

# General Dental Practice Inspection Report (Announced)

Avenue Villa Dental practice, Hywel  
Dda 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.



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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 Avenue Villa Dental Practice, Hywel Dda University Health Board on 13 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 21 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:

Patient feedback to the HIW questionnaire was positive and the processes and support in place for patients we observed were comprehensive. We saw patients were treated with dignity and respect and that the information available to them was in a language of their choice and extensive. We found that patients were treated and seen in a timely manner.

From the evidence we saw, we were assured by the quality of patient experience at the practice.

### Delivery of Safe and Effective Care

Overall summary:

We found safe care was being provided to patients and the practice to be in a good state of repair with appropriately sized spaces for patients. Patients agreed with our findings that the practice was clean.

We found improvements could be made on the checks of emergency equipment and the monitoring of first aid and fire safety training. We saw patient records were detailed but found improvements on the advice given to patients regarding smoking cessation. We saw that patients received a robust triage and were appropriately treated.

This is what we recommend the service can improve:

- Increase the regularity of checks conducted on emergency equipment and ensure servicing is routine
- Ensure all radiographic treatment and their risks are recorded appropriately
- Ensure the environment is at a suitable temperature for staff to work in.

This is what the service did well:

- The assessment of fire and health and safety risks were comprehensive
- Infection, prevention and control was suitably managed and the practice was visibly clean.

### Quality of Management and Leadership

#### Overall summary:

We saw a clearly defined management structure in place, with regular staff meetings and managers feeling supported by their corporate team. We observed a friendly atmosphere at the practice and good engagement between employees.

Staff records required improvement around training being incorrectly recorded and references missing for staff at the practice. We also saw that quality improvement activities should be increased to meet the existing frameworks in Wales. We heard from staff that relationships with partner organisations were good and staff felt supported to undertake training by management.

#### This is what we recommend the service can improve:

- Updating and improving the recording of training and ensuring all employment checks are routinely undertaken
- Ensure that all staff receive an annual appraisal
- Review quality improvement and clinical audit activities.

#### This is what the service did well:

- We observed good internal and external working relationships
- Staff felt supported by managers to undertake training and raise concerns.

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

All respondents who answered the questionnaire rated the service as ‘very good’ (18/21) and ‘good’ (3/21).

*“Very friendly and informative dentist and staff.”*

*“Keep up the great work.”*

We asked what could be done to improve the service. One comment included the following:

*“Although I pay Denplan, I still find that Lab fees etc for bridge work etc quite high as an extra cost”*

#### Person Centred

##### Health Promotion

We saw information readily available in both Welsh and English throughout the practice. Bilingual information available included orthodontics risks and benefits and the patient privacy notice. Staff informed us that any requests for information in a different format or language would be met.

We noted both NHS and private fees displayed for patients with the opening hours and emergency contact details also available on the outside of the practice. We saw the names and General Dental Council (GDC) numbers of clinicians on display.

All respondents to the HIW patient questionnaire said staff explained their oral health to them in a manner they could understand throughout their appointment, and that suitable aftercare advice was provided.

##### Dignified and Respectful Care

We observed staff treating patients with dignity and respect for the duration of our inspection. The waiting area was separated from the reception desk to allow private conversations to take place and phone calls to be answered without being overheard. Staff told us that sensitive conversations could take place in the office behind reception when needed.



We saw how the clinical spaces were designed to allow patients privacy and we noted the GDC 9 principles were on display in the waiting room.

All of the patients that completed the HIW questionnaire said staff treated them with dignity and respect, that they listened to them during their appointment and answered their questions.

### **Individualised care**

All of the respondents to the HIW questionnaire said they felt involved as much as they wanted to be in the decisions about the treatments that were available, including having the risks and benefits explained to them by staff. Patients said:

*“Excellent care with [Dentist.] Very considerate to my dental phobia.”*

*“Excellent care given over the last 10 years of being a patient in the practice. Staff very helpful and friendly.”*

All but one patient (20/21) that responded to the HIW questionnaire told us they knew what to do in the event of an emergency or infection and all patients said they were given information on how the practice would resolve any post-treatment concerns or complaints.

## **Timely**

### **Timely Care**

We found a robust appointments system in place to prevent delays and enable the timely care of patients by utilising early morning and late evening appointments. Appointments could be made online and were followed up by telephone call.

We saw that emergency appointments were routinely included in each practitioner’s schedule for the day. Staff told us that any patient with an urgent medical need would be seen the same day, following a telephone triage process. We were informed, on average, there was a 3 month space between routine appointments but this was tailored to meet patient needs and that any request for an earlier appointment would be accommodated.

We saw dentists would inform reception staff of any delays to be communicated immediately to patients in the waiting area, with any significant delays communicated to patients via telephone.

We saw the practice working flexibly with their opening hours to meet patient availability. Most patients said they found it very easy (12/21) or fairly easy (7/21) to find an appointment when they needed one; two patients said they didn't find it easy at all. Five respondents to the HIW patient questionnaire said they would not know how to access out of hours dental services if they had an urgent dental problem. Information on out of hours dental services was noted on the exterior of the practice and on the practice website.

## **Equitable**

### **Communication and Language**

We found a bilingual practice offering healthcare to patients in either Welsh or English. We saw staff wearing 'Iaith Gwaith' badges and heard staff members communicating to patients with a bilingual greeting. We saw there was bilingual information available throughout the practice and the practice patient information booklet contained a poster to help patients inform the practice of their language preference. We also saw language line was available.

Staff outlined their understanding of the 'Active Offer' well and they understood their responsibilities in proactively providing a bilingual offer to patients. Patients that responded to the HIW questionnaire confirmed that they were actively given the opportunity to speak Welsh, felt comfortable using the language and that healthcare information was available in their preferred language.

### **Rights and Equality**

We saw the practice maintained a satisfactory equality and diversity policy, written with the support of their corporate body. We noted in the practice recruitment policy reference to the fair treatment of all candidates and with due consideration of their protected characteristics.

We observed a zero tolerance to harassment and discrimination poster in reception and in the patient information booklet.

All of the patients that responded to the HIW questionnaire told us they had not faced any form of discrimination when accessing this service. A majority of patients (16/19) stated that the building was accessible.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We found the practice in a good state of repair and maintained to an appropriate standard. We saw two surgeries on the ground floor, a reception area with a separate and appropriately sized waiting room. Upstairs, we saw four surgeries alongside a laboratory and additional waiting area. All spaces in the practice were lit appropriately and kept tidy.

We noted the temperature in the laboratory room was hot due to the nature of the work undertaken in this area. Staff working in this room told us they routinely found it hot to work in this area, though especially in summer months. Staff added there was a ventilation system for the room, but it was old and caused a lot of noise for staff so was not used.

**The registered manager should ensure the environment is at a suitable temperature for staff to work in.**

We saw telephone systems working effectively and adequate changing facilities for staff. We noted a disabled toilet downstairs for patients that was clean, with sanitary disposal and handwashing/drying facilities.

We reviewed the practice health and safety policy and risk assessments which were up to date and reviewed on an annual basis. We saw suitable emergency and contingency plans that had been recently reviewed and were comprehensive. We noted the employer liability insurance upon the wall in the manager's office and Health and Safety Executive employer poster on display in the corridor.

We noted a comprehensive fire risk assessment that was undertaken annually by an external fire safety contractor, which included annual fire safety equipment checks. We also saw monthly fire safety equipment checks undertaken by staff. We saw evidence of fire drills taking place on a regular basis and weekly fire alarm tests undertaken.

We saw that of the 18 members of staff at the practice, two had received fire safety training within the last twelve months. Staff told us this lapse was caused by their corporate system being set up with the expectation for fire safety training every five years, rather than annually.

**The registered manager must ensure all staff receive annual fire safety training.**

We observed signage for fire exits, fire information and no smoking on display throughout the practice.

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

We found measures in place to ensure the safe treatment of patients, including a suitable and comprehensive policy that had been recently reviewed. We saw evidence that cleaning was undertaken regularly and we saw equipment and surfaces in a good state of repair to enable effective cleaning.

We saw a named IPC and decontamination lead in policies and the staff we spoke to knew who knew who to approach. We saw that all staff were trained to a suitable level in IPC and we saw Personal Protective Equipment(PPE) being used appropriately during our inspection.

Staff told us they were aware of the occupational health support available to them and we saw an up to date sharps injury protocol with appropriate signposting. To prevent sharps injuries, we saw safer sharps devices being used.

All of the patients that responded to the HIW questionnaire said they felt the practice was very clean (20/21) or fairly clean (1/21). All of the respondents also felt that IPC measures were being followed, with one patient saying:

*“Very impressed with the cleanliness of the surgery, nurse was cleaning all surfaces thoroughly as I was leaving”*

We observed staff undertaking decontamination cycles and we saw evidence of autoclave and washer-disinfector tests being undertaken in line with the WHTM 01-05. These tests were complemented by daily maintenance programmes and twice daily checks. We found the practice undertook routine in-house IPC audits through their corporate body, and we made the practice aware of the support available to them through Health Education and Improvement Wales (HEIW) regarding audits.

We found there was no dedicated decontamination room and that dirty instruments were cleaned within each surgery or by transporting dirty equipment from surgery two to surgery one to be cleaned because of its size. We saw in surgeries there were two sinks involved in the decontamination process.

**The registered manager should review surgery sink provision in line with Welsh Health Technical Memorandum (WHTM) 01-05.**

We saw evidence that all practice waste was handled appropriately by staff and through a suitable waste disposal contract. The process for the Control of Substances Hazardous to Health (COSHH) was suitably managed, risk assessed, and we reviewed the comprehensive practice COSHH folder.

### **Medicines Management**

We found medicines were not routinely dispensed to patients, except those used in an emergency. We found these emergency medicines to be stored suitably and we saw prescription pads were kept secure. The practice medicines management policy and medical emergency policy were both appropriate and detailed.

We saw the emergency equipment and first aid kits were stored in a readily available location. We found the emergency drugs and most equipment to be in date. However, we found that one of the two oxygen tanks that formed part of this emergency equipment was out of date. We noted the checks on the emergency kits were undertaken on a monthly basis. We did not see evidence of a servicing nor maintenance record for the oxygen cylinders.

**The registered manager must ensure that weekly checks are conducted on emergency equipment and ensure servicing is carried out and recorded.**

On review of staff training records, we found all staff were trained in cardiopulmonary resuscitation (CPR). We saw evidence that the two practice first aiders had received their three-yearly qualifications, but their annual refresher dates had passed. We understood from staff that a training course for the two first aiders was scheduled to take place the week following inspection.

**The registered manager must ensure first aid refreshers take place annually.**

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

We found a comprehensive procedure in place to support the safeguarding of adults and children. These procedures referenced the All Wales Safeguarding Procedures and were updated regularly by a corporate safeguarding officer.

Staff explained their safeguarding responsibilities well, they outlined how they would feel confident raising a concern and knew who to raise the concern with. The practice had a designated safeguarding lead named on their procedures and we saw that all staff were trained to an appropriate level in safeguarding.

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

We saw that clinical equipment was in good condition and safe. We saw evidence of an appropriate schedule of maintenance for all of the equipment. In the staff files we reviewed, we saw that all were trained to a suitable level to use the

equipment and we saw staff using the equipment correctly during our inspection. We noted an adequate procedure in the emergency and contingency policy to deal with equipment failure.

We found the radiation protection folder to be suitable for the effective management of X-ray equipment. We saw a recently updated policy and procedure for the safe operation of the equipment and a named radiation protection advisor.

From the records we inspected, we saw one patient where the justification for a radiograph had not been recorded with quality gradings also not been recorded. We noted in two further records that the frequency of radiographs was not recorded. We saw in a child's patient record they had received treatment for a dental cavity but there was no evidence to demonstrate that a radiograph had been completed prior to their treatment. We did not see evidence that the risks from radiographs to patients was being recorded in any of the records we reviewed.

**The registered manager must ensure that all radiographic treatment and their risks are recorded appropriately.**

We saw evidence of suitable X-ray grading and quality improvement activities taking place.

## Effective

### Effective Care

We heard from staff they were clear on their responsibilities for the acceptance, assessment, diagnosis and treatment of patients.

We found suitable processes in place for patient understanding and consent to surgical procedures. Although, we did not see use of a checklist, such as the Local Safety Standard for Invasive Procedures (LocSSIPs), for wrong tooth site extraction.

**The registered manager should implement use of the LocSSIPs as a matter of good practice.**

### Patient Records

We reviewed a total of 10 patient records, all of which were within a suitable records management system and stored in line with the General Data Protection Regulations (GDPR).

We noted in the records that we reviewed that oral cancer screening was routine along with full base charting and patient symptoms. We noted in two records

smoking cessation advice was not recorded, and that in the remaining records patients were advised to stop but we saw no evidence this was followed up with the offer of the support that is available.

**The registered manager must ensure smoking cessation advice is routine and include appropriate references to the support available.**

We found the recording of patient language preference and any actions taken in response to this preference were not routinely recorded.

**The registered manager must ensure language and communication needs of patients are recorded.**

All of the patients that responded to the HIW questionnaire agreed or strongly agreed that their medical history was checked prior to treatment.

## **Efficient**

### **Efficient**

We found services being delivered in line with the clinical needs of patients in a suitable premises. We saw evidence of an appropriate means for the referral of patients to other services and saw these referrals were monitored by practice staff.

Patients were given timely access to care through a robust triage process to prioritise those with the most urgent need.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

We found suitable leadership arrangements in place at the practice, with a clearly defined management structure. We observed staff working well together and feedback was positive on the management support available to staff. The practice was part of the Portman Dental group and we noted the positive working relationships between the corporate team and local management.

Staff told us the practice was formerly part of the British Dental Association (BDA) good practice scheme and that they utilised the support of their corporate body to develop their teams. We saw that the practice manager was enrolled on a training scheme to develop and support new managers within the corporate group.

The practice manager explained they used an annual leave recording tool to ensure an adequate number of staff on duty with the correct mix of skills. From the records we reviewed, we saw no evidence that any dentist had received an appraisal and that four other staff had no evidence in their staff records of a recorded appraisal.

**The registered manager must ensure all staff receive an annual appraisal.**

We saw that staff meetings were frequent and attended by all staff, we reviewed a sample of minutes that outlined the areas of discussions well and would provide a suitable level of information to a member of staff that couldn't attend.

We heard from management staff they felt supported in their roles, being provided one to one support from their corporate team alongside weekly area meetings and the use of an instant messaging group.

## Workforce

### Skilled and Enabled Workforce

We reviewed the files of five members of staff and found in general training was up to date and to the mandatory requirements and vetting and references checks were suitable. There were occasions, however, where we found areas which required strengthening, including:



- The data being reported on the practice system didn't match the data on staff certificates leaving checks being made against incorrect details
- Three references were missing out of the five records we reviewed with no risk mitigation measures in place for long-standing staff members where those records may not exist
- As mentioned elsewhere in this report, training for fire safety and first aid were not being correctly monitored or the data being provided by the system was incorrect.

**The registered manager must provide assurance to HIW of action taken to update and correct staff records.**

**The registered manager must ensure there are robust checks in place for mandatory training and that all employment checks are undertaken.**

We found that professional registrations and insurances were routinely monitored for compliance and that a recruitment policy for new starters was comprehensive.

## Culture

### People Engagement, Feedback and Learning

We found that feedback and complaints were appropriately managed by the practice. Management utilised post-appointment surveys to patients and used feedback forms in waiting areas. These surveys are reported on daily to the practice manager and feedback is discussed in staff meetings and positive feedback displayed on a staff notice board. We saw a feedback display on the wall in the waiting area to promote improvements made following patient feedback.

We saw a robust online system in place for the recording and response to complaints that included all the required information for patients. The practice benefitted from a corporate complaints team and we saw the route to make a complaint advertised in the patient information booklet in the waiting room.

We heard from staff that they felt supported to undertake training and we saw examples where training exceeded that of the minimum requirements. Staff also told us they felt confident in raising a concern through their whistleblowing policy, which we noted was comprehensive.

We saw a comprehensive policy in place to support the Duty of Candour, including reference to a named contact within Portman Dental and local contacts. There was a clear structure to report any concerns and all the staff we spoke to outlined their understanding of the Duty well, knowing what to do when something went

wrong. Staff had received an overview of the Duty of Candour by practice management and their corporate body.

## **Learning, Improvement and Research**

### **Quality Improvement Activities**

We saw sufficient audits undertaken for infection control, hand hygiene and patient records that were undertaken on a frequent basis. However, we did not find a policy in place to outline how or what audits were used or their frequency.

We noted the practice utilised the support of their corporate structures to undertake quality improvement activities but the audits in place for smoking cessation and radiographs would benefit from greater alignment to the existing frameworks that are available in Wales, such as those through HEIW as referenced elsewhere in this report. We saw the Clinical Audit and Peer Review Office (CAPRO) audit of antibiotic prescribing had not been completed and that peer review audits were not routine.

**The registered manager should develop a quality improvement policy.**

**The registered manager must improve their quality improvement and clinical audit activities, utilising the support available to them from HEIW.**

## **Whole Systems Approach**

### **Partnership Working and Development**

The staff we spoke to explained their working relationships with partner organisations such as GP's and local hospitals were good over the telephone and email. We saw their processes for referrals was efficient and managed appropriately by the practice staff, including any follow up actions.

We saw that relationships between staff internally and with corporate staff from Portman Dental were good. This was confirmed by what staff told us.

## 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
No immediate concerns were identified on this inspection			

## Appendix B - Immediate improvement plan

**Service:** Avenue Villa Dental Practice

**Date of inspection:** 13 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
No immediate concerns were identified on this inspection					

## Appendix C - Improvement plan

**Service:** Avenue Villa Dental Practice

**Date of inspection:** 13 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
We noted the temperature in the laboratory room was hot due to the nature of the work undertaken in this area. Staff working in this room told us they routinely found it hot to work in this area, though especially in summer months. Staff added there was a ventilation system for the room, but it was old and caused a lot of noise for staff so was not used.	The registered manager should ensure the environment is at a suitable temperature for staff to work in.	Private Dentistry (Wales) Regulations 2017 Section 22 (2) (a)	Ventilation is available in the room to keep the temperature down. Practice manager has booked a contractor to look at the concern with the noise  New aircon unit has been requested on the capex form. The heat is only an issue in the summer months	Practice Manager	2 Months

<p>We saw that of the 18 members of staff at the practice, two had received fire safety training within the last twelve months.</p>	<p>The registered manager must ensure all staff receive annual fire safety training.</p>	<p>PD(W)R Section 22 (4) (c)</p>	<p>All colleagues have now completed fire safety refresher training</p>	<p>Practice Manager</p>	<p>Completed</p>
<p>We found there was no dedicated decontamination room and that dirty instruments were cleaned within each surgery or by transporting dirty equipment from surgery two to surgery one to be cleaned because of its size. We saw in surgeries there were two sinks involved in the decontamination process.</p>	<p>The registered manager should review surgery sink provision in line with Welsh Health Technical Memorandum 01-05.</p>	<p>PD(W)R Section 22 (2) (c)</p>	<p>Practice refurbishment plans for the next 2 years</p>	<p>Practice Manager</p>	<p>2025</p>
<p>We found that one of the two oxygen tanks that formed part of this emergency equipment was out of date. We</p>	<p>The registered manager must ensure that weekly checks are conducted on emergency equipment and ensure</p>	<p>PD(W)R Section 31 (3)</p>	<p>Daily and weekly checks are in place for the oxygen.</p>	<p>Practice Manager</p>	<p>Checks in place now</p>

<p>noted the checks on the emergency kits were undertaken monthly. We did not see evidence of a servicing nor maintenance record for the oxygen cylinders.</p>	<p>servicing is carried out and recorded.</p>		<p>Moving provider from BOC to MedGas BOC will not service</p>		<p>New provider Dec 23</p>
<p>We saw evidence that the two practice first aiders had received their three-yearly qualifications, but their annual refresher dates had passed.</p>	<p>The registered manager must ensure first aid refreshers take place annually.</p>	<p>PD(W)R Section 17</p>	<p>Annual refresher has been completed. Certificates available in practice</p>	<p>Practice Manager</p>	<p>Done</p>
<p>From the records we inspected, we saw one patient where the justification for a radiograph had not been recorded with quality gradings also not been recorded. We noted in two further records that the frequency of radiographs was not recorded. We saw in a</p>	<p>The registered manager must ensure that all radiographic treatment and their risks are recorded appropriately.</p>	<p>PD(W)R Section 20 Ionising Radiation (Medical Exposure) Regulations 2017 (IR(ME)R) Section 6</p>	<p>All clinicians have 6 monthly radiograph audits. Clinicians addressed with the concerns raised. Clinician demonstrated at end of inspection that it was being recorded.</p>	<p>Regional Clinical Lead</p>	<p>Done</p>



<p>child's patient record they had received treatment for a dental cavity but there was no evidence to demonstrate that a radiograph had been completed prior to their treatment. We did not see evidence that the risks from radiographs to patients was being recorded in any of the records we reviewed.</p>					
<p>We did not see use of a checklist, such as the Local Safety Standard for Invasive Procedures (LocSSIPs), for wrong tooth site extraction.</p>	<p>The registered manager should implement use of the LocSSIPs as a matter of good practice.</p>	<p>PD(W)R Section 13 (1) (b)</p>	<p>This is on the compliance system not paper records. Wrong tooth extraction paperwork was sent across to HIW after inspection.</p>	<p>Practice Manager</p>	<p>In place</p>
<p>We noted in two records smoking cessation advice was not recorded, and that in the remaining records patients were</p>	<p>The registered manager must ensure smoking cessation advice is routine and include appropriate references to the support available.</p>	<p>PD(W)R Section 13 (9) (a)</p>	<p>All clinicians reviewed the guidance</p> <p>Information from stop smoking Wales to be given to patients. Will</p>	<p>Clinicians</p>	<p>In place</p> <p>Feb 2024</p>

<p>advised to stop but we saw no evidence this was followed up with the offer of the support that is available.</p>			<p>complete a clinical record keeping audit to ensure its being done. Planned meeting to discuss requirements and to make sure it is recorded in patients notes</p>		
<p>We found the recording of patient language preference and any actions taken in response to this preference were not routinely recorded.</p>	<p>The registered manager must ensure language and communication needs of patients are recorded.</p>	<p>PD(W)R Section 13 (1) (a)</p>	<p>Practice has a translation service available for all patients</p> <p>Poster on display</p> <p>Part of the MHF</p> <p>Welsh speakers wearing orange badges and speaking with SOE to add language preference to each patient record</p>	<p>Practice Manager</p>	<p>December 2023</p>
<p>We saw no evidence that any dentist had received an appraisal and that four</p>	<p>The registered manager must ensure all staff receive an annual appraisal.</p>	<p>PD(W)R Section 17 (4)</p>	<p>Colleagues all had annual appraisals and evidenced on day</p>	<p>Practice Manager</p>	<p>Done</p>

<p>other staff had no evidence in their staff records of a recorded appraisal.</p>			<p>Self employed clinicians have peer reviews not appraisals</p>		
<p>The data being reported on the practice system didn't match the data on staff certificates leaving checks being made against incorrect details</p> <p>Three references were missing out of the five records we reviewed with no risk mitigation measures in place for long-standing staff members where those records may not exist.</p> <p>Training for fire safety and first aid were not being correctly monitored or the data being provided</p>	<p>The registered manager must provide assurance to HIW of action taken to update and correct staff records.</p> <p>The registered manager must ensure there are robust checks in place for mandatory training and that all employment checks are undertaken.</p>	<p>PD(W)R Section 17 (3)</p> <p>PD(W)R Section 18</p>	<p>Everyone's dates have been checked and certificates reuploaded with correct dates</p> <p>Moving forward I will ensure references are gained.</p>		

<p>by the system was incorrect.</p>					
<p>We noted the practice utilised the support of their corporate structures to undertake quality improvement activities but the audits in place for smoking cessation and radiographs would benefit from greater alignment to the existing frameworks that are available in Wales, such as those through HEIW as referenced elsewhere in this report. We saw the Clinical Audit and Peer Review Office (CAPRO) audit of antibiotic prescribing had not been completed and that peer review audits were not routine.</p>	<p>The registered manager should develop a quality improvement policy.</p> <p>The registered manager must improve their quality improvement and clinical audit activities, utilising the support available to them from HEIW.</p>	<p>PD(W)R Section 8 (1) (n)</p> <p>PD(W)R Section 16</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**

**Name (print):** Natasha Rawlinson

**Job role:** Practice Manager

**Date:** 14/11/2023