely and securely and contained all the information necessary to ensure that staff were fit to work.

We saw evidence of regular team meetings. These were minuted and available for staff to view. We saw that staff were encouraged to contribute to meeting agendas to aid collaborative working.

We saw that appraisals were undertaken once per year and staff were encouraged to undertake further relevant training to develop their careers.

This is what we recommend the service can improve:

- [Improvement to the practice patient information leaflet in line with the regulations
- Completion of practice development tools including Maturity Matrix Dentistry and Skills Optimiser Self Evaluation Tool (SOSET) or British Dental Association's Good Practice Scheme
- Increase audit activity to include smoking cessation, record keeping and anti-microbial prescribing alongside an audit policy and schedule. ]

This is what the service did well:

- [An enthusiastic and invested registered manager paid for General Dental Council (GDC) registration, indemnity and further courses for dental nurses at the practice in order to further develop their skills, knowledge and expertise
- Practice policies and documentation were up to date and satisfactory
- We witnessed staff working well together as part of a team. ]

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

## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Before our inspection we invited the practice to hand out HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 16 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient with the practice for more than two years.

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

*"The service could not be improved because it is already 5 star and beyond. Excellent."*

*"Staff always friendly and helpful. Have been attending for the past 25 years."*

Patients were asked in the questionnaires how the setting could improve the service it provides. Some comments received included:

*"More late appointments."*

*"Reduce the prices charged."*

#### Staying Healthy

##### Health Protection and Improvement

We observed the changes that had been made to the environment of the practice due to COVID-19. To protect against the risks posed by the virus we saw that entry to the practice had changed. Previously, patients would enter through the main door of the building that was shared with a medical practice. This had been changed to provide patients of the dental practice with a dedicated entrance to the rear of the building. When appropriate patients would be asked to wear a mask and apply sanitising gel to their hands from a dispenser positioned by the door of the practice.

Patients would be asked to wait in their car prior to their appointment in one of the allocated patient parking bays. Seating within the waiting area had been reduced to a single chair to comply with social distancing requirements. We witnessed patients responding to a series of screening questions to check for symptoms of COVID-19. In

addition, we saw that the practice had installed a new reception desk with an integrated screen to protect patients and staff.

We saw that the waiting area was bright, clutter free and airy. A television screen fixed to the wall provided relevant information about the practice for patients.

We saw that the practice had placed a 'No Smoking' sign on the front door of the practice.

The name of the practice was clearly visible to patients from the roadside and also at the entrance to the practice. Opening hours were also displayed on the front door to the practice.

Of the 16 patients that had completed the questionnaire, 15 stated that the dental team talked to them about how to keep their mouth and teeth healthy.

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## **Dignified care**

### **Communicating effectively**

All patients who completed the HIW questionnaire stated that they felt that the staff at the practice treated them with dignity and respect. They all also said that they felt the dental team helped them to understand all of the available options for treatment when they needed it.

We witnessed staff providing care to patients in a dignified and respectful manner and patients were spoken to in a friendly and helpful way.

We saw that doors to surgeries were kept closed during treatments. The windows in the dental surgeries were not in a publicly accessible area and we were assured that patient dignity was preserved.

We saw that sensitive or private conversations were undertaken within a room that was situated behind the reception desk or in a dental surgery if one was free.

We found that the practice had a very limited supply of patient information leaflets and did not have any information available to patients in alternative formats (for example braille or easy-read formats).

Additionally, we found that the practice did not provide an 'active offer' of Welsh and signage displayed was not bilingual. This meant that patients who may prefer to communicate through the medium of Welsh were not actively encouraged to do so.

We noted that the practice had a telephone translation service in place for patients who were speakers of other languages. This was provided by the local health board. ]

### **Patient information**

[The practice did not have information leaflets available to patients that promoted oral health or provided information about the different types of treatments available at the practice. We were told that patient leaflets had been removed from the waiting area to protect against the risks posed by the COVID-19 pandemic.

On the day of the inspection, we saw that information leaflets were available regarding smoking cessation. Other information was available via the television screen on the wall of the waiting area.

We found that information concerning private treatment costs as well as NHS fees were displayed in the waiting area alongside the HIW registration certificate. We noted that the practice was not displaying the GDC Standards for the Dental Team information poster. We raised this with the registered manager on the day of the inspection and this was promptly addressed.

We found that further information required for display was also not available. This included GDC certificates for the dental professionals working at the practice as well as a copy of the practice complaints policy and information on the NHS 'Putting Things Right' procedure.

We were provided with the most recent statement of purpose and patient information leaflet. We found that the statement of purpose contained all of the information required. However, the patient information leaflet did not currently comply and as such would require updating. ]

## **Timely care**

### **Timely access**

[We saw that the practice strived to ensure that patients were treated in a prompt and timely manner. We were informed that appointments could be booked over the telephone or in person.

Staff informed us that should the dentist run late for an appointment, patients would be notified by the receptionist.

All patients that completed a HIW questionnaire stated that it was easy to get an appointment when they needed one. Most respondents to the questionnaire indicated that they knew how to access the out of hours emergency dental service. ]

## Individual care

### Planning care to promote independence

[ During the inspection, we reviewed ten patient dental records. We saw that all had evidence of appropriate treatment planning.

This was confirmed in the responses to the HIW questionnaire. Without exception, all respondents said that they felt they were as involved as much as they wanted to be in the decisions made regarding their care. All respondents indicated that the dental team enquired about their medical history prior to undertaking any treatment. ]

### People's rights

[ We saw that the practice had an equality and diversity policy in place to uphold staff and patients' human rights. This policy had been recently reviewed and updated.

We saw that the practice had two surgeries situated on the ground floor of the medical practice building. Entry to the practice was via a step up into the practice, or a slope to enable accessibility. The practice shared a disabled toilet with the medical practice that had grab rails and a pull cord for emergencies. In addition, we saw that the practice had a hearing loop system and dental chairs that were designed to allow easy access for patients who may need to transfer from a wheelchair.

We were told that all patients would be routinely asked how they would prefer to be addressed and would be treated in a fair and equitable manner irrespective of any protected characteristics. This was confirmed by the responses to the questionnaire. All respondents indicated that they felt they could access the right healthcare at the right time. Furthermore, all respondents indicated that they had not faced discrimination when accessing the dental practice. ]

### Listening and learning from feedback

[The practice informed us that they had stopped gathering feedback due to the risks posed by the COVID-19 pandemic. The most recent survey of patient feedback was undertaken in January 2020. However, we noted that the practice did not display information relating to improvements made because of patient suggestions such as a 'you said, we did' display.

We saw that the television screen in the waiting area, displayed a QR code that patients could scan to leave a review on the practice social media page.

We noted that the practice had a complaints policy available on request to patients. This contained details of who to complain to within the practice and a timescale for response and of further agencies that could be approached should the practice response not be effective. However, no details were present of agencies that could help with making a complaint and the policy itself was not displayed within the waiting area of the practice. Information regarding the NHS 'Putting Things Right' procedure was also not available.

The practice held a dedicated complaints log. At the time of inspection, no complaints were on file.

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# Delivery of Safe and Effective Care

## Safe care

### Managing risk and promoting health and safety

The practice shared a building with a medical practice. For this inspection, we only considered the parts of the building and the surroundings that formed part of the dental practice. The dental practice was well maintained, neat and tidy and with well appointed, modern surgeries. There was a dedicated decontamination room that was situated between each of the two surgeries. The practice was well ventilated, with good lighting and flooring was of a suitable 'cap and cove' design to ensure effective cleaning.

We found that the waiting area was also bright and welcoming and of a suitable size.

A small office area, that also housed a dental cone beam computed tomography (CBCT)<sup>1</sup> unit was situated behind the reception area. This was also the area in which staff would get changed into and out of their uniforms.

We saw that the practice had a health and safety risk assessment and environmental risk assessment in place. These were generic in nature and not specific to this dental practice. However, we were informed that the practice had a recently reviewed health and safety policy in place as well as a business continuity policy and disaster recovery strategy that was dated January 2022.

We saw that the practice had displayed a valid employer's liability insurance certificate in the reception area. A health and safety executive poster was present in the decontamination room.

We reviewed the arrangements relating to fire at the practice. We saw evidence of regular fire drills with the most recent fire drill carried out alongside the medical practice in January 2022. We saw that the practice had a sufficient number and type of fire extinguishers present. In addition, the main fire exit was clearly marked with fire action notices placed strategically throughout the practice.

However, we found that documentation relating to the fire risk assessment conducted at the practice required renewal in 2018. On the day of inspection, this

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<sup>1</sup> Dental Cone beam computed tomography (CBCT) is a special type of x-ray equipment used when regular dental or facial x-rays are not sufficient.

had not been completed. In addition, the fire extinguishers within the practice required servicing in 2021 and this had not been carried out. A review of staff training relating to fire safety and awareness demonstrated that this was not in place for any staff member. ]

### **Infection prevention and control (IPC)**

[ We found that the practice had appropriate policies and procedures in place to ensure effective infection prevention and control. We saw policies that covered hand hygiene as well as the correct disposal of clinical and non-clinical waste and housekeeping. The practice also had specific policies in place to mitigate against the risks posed by COVID-19.

The practice had appointed an experienced and competent nurse as the decontamination lead for the practice. We saw that the WHTM 01-05 audit had been recently completed and that all staff were up to date with training in IPC. A review of staff files showed that all staff working clinically at the practice had provided satisfactory evidence of Hepatitis B immunity.

We saw that the practice was using a system of safety sharps for the administration of local anaesthetic injections. This reduced the risk to staff of a needlestick injury and demonstrated adherence to best practice guidelines.

Throughout our visit, we witnessed staff wearing the correct personal protective equipment.

We saw evidence of a daily maintenance programme for the decontamination of equipment and regular testing and validation for the autoclaves and ultrasonic cleaners. We saw that a new autoclave had recently been purchased.

We were provided with evidence of contracts in place to ensure the appropriate handling and disposal of waste from the practice, some of which was shared with the medical practice. Clinical waste was stored safely and appropriately outside the practice and was collected monthly.

We reviewed the arrangements for the handling of substances that were subject to COSHH and found that although there were data sheets available for those substances, these had not been signed and did not have review dates on them. ]

### **Medicines management**

[ We saw that the practice had a medicines management policy in place. This policy contained the procedures and processes to ensure that medicines were handled,

stored, and used safely. In addition, we saw that the practice had a policy for the safe handling of midazolam, used to provide intravenous conscious sedation. The midazolam was stored appropriately in a locked cupboard.

We reviewed the emergency drugs and equipment at the practice and found them to be stored appropriately, in date and in an area that was easily accessible to staff. We saw evidence of regular checks to ensure emergency drugs and equipment were present.

The practice had two designated first aiders alongside an appropriately stocked first aid kit.

However, we found that antibiotics were being stored within an unlocked cupboard in one of the dental surgeries. We raised this with the registered manager and were told that antibiotics were being stored in this location temporarily. This was to allow for the installation of a new reception desk which would have a dedicated locked cupboard within it to store them. We were told that the surgery was kept locked at all times when not in use to prevent unauthorised access. To prevent errors in the dispensing of medications, we would recommend that antibiotics only be dispensed by those individuals trained to do so.

We questioned the staff and registered manager about the arrangements for disposing of expired medicines. We were told that midazolam not used during an appointment would be effectively denatured using an approved method. Other medicines would be taken to the local pharmacy for disposal. At the time of inspection, the practice did not keep a record of medicines disposed of in this manner. ]

### **Safeguarding children and safeguarding adults at risk**

[We saw that all clinical staff had completed training to level 2 in the safeguarding of children and vulnerable adults. We were told that the registered manager was the designated safeguarding lead. Although we were provided with evidence that the safeguarding lead had completed training to level 2, it is a requirement that training to level 3 is required to undertake this role.

We saw evidence that the practice had a safeguarding policy. The policy used the All Wales Safeguarding template and contained details of local contacts for staff to report to, should they feel a child or vulnerable adult may be at risk. We saw that the policy was current, having been recently reviewed and dated within the last year. We were told that further guidance for staff was available via the British Dental Association (BDA) website.

When questioned staff appeared knowledgeable of the procedure to follow should they have a concern and knew who to contact and where to find support if they needed it.

We saw that all staff had completed satisfactory pre-employment checks including DBS checks that were enhanced for child and adult workforce. However, one staff member had not completed a check within the last five years and no policy was in place to set out when to repeat fitness to work checks. ]

### **Medical devices, equipment and diagnostic systems**

[We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. We noted that one surgery had a ceiling mounted microscope installed to assist with endodontic treatments. We found that all clinical equipment was safe, in a good condition and staff were adequately trained to use the equipment. This was evidenced by induction checklists for new starters and agency staff.

We reviewed the arrangements in place to ensure the safe use of radiographic equipment and found this to be mostly compliant with the requirements as set out in the Ionising Radiation (Medical Exposure) Regulations (2017). The radiation protection advisor and radiation protection supervisor were the registered manager of the practice. We saw that the practice had appropriate employers' procedures in place for the use of ionising radiation, as well as a procedure for making pregnancy enquiries and a quality assessment programme for radiographs. We were assured to see that the practice was registered with the Health and Safety Executive to carry out work involving ionising radiation. Risk assessments had been undertaken to ensure staff, patients and visitors were safe from the risks posed using ionising radiation. We were provided with a valid set of local rules that contained the necessary information for the X-ray machines in use at the practice.

We noted that almost all staff at the practice had completed IR(ME)R (2017) training. However, one staff member had not.

We found that the practice was not displaying any information to patients to inform them of the benefits and risks associated with exposure to ionising radiation.

We assessed the equipment used for the provision of intravenous conscious sedation at the dental practice. We found that the practice had the necessary equipment to provide this safely. This included a mains powered pulse oximeter machine with an audible alarm. We saw that a battery powered pulse oximeter was also available in case of failure. In addition, we saw that the practice had a blood pressure monitor. Although only one cuff size was available, we were informed by the registered

manager that larger or smaller sizes could be loaned from the adjoining medical practice if required. All staff assisting with sedation were trained in how to use the equipment and we found it to be in a good condition. ]

## Effective care

### Safe and clinically effective care

[We were satisfied that the practice had arrangements in place for the acceptance, assessment, diagnosis, and treatment of patients. This was outlined within their statement of purpose that had been recently reviewed and was compliant with the Private Dentistry (Wales) Regulations 2017.

We saw evidence that staff would obtain and follow professional guidance and advice when necessary and would use this to update practice policies. This was demonstrated by the attendance of staff at regular training events run by sedation groups such as the Society for the Advancement of Anaesthesia in Dentistry (SAAD). We saw that the practice followed best practice guidelines for the provision of intravenous conscious sedation as recommended by SAAD. This included increased monitoring before, during and after treatment with conscious sedation and the provision of appropriate literature for the patient and escort. Patients were recovered according to best practice guidelines. We also witnessed thorough screening and assessment of patients prior to treatment under conscious sedation and saw evidence of highly competent record keeping.

Additionally, we saw that the practice was adhering to COVID-19 guidance issued by the Chief Dental Officer (CDO) for Wales as evidenced by compliant policies, procedures and working practices.

We also noted that the practice used the Local Safety Standards for Invasive Procedures checklists to prevent wrong site tooth extractions. ]

### Quality improvement, research and innovation

[Overall, despite a recently completed audit in IPC and decontamination procedures having been undertaken, we found that the practice was not undertaking sufficient audit activity. We found that the most recent anti-microbial prescribing audit had been undertaken in 2018. No other audit activity was provided to us.

We questioned the registered manager on the tools used to ensure continuing improvement of the dental practice and were told that neither the Maturity Matrix Dentistry tool provided by the Deanery, or the Skills Optimiser Self Evaluation Tool (SOSET) were used. ]

## **Information governance and communications technology**

[

We saw that the practice had a staff confidentiality policy in place that complied with the General Data Protection Regulations.

Patient dental records were stored electronically and securely. Access to dental records was via a password protected system and this followed an appropriate records management policy.

We saw that staff personal folders were held securely within a locked metal filing cabinet. ]

## **Record keeping**

[

During the inspection we reviewed 10 sets of patient dental records. This concluded that the standard of record keeping for all clinicians at the practice was high. Notes were clear and contained sufficient information.

We saw that patients social history including alcohol intake and tobacco use was recorded to identify those who may be at increased risk of oral cancer. Medical histories were updated at each course of treatment.

We saw that the practice had a consent policy that was adhered to. ]

# Quality of Management and Leadership

## Governance, Leadership and Accountability

The principal dentist and owner of the practice was also the registered manager and had overall responsibility for the management of the practice.

At the time of our visit, the practice had two dentists providing services at the practice and two dental hygienists who worked part-time. There were three qualified dental nurses. A trainee dental nurse had also recently been appointed.

All qualified members of staff were GDC registered and providing care that was within their scope of practice and according to the conditions of registration as set out by HIW.

We witnessed the team working well together, with effective communication and mutual respect. Leadership, provided by the registered manager, was clear and the practice appeared efficient and well-run with a focus on providing excellent patient care.

We found that the practice had a wide range of policies and procedures that were relevant to the practice. These were readily available to all staff.

As the registered manager, the principal dentist and owner of the practice had overall responsibility for submission of notification to HIW of incidents. They demonstrated knowledge of these requirements and we were assured that prompt and timely reporting of incidents would occur.

We saw evidence of regular team meetings and were provided with examples of minutes from these meetings. The minutes demonstrated that issues and actions raised were appropriate and proactive. Meeting minutes were kept in a folder that was accessible to all staff.

## Workforce

We were told the process undertaken by the registered manager for the recruiting of new staff and shown evidence of policies and procedures in place to support new members of staff.

We saw a comprehensive induction worksheet that allowed the practice to assess the competency of new staff and supported their training, learning and development.

We were told that the registered manager would fund GDC registration, indemnity, and training costs for staff. This demonstrated an invested registered manager who was eager to support the ongoing professional development of their staff.

The registered manager informed us that agency staff were rarely used at the practice. Should they be needed, the relevant checks would be carried out by the dental agency and confirmation provided to the registered manager.

We saw evidence of staff files that held details of hepatitis B immunisation status, pre-employment checks (including DBS checks) and copies of qualification certificates.

The practice had a whistleblowing policy in place. We were told that staff were able to approach the registered manager in confidence should they have any concerns.

The registered manager informed us that appraisals were undertaken on an annual basis and we saw evidence of recent appraisals within staff files.

We saw evidence of mandatory training certificates held for staff and found overall compliance to be good. All members of staff had undertaken recent basic life support (BLS) training. Those staff who would assist with intravenous conscious sedation would undertake enhanced BLS as part of the sedation update training with SAAD annually. This would be funded by the registered manager.

We asked the registered manager for details of the training they had undertaken to ensure they were able to effectively manage the dental practice. Although no formal qualification had been achieved, we found the registered manager to be proactive in seeking out informal means of training to ensure fitness. These included a course aimed at setting up a dental practice undertaken with the British Dental Association (BDA) when acquiring the practice, regular reading of the British Dental journal and engagement with BDA practice aimed at practice owners. Human resources support was provided by BDA expert.

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## 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 B - Immediate improvement plan

**Service:** Crickhowell Dental Practice, Powys Teaching Health Board

**Date of inspection:** 16 May 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No concerns requiring immediate assurance were identified during this inspection.				

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

**Service representative:**

**Name (print):**

**Job role:**

**Date:**





<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>Implement a 'you said, we did' display within an area accessible to patients to encourage suggestions from patients to further improve the practice</li> <li>Recommence the gathering and assessment of patient feedback in order to look for key themes, trends, areas for improvement and cases of good practice</li> <li>Review the complaints policy to ensure it contains details of agencies that can help a patient complain should they wish.</li> </ul>	<p>6.3 Listening and learning from feedback Regulation 16 The Private Dentistry (Wales) Regulations 2017</p> <p>Regulation 21 The Private Dentistry (Wales) Regulations 2017</p>	<p>Available on Reception Tv.</p> <p>We have begun gathering patient feedback. Links are sent to patients following treatment inviting patients to leave comments. Patients will also have the opportunity to complete paper feedback sheets.</p> <p>Agency details are contained within our complaints policy - CHC contact details have been added to our complaints policy. Policy attached.</p>	<p>James Jenkins</p> <p>James Jenkins</p> <p>James Jenkins</p>	<p>Available now</p> <p>Currently operational</p>
<p>The registered manager must ensure:</p> <ul style="list-style-type: none"> <li>They review the health and safety risk assessment and environmental risk assessment to ensure that it</li> </ul>	<p>2.1 Managing risk and promoting health and safety</p>	<p>BDA health and safety risk assessment checklist used.</p>	<p>James Jenkins</p>	<p>1/12 waiting for fire service to complete</p>

<p>applies fully to the dental practice</p> <ul style="list-style-type: none"> <li>• Ensure a full fire risk assessment is carried out on the practice and that this is updated on an annual basis (or according to professional advice).</li> <li>• Ensure fire extinguishers and protection measures are serviced on an annual basis.</li> <li>• Ensure that all staff and those working for the purposes of the dental practice undertake annual fire safety and awareness training.</li> </ul>	<p>Regulation 22(2) The Private Dentistry (Wales) Regulations 2017 Regulation 22(4)(a,c,e,f) The Private Dentistry (Wales) Regulations 2017</p>	<p>Risk assessment booked.</p> <p>Extinguishers are in date - 3 months delay due to COVID-19.</p> <p>Will undertake annual fire safety and awareness training alongside health centre.</p>	<p>James Jenkins</p> <p>James Jenkins</p>	<p>May 2022</p> <p>2023 - Date not yet confirmed</p>
<p>The registered manager must ensure COSHH data sheets are reviewed and signed by all staff working for or on behalf of the dental practice on a regular basis.</p>	<p>2.4 Infection Prevention and Control (IPC) and decontamination Regulation 8(e,k) The Private Dentistry (Wales) Regulations 2017</p>	<p>COSHH data sheets are viewed and now signed upon completion by all staff. Log can be found in the COSHH folder showing Staff signatures and dates completed.</p>	<p>James Jenkins</p>	<p>Currently operational.</p>

<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>• Ensure that antibiotics are only dispensed by those individuals trained to do so</li> <li>• A receipt is obtained from the pharmacy of the medicines received for disposal from the dental practice.</li> </ul>	<p>2.6 Medicines Management Regulation 13(4)(a,c) The Private Dentistry (Wales) Regulations 2017</p>	<p>Dentist checks all antibiotics dispensed.</p> <p>Looking to have designated Blue Box for disposal of any unused drugs.</p>	<p>James Jenkins</p> <p>James Jenkins</p>	<p>Currently operational</p> <p>1/12</p>
<p>The registered manager must ensure that:</p> <ul style="list-style-type: none"> <li>• The designated safeguarding lead complete safeguarding training to level 3</li> <li>• DBS checks of staff are regularly reviewed</li> <li>• A policy is in place that outlines the processes to ensure that fitness to work checks are repeated on an appropriate basis.</li> </ul>	<p>2.7 Safeguarding children and adults at risk Regulation 14(b,e) The Private Dentistry (Wales) Regulations 2017</p>	<p>Registered Manager booking onto Level 3 course.</p> <p>DBS checks will be reviewed more regularly.</p>	<p>James Jenkins</p> <p>James Jenkins</p>	<p>2/12</p> <p>3/12</p>
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>• Ensure all clinical staff undertake the necessary IR(ME)R training as part of their continuing professional development and</li> </ul>	<p>2.9 Medical devices, equipment and diagnostic systems</p>	<p>Hygienist will look to complete a a Radiology course.</p>	<p>James Jenkins</p>	<p>3/12</p>

<p>requirements for registration with the General Dental Council</p> <ul style="list-style-type: none"> <li>Ensures information is visible to patients on the benefits and risks of exposure to ionising radiation.</li> </ul>	<p>Regulation 13(2)(b) The Private Dentistry (Wales) Regulations 2017 Regulation 13(9) the Private Dentistry (Wales) Regulations 2017</p>	<p>Will look into suitable patient information regarding benefits and risks to radiation exposure.</p>	<p>James Jenkins</p>	<p>2/12</p>
<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>Develop an audit policy and schedule to include annual audits of IPC, record keeping, smoking cessation and anti-microbial prescribing.</li> <li>Complete tools such as Maturity Matrix Dentistry and/or SOSET.</li> </ul>	<p>3.3 Quality improvement, Research and Innovation Regulation 8(1)(n) The Private Dentistry (Wales) Regulations 2017 Regulation 16(a) The Private Dentistry (Wales) Regulations 2017</p>	<p>Audit policy and schedule now available</p>	<p>James Jenkins</p>	<p>Now available - policies will be updated annually or expired</p>

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: W.J.Jenkins**

**Name (print): James Jenkins**

**Job role: Practice Owner/Owner/Principal Dentist**

**Date: 12/07/2023**