

General Dental Practice Inspection Report (Announced)

My Smile Centre dental practice,
Hywel Dda University Health Board

Inspection date: 12 September 2023

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In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163
Email: hiw@gov.wales
Website: www.hiw.org.uk

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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 My Smile Centre Dental Practice, Hywel Dda University Health Board on 12 September 2023.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

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

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

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

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 that My Smile Centre dental practice was committed to providing a positive experience for their patients. Despite pressures on the service and difficulty in recruiting additional staff, staff told us they were dedicated to providing a service for the local community.

All patients who responded to the HIW questionnaire rated the service as 'very good' or 'good'.

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

We found there were systems in place to ensure patients were being treated with dignity and professionalism.

This is what we recommend the service can improve:

- Encourage feedback from patients and review this regularly
- Seek advice and support about providing the 'Active Offer' of Welsh
- Ensure staff understand the Duty of Candour.

This is what the service did well:

- Clean and pleasant environment
- Good provision was made to help patients with additional mobility needs access the practice and services
- Patients were treated in a caring and friendly manner, within surgeries that preserved their dignity.

Delivery of Safe and Effective Care

Overall summary:

Overall, the practice was well maintained and all patient facing areas were clean and free from visible hazards. The surgeries and decontamination rooms were well equipped and of a good standard.

There were appropriate measures in place for infection prevention and control.

Immediate assurances:

- Evidence was not available to show that X-ray equipment had been appropriately maintained
- Evidence was not available to show that staff had undertaken up-to-date training in the safe use of X-ray equipment.

This is what we recommend the service can improve:

- A structured programme of clinical audits
- Refer to the All Wales national safeguarding procedures.

This is what the service did well:

- The team worked well together to provide safe and effective care to their patients
- Safe arrangements for the decontamination of dental instruments
- Good management of emergency medicines and equipment.

Quality of Management and Leadership

Overall summary:

My Smile Centre dental practice had clear lines of accountability and staff that were committed to providing a high standard of care to their patients.

We saw systems in place to provide training and induction to new staff and all clinical staff were registered with the General Dental Council (GDC).

This is what we recommend the service can improve:

- Staff should have regular appraisals
- A more structured approach to quality improvement activities
- A system to monitor training requirements across the practice
- Policies, procedures and risk assessments should be dated and reviewed at appropriate intervals.

This is what the service did well:

- Clear management and lines of accountability
- Member of the British Dental Association (BDA) good practice scheme.

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

3. What we found

Quality of Patient Experience

Patient Feedback

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

“Excellent all round!”

Person Centred

Health Promotion

Various leaflets and posters were displayed in the reception area about oral health, including NHS health screening, how to brush teeth, sugar content of foods and gum disease.

No smoking signs were displayed, which confirmed the practice adhered to the smoke-free premises legislation. Additionally, signs confirmed that the use of e-cigarettes was prohibited at the practice.

All respondents to the HIW questionnaire agreed that they had been given aftercare instructions on how to maintain good oral health, and that their oral health was explained to them in a way they understood.

Dignified and Respectful Care

During the inspection we saw that doors to surgeries were kept closed during treatment and that glass sections of the doors were obscured, to ensure patient privacy and dignity. The windows and doors in the reception area, facing the street, also contained obscured glass. A television was playing in the reception area to provide background noise and promote privacy.

Staff told us that if patients wanted to speak confidentially a private room or one of the surgeries could be used.

All respondents to the HIW questionnaire agreed that staff at the practice treated them with dignity and respect.

HIW registration certificates were clearly displayed in the reception area, in both English and Welsh. We noted that the GDC core ethical principles of practice were

not displayed. This was raised with the practice manager and a copy was put on display during the inspection.

Individualised care

All respondents to the HIW questionnaire agreed they had been given enough information to understand their treatment options, the risks and benefits of these and the costs.

We saw that there was an appropriate records management policy and system in place to manage patient records, along with policies about consent and the rights of patients who lack capacity.

Treatment costs for both NHS and private care were clearly displayed.

Timely

Timely Care

We saw that the practice opening hours were clearly displayed outside the front entrance, along with the practice telephone number. A sign was displayed advising patients requiring emergency care to contact the NHS 111 service.

Staff told us that due to demand, emergency appointments were not currently being reserved daily but that they were being factored in for future months. We were told that efforts were made to accommodate patients requiring urgent care, including an option to 'sit and wait' and be treated where possible.

Staff told us they would verbally inform patients of any delays and offer to re-book appointments as required.

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

Equitable

Communication and Language

Some materials in the reception area were displayed in both English and Welsh. There was no evidence that the 'Active Offer' of Welsh was being made.

We recommend that the practice implements the 'Active Offer', using advice and support from their Health Board.

At the time of inspection, reception staff were not aware of how to access translation services, to assist patients whose first language was not English.

However, the practice manager had information from the Health Board about access to translation services and this was printed and given to reception staff during the inspection.

Rights and Equality

We saw that the practice had an 'equal opportunities' policy, and that this described protected characteristics (as defined in the Equality Act), types of harassment and what to do in the event of discrimination.

The practice had clearly made adjustments to make the practice accessible to patients with additional mobility needs. To assist wheelchair users, there was a ramp to the front door, a lowered section at the reception desk, and an accessible toilet. Two of the surgeries were on the ground floor, with level access. A hearing loop was available in the reception area.

Patients who completed the HIW questionnaire said that they had not faced discrimination when accessing this health service.

Delivery of Safe and Effective Care

Safe

Risk Management

We found that the premises were clean, visibly well maintained and free from obvious hazards. The waiting areas had appropriate numbers of chairs, which were wipeable and in good condition. We noted that low level electrical sockets in waiting areas were capped to reduce the risk to small children.

The patient toilet was visibly clean, with handwashing and drying facilities and a sanitary disposal unit.

The practice had Health and Safety handbooks for both staff and contractors. We saw a general risk assessment for the practice, listing hazards and control measures.

We saw that the practice had a fire risk assessment, signed by staff. We also saw a fire action plan, clearly signed fire exits and a fire precaution policy. There were records to show that fire alarms and fire extinguishers were checked regularly, and evidence of regular fire drills taking place.

We found that the practice had an up-to-date business continuity policy and disaster recovery strategy.

A current Employer's Liability Insurance certificate was displayed, and a Health and Safety at Work poster was seen in the basement staff area.

Staff were provided with suitable changing areas and lockers.

Infection, Prevention, Control (IPC) and Decontamination

We saw that surgeries were visibly clean and furnished to promote effective cleaning.

The chair in Surgery 2 had some damage to the upholstery which would impede effective cleaning and required repair.

We advise that the damaged upholstery of the chair in Surgery 2 be repaired or replaced.

There were appropriate arrangements in place to ensure a good standard of infection control, which included policies and procedures, an effective cleaning schedule and a designated infection control lead.

The practice had a designated area for the cleaning and sterilisation (decontamination) of dental instruments. The facility was across two rooms, enabling clear separation of 'clean' and 'dirty' areas, and there were appropriate periodic checks made on the disinfection equipment.

We did not find evidence that regular audits of infection control were carried out, in line with Welsh Health Technical Memorandum (WHTM) 01-05.

The registered manager must ensure that regular audits of infection control are carried out in line with WHTM 01-05. The audits should be done at least annually and be signed and dated.

There were appropriate arrangements in place for handling substances subject to Control of Substances Hazardous to Health (COSHH).

We reviewed a sample of staff records and saw evidence of vaccinations against Hepatitis B infection. However, the records did not include evidence to confirm that the vaccination had stimulated the expected immunity response.

We recommend that clinical staff be tested to confirm that their Hepatitis B vaccinations have produced a suitable immunity response and that this be recorded in staff files.

Medicines Management

We found that there were policies and procedures in place for medicines management, and that medicines were stored safely.

Equipment and medicines for use in the event of a medical emergency were readily available at the practice. We noted that an oxygen bottle had been replaced, but the old one was still stored with the emergency equipment.

We recommend that the surplus oxygen bottle be disposed of or moved, to avoid it being used in error in the event of an emergency.

Safeguarding of Children and Adults

We saw that policies and procedures were in place relating to safeguarding. These included an NHS flowchart and details of local authority contacts. However, there was no reference to the All Wales Safeguarding Procedures.

The registered manager should ensure that safeguarding policies and procedures be updated to make reference to the All Wales Safeguarding Procedures, and that staff be made aware of how to access these.

The practice had a designated safeguarding lead, and from a review of staff training records we saw good levels of training, with staff being trained to Level 3. We note this as best practice for the safeguarding lead.

Management of Medical Devices and Equipment

We found that re-usable dental equipment was cleaned and disinfected appropriately.

We reviewed documentation relating to the use of X-ray equipment. We found appropriate procedures in place, details of an appointed Radiation Protection Advisor (RPA), diagnostic reference levels (DRLs) being used and a radiation risk assessment.

However, evidence could not be provided that the X-ray equipment was being maintained regularly, in line with recommended timescales. In addition, the principal dentist could not provide evidence of up-to-date training in radiation protection and the safe use of X-ray equipment.

Our concerns regarding maintenance of X-ray equipment and training were dealt with in a non-compliance notice. This means that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliance we identified are provided in Appendix B.

We saw a letter confirming that the practice had registered with the Health and Safety Executive (HSE) to use X-ray equipment but noted that this related to the practice's previous premises. As a change of address is a material change, we advised that this should be notified to the HSE.

Effective

Effective Care

We found that there were appropriate arrangements for the acceptance, assessment, diagnosis and treatment of patients.

The practice used the Local Safety Standards for Invasive Procedures (LocSSIPs) checklists to help prevent wrong site tooth extractions.

We observed the team working well together to deliver safe care to their patients.

Patient Records

The practice had appropriate systems in place to safely record and store patient records.

We reviewed a sample of 10 patient records. We found that, overall, the recording of information was good and included risk assessments, cancer screening, and radiographic justification and grading. However, patients' language preference was not being recorded.

We advise that patient language preference should be noted on the patient's record.

Efficient

Efficient

We found that the premises and facilities were appropriate for the services being provided. Staff told us that patients requiring urgent care were prioritised where possible. We observed the principal dentist alternating between two surgeries to minimise waiting times between patients.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice had clear management structures, under the direction of the principal dentist and registered manager, and a practice manager.

We saw evidence of one member of staff having an appraisal within the last 12 months, but no evidence could be provided for other members of staff.

The registered manager should ensure that all staff should have regular appraisals.

The practice had a range of policies, procedures and risk assessments in place. However, we found no evidence of an effective system to ensure the documents were dated, reviewed and updated on a regular basis.

The registered manager must ensure that a system be implemented to ensure policies, procedures and risk assessments are reviewed on a regular basis.

Workforce

Skilled and Enabled Workforce

We found that there was no clear system in place to assess and monitor staff training requirements. Staff used an electronic system for some training courses, but management did not have access to identify whether training was required, needed updating or had been completed.

We reviewed a sample of staff records during the inspection. Some records for a dental nurse could not be produced on the day of inspection due to the staff member being off site and the practice manager not having copies of the training certificates on file. This included mandatory training on radiation protection, infection prevention and control and fire safety. We agreed that the documents could be submitted after the inspection. However, when received, they were dated as having been completed shortly after the inspection. As such, we cannot be assured that the training had been carried out in a timely manner.

The registered manager must ensure that a system be put in place to assess staff training needs and record progress to ensure that all required training is completed at the required intervals.

We advise that the practice manager ensures they have copies of, or access to copies of, mandatory training records for all staff.

We saw that the practice held information about the Duty of Candour but did not have a policy in place. Staff had not been trained to understand their responsibilities under the Duty of Candour.

We advise that the practice develop a policy about the Duty of Candour and ensure that staff receive training about the Duty.

Culture

People Engagement, Feedback and Learning

We were told that paper-based patient satisfaction questionnaires were used by the practice, but that these were issued intermittently rather than being always available. The practice did not have a website or social media presence for patients to submit feedback, but we were told that some patients chose to send feedback by email.

We saw no evidence of a structured system to encourage and collect patient feedback, to review this and share it with staff members, and to act on any issues raised.

The registered manager must ensure that measures be put in place to enable patients to submit feedback, and that this be regularly reviewed, and acted upon as appropriate.

We found that the practice had a clear complaints procedure, which included details of sources of support and how to escalate a complaint to external bodies. We saw an NHS 'Putting Things Right' poster in the reception area.

We saw evidence of patient complaints and correspondence kept on file. We were told that complaints were reviewed individually as submitted, rather than on a regular basis.

We recommend that customer complaints be reviewed on a regular basis to identify any common themes or recurring issues.

Information

Information Governance and Digital Technology

An electronic system was used for patient records, and patient appointments could be issued by email. Staff used an electronic system to carry out online training modules.

Learning, Improvement and Research

Quality Improvement Activities

We found limited evidence of processes in place to improve the quality of services.

Although some clinical audits had been carried out, there was no structured programme in place. We saw no evidence of audits on smoking cessation or antibiotic prescribing, or of the use of Quality Improvement tools provided by Health Education and Improvement Wales (HEIW).

The registered manager must ensure a programme of clinical audits be developed and implemented.

We advise that the practice review and implement appropriate Quality Improvement tools, as provided by HEIW.

Whole Systems Approach

Partnership Working and Development

Staff told us that interaction with other NHS bodies and healthcare providers, such as referrals for further treatment, was normally done by telephone.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The GDC core ethical principles of practice were not displayed.	The principles set out what standards a patient can expect from dental care professionals. Displaying the standards is a regulatory requirement.	This was raised with the practice manager during the inspection.	A copy of the GDC principles was printed and put on display during the inspection.
Reception staff were not aware of how to access translation services.	This could impair the ability of staff to assist patients who were not able to speak English.	This was raised with the practice manager during the inspection.	The practice manager had information from the local Health Board about access to translation services. This was printed and shared with reception staff during the inspection.

Appendix B - Immediate improvement plan

Service: My Smile Centre

Date of inspection: 12 September 2023

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
Evidence could not be provided to show that the principal dentist had undertaken adequate training in the safe use of X-ray equipment.	The registered provider must ensure the principal dentist undertakes appropriate training and provide evidence that this has been completed to HIW	Private Dentistry (Wales) Regulations 2017 - Regulation 13(2)(b)	Complete online IRMER course (Parts 1-5)	Principal Dentist	Completed (18.9.23)
Evidence could not be provided showing that X-ray equipment had undergone appropriate maintenance checks.	The registered provider must make arrangements for x ray equipment to be serviced and appropriate maintenance checks carried out.	Private Dentistry (Wales) Regulations 2017 - Regulation 13(2)(a)	Engineer visit booked	Practice Manager	21.9.23 <i>(Note: evidence subsequently provided to confirm visit took place)</i>

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): Mr Olusegun Adegbesan

Job role: Practice Manager

Date: 18 September 2023

Appendix C - Improvement plan

Service: My Smile Centre

Date of inspection: 12 September 2023

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
The 'Active Offer' of Welsh was not being implemented.	We recommend that the practice implements the 'Active Offer', using advice and support from their Health Board.	The Welsh Language (Wales) Measure 2011 Standard: Person-centred	We have emailed the Welsh Service Team to order a service pack of resources, such as display posters, lanyards, badges, text for bilingual signs & notices	Practice Manager	Awaiting response from the Welsh Service Team
The upholstery of the patient chair in Surgery 2 was damaged, which would impede effective cleaning.	We advise that the damaged upholstery of the chair in Surgery 2 be repaired or replaced.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	We are sourcing for an upholster to repair, and or replacing the seat.	Practice manager	ASAP

<p>No evidence that regular audits of infection control were carried out, in line with WHTM 01-05</p>	<p>The registered manager must ensure that regular audits of infection control are carried out in line with WHTM 01-05. The audits should be done at least annually and be signed and dated.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulations 13(6) and 13(7)</p>	<p>We had already done the WHTM 01-05 long before the inspection.</p> <p>The audit however is a continuous ongoing exercise</p>	<p>Practice manager</p>	<p>Ongoing</p>
<p>Staff records showed Hepatitis B vaccinations but no record that a suitable immune response had been recorded.</p>	<p>We recommend that clinical staff be tested to confirm that their Hepatitis B vaccinations have produced a suitable immunity response and that this be recorded in staff files.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulations 13(5)</p>	<p>This is noted.</p> <p>All affected clinical staff has been mandated to undergo the test. the GPS don't offer this services anymore. We are arranging through the LHB to use Occupational Health services</p>	<p>Practice Manager</p>	<p>Awaiting confirmation from the LHB</p>
<p>An old oxygen bottle was being stored with current emergency medical</p>	<p>We recommend that the surplus oxygen bottle be disposed of or moved, to</p>	<p>The Private Dentistry (Wales) Regulations</p>	<p>Noted and actioned</p>	<p>Practice manager</p>	<p>Already relocated</p>

equipment - increasing the risk of the incorrect equipment being used.	avoid it being used in error in the event of an emergency.	2017, Regulations 13(2)(a)			
Practice safeguarding procedures did not make reference to the All Wales national safeguarding procedures.	The registered manager should ensure that safeguarding policies and procedures be updated to make reference to the All Wales Safeguarding Procedures, and that staff be made aware of how to access these.	The Private Dentistry (Wales) Regulations 2017, Regulations 14(1)(a)	This will be inserted and updated	Practice manager	By the end of the year
Language preference was not being recorded as part of patients' records	We advise that patient language preference should be noted on the patient's record.	Welsh Language Standards	Noted and being actioned	Practice manager and clinician	Right away
Evidence could not be provided to show that all staff received regular appraisals.	The registered manager should ensure that all staff should have regular appraisals.	The Private Dentistry (Wales) Regulations 2017, Regulations 17(4)	At the inspection there was proof of appraisal, but asked to make it more regular for all. This noted and being actioned	Practice manager	Right away, and currently ongoing

<p>There was no effective system in place to ensure policies, procedures and risk assessments were reviewed and updated on a regular basis.</p>	<p>The registered manager must ensure that a system be implemented to ensure policies, procedures and risk assessments are reviewed on a regular basis.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulations 8(6)</p>	<p>We signed up with Peninsula with whom we regularly review procedures and risk assessment. We have access to a portal to do and to monitor. This is was logged into to show the inspectors risk assessments. Additionally we have policies in folder regularly reviewed</p>	<p>Practice manager</p>	<p>This is already in place abinitio.</p>
<p>There was no effective system in place to assess and monitor staff training, at a practice level.</p>	<p>The registered manager must ensure that a system be put in place to assess staff training needs and record progress to ensure that all required training is completed at the required intervals.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulations 17(3)</p>	<p>We have a staff training book and we also subscribe to Agilo with every member of staff signed on. From here staff training could be monitor, and courses can assigned or staff can be directed to log on specifically</p>	<p>Practice manager</p>	<p>Already ongoing</p>

<p>The practice manager did not have copies of, or access to copies of, mandatory training records for all staff.</p>	<p>We advise that the practice manager ensures they have copies of, or access to copies of, mandatory training records for all staff.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulations 17(3)</p>	<p>This is noted. However We do have access to mandatory training records both on Agilo and manual records in house, such as the CPR log book.</p>	<p>Practice manager</p>	<p>Further review ongoing</p>
<p>The practice did not have a policy relating to the Duty of Candour. Staff had not been trained on their obligations under the Duty of Candour.</p>	<p>We advise that the practice develop a policy about the Duty of Candour and ensure that staff receive training about the Duty.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulations 17(3)</p>	<p>We do have policy and a folder for duty of candour. Duty of Candour itself is recent dovetailing into Putting things right. However efforts are being made for training.</p>	<p>Practice manager</p>	<p>Before the end of the year</p>
<p>We saw no evidence of a robust system to encourage and collect patient feedback, to review this and share it with staff members, and</p>	<p>The registered manager must ensure that measures be put in place to enable patients to submit feedback, and that this be regularly reviewed, and acted upon as appropriate.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulations 16(2)(c)</p>	<p>We do have forms we give to patients for feedback, which are reviewed regularly to help improve service ad communication to patients. We have a</p>	<p>Practice manager</p>	<p>Further review to be continuously undertaking</p>

to act on any issues raised.			folder displayed at the inspection		
Patient complaints were considered individually, but there was no system for regular reviews, to identify common themes or recurring issues.	We recommend that customer complaints be reviewed on a regular basis to identify any common themes or recurring issues.	The Private Dentistry (Wales) Regulations 2017, Regulations 16(2)	We do not have many complaints. Reviews and data sometimes provide at QAS. This will also be done as at and when necessary	Practice manager	To be a Continuous exercise
There was no structured programme for carrying out clinical audits.	The registered manager must ensure a programme of clinical audits be developed and implemented.	The Private Dentistry (Wales) Regulations 2017, Regulations 16(1)	Clinical audit is periodically carried out. However a review is ongoing to identify areas for improvement	Practice manager	Ongoing to be completed by the end of the year
Quality Improvement tools provided by HEIW were not being used.	We advise that the practice review and implement appropriate Quality Improvement tools, as provided by HEIW.	The Private Dentistry (Wales) Regulations 2017, Regulations 16(1)	We are a member of the BDA good practice. We do annual QAS. We have already done WHTM 01-05. We will endeavour to sign on to Maturity Matrix Dentistry	Practice manager	In the new year

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): Mr Adegbesan

Job role: Practice Manag

Date: 29 November 2023