

General Dental Practice Inspection Report (Announced)

Bridge Dental Care, Aneurin Bevan
University Health Board

Inspection date: 18 October 2023

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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 Bridge Dental Care, Aneurin Bevan University Health Board on 18 October 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 23 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:

Patients provided very positive feedback about the care and service provided by the dental practice.

We found that staff were friendly and worked hard to treat their patients with kindness, dignity, and respect throughout the inspection.

We found the practice made efforts to accommodate unscheduled emergency treatment on the same day and patients said it was easy to get an appointment when they needed one.

There was a good range of information throughout the practice and patients said they were given enough information to understand the treatment options available along with their risks and benefits.

This is what we recommend the service can improve:

- Consider how information can be made available in formats that meet the needs of patients with reading difficulties.

This is what the service did well:

- Good provision of bilingual information
- Consultation rooms available for sensitive confidential discussions
- Upstairs waiting area suitably decorated and furnished providing a calm, relaxing area for anxious and neuro-divergent patients.

Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was well maintained, clean and tidy and decorated to a very high standard.

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

We found good compliance with fire safety precautions and numerous fire exits were available. However, the ground floor evacuation plan needed some revision in relation to patients with mobility issues.

Dental records were detailed and easy to follow.

This is what we recommend the service can improve:

- Must ensure the washer-disinfector equipment is serviced annually in accordance with guidelines
- Whilst stored securely, the clinical waste bins are to be locked
- The practice safeguarding policy to be reviewed to reflect All-Wales national guidelines.

This is what the service did well:

- Consistent layout to surgeries
- Well organised designated decontamination room
- Good x-ray compliance with appropriate signage above surgery doors.

Quality of Management and Leadership

Overall summary:

The registered manager was available for staff, and we found an effectively run practice with clear reporting lines for staff. Staff were found to be adequately supported within their roles with evidence of regular appraisals.

We saw a good induction process in place with checklists signed by senior management on completion. We found compliance with staff training and professional obligations was very good.

We saw evidence of a suitable complaints process in accordance with the practice policy and excellent levels of positive feedback via the practice website.

While we identified some improvements were needed, overall, we found the practice to be well managed.

This is what the service did well:

- Good range of training for staff and good compliance with mandatory training
- A range of policies were readily available to staff to support them in their work roles
- Comprehensive range of audits with aim to continually improve standards.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 23 respondents rated the service as 'very good.'

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

"It's a nice practice. Clean and tidy. Staff are always lovely. Plenty of waiting rooms and toilets. Dentists are kind and gentle."

"Everyone is so friendly and welcoming they make me feel so at ease."

"Excellent service, very professional team."

Person Centred

Health Promotion

We were told patients would be provided with relevant health promotion advice when seen by the dentists or other dental care professionals working at the practice.

We saw patient information available in waiting areas including smoking cessation guidance and the complaints policy. We saw information about charges were also on display.

All respondents who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand. All respondents also told us staff had provided them with aftercare instructions on how to maintain good oral health and all felt they received adequate guidance on what to do and who to contact in the event of an infection or emergency.

We saw signage displayed notifying patients and visitors to the practice that smoking was not permitted on the premises. This was in accordance with current legislation.

Dignified and Respectful Care

During the inspection we found staff were friendly and treated patients with kindness and respect.

We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. We saw an opaque covering was applied across windows in the surgeries for privacy.

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

The reception desk was at the entrance next to a waiting room. Additional waiting rooms were located along the downstairs corridor and upstairs providing a degree of privacy for patients. We found the waiting areas upstairs were designed, decorated, furnished and lit in a manner that provided a calming environment for patients who are anxious and/or neuro divergent. We were told confidential phone calls could be taken upstairs and that there were two private consultation rooms and the practice manager's office for sensitive discussions.

The General Dental Council (GDC) core ethical principles of practice were clearly displayed in the waiting area in both Welsh and English.

Individualised care

All respondents who completed a HIW patient questionnaire said that there was enough information given to understand the treatment options available and said they were given enough information to understand the risks and benefits associated with those treatment options.

All respondents told us they had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We were told that patients are told on arrival should there be a delay in their appointment time. We were advised that the staff will inform the reception team of any delays in the surgeries.

We found morning and afternoon emergency appointment slots are retained by each dentist for patients who require urgent dental care. We were told the practice tries to treat all urgent cases on the same day.

We were told patients can wait less than a week between each treatment appointment if they are happy to see a different dentist to their usual. On occasions this can even be next day.

The practice opens early three days a week and on Saturday mornings, as well as staying open late on Mondays. This helped ensure patients could access care at a time suitable to them. Children are generally given appointments after school hours although orthodontist appointments are scheduled throughout the day.

The practice's opening hours were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should they require urgent dental care and treatment out of hours was also clearly visible.

All respondents who completed a HIW patient questionnaire said it was easy to get an appointment when they needed one and that they knew how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communication and Language

We found written information displayed in the practice was available in Welsh and English and that translation services were available for patients whose first language was not English. We were told information could be made available in other languages on request. While we found some information available other formats such as large print and easy read, we recommend the practice introduce more easy read provision to meet the needs of patients with reading difficulties.

The registered manager is required to provide HIW with details of how the practice can make information available to patients with reading difficulties.

We were told there was one Welsh speaking dentist working at the practice and can provide care in Welsh if requested. Additionally, there was another staff member at their sister practice who could also be available if required. We were told 'Iaith Gwaith' badges were available, but only one staff member chose to wear it.

The practice predominantly arranges appointments by telephone or in person at reception. Provision is made for booking appointments by email for patients with hearing difficulties. The practice does not use an online booking system at present.

We found a hearing loop system in place to assist patients with hearing difficulties.

Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients.

We saw the practice had an up-to-date equality and diversity policy in place that staff had read and signed as understood. We were told that all staff had completed equality and diversity training and bullying in the workplace training.

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

We saw level access into the practice with doorways wide enough to allow wheelchairs into the downstairs surgeries, providing patients with mobility issues access to treatment. We found a fully accessible patient toilet located on the ground floor which was decorated to an excellent standard.

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was well maintained with spacious, well lit, air-conditioned treatment rooms. Surgeries were located on both the ground and first floor, with a consistent layout throughout. Internally, the environment was decorated and furnished to a very high standard however we found there was no buildings maintenance policy.

The registered manager must ensure a building maintenance policy is in place to ensure the premises are always fit for purpose and provide HIW with a copy as evidence.

There was a business continuity policy in place with a list of procedures to be followed should it not be possible to provide the full range of services due to events such as equipment failure, flood, or a system failure.

Patient areas were uncluttered and free from hazards. We saw there were facilities for staff to change in privacy.

We saw a health and safety policy was in place and an approved health and safety poster was clearly displayed for staff to see.

We found a fire risk assessment had been completed within the last year and that all staff working had completed fire safety training. The practice had a designated fire officer responsible for signed weekly checks of fire safety equipment and regular fire drills were being conducted and recorded. We saw a current fire equipment maintenance contract was in place, and the fire extinguishers had been serviced within the last year.

We found four fire exits located on the ground floor which were clear of obstructions and evacuation signage was displayed throughout the premises. We found the fire exit on the first floor to be clear and opened to a wide ramp that led directly to the rear car park area enabling quick and safe evacuation to ground level. However, we found the evacuation plan for the ground floor instructed evacuation for patients with mobility issues via a surgery that had restricted access, despite other more appropriate exits being available.

We recommend the registered manager reassesses the fire evacuation plan to direct all visitors to exit the premises by the nearest and most appropriate fire exit and provide HIW with evidence of the changes.

We confirmed both employer's liability and public liability insurances were in place.

Infection Prevention and Control (IPC) and Decontamination

We saw the waiting room and the dental surgeries were visibly clean and furnished to promote effective cleaning. Suitable handwashing and drying facilities were available in each surgery and in the toilets. We saw a cleaning schedule was in place to support effective cleaning routines and that personal protective equipment (PPE) was readily available for staff. However, we found there was no specific risk management policy in relation to infection prevention and control, and decontamination.

The registered manager must ensure a risk management policy is put in place in accordance with the regulations and provide HIW with a copy as evidence.

There was a well organised, designated decontamination room with a suitable system in place to safely transport used instruments from surgeries to the decontamination room. Appropriate arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments. We saw appropriate checks of the decontamination equipment had been performed for most equipment. However, we found the annual service for the washer-disinfector was overdue by one month. This was raised with the management team and a service inspection was booked.

The registered manager must ensure all decontamination equipment is checked and serviced in accordance with the Welsh Health Technical Memorandum (WHTM) 01-05 and provide HIW with evidence of completion and assurance that future servicing will be conducted in time.

We found that the latest infection prevention and control (IPC) audit was conducted within the last year.

We saw a current contract was in place to safely transfer waste from the practice. We saw clinical waste produced by the practice was stored in appropriate containers in a secure, external area while awaiting collection. However, we found four out of seven of these bins were not locked.

The registered manager must ensure the clinical waste bins are locked when awaiting collection in accordance with Welsh Health Technical Memorandum (WHTM) 07-01.

We found good arrangements were in place in relation to substances subject to Control of Substances Hazardous to Health (COSHH). Every hazardous substance had a suitable COSHH risk assessment in place.

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

All respondents who completed a HIW patient questionnaire felt the setting was very clean and most felt infection and prevention control measures were being followed.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. We also saw medicines were being stored securely and in accordance with the manufacturer's instructions, including those medicines requiring refrigeration. There was a suitable process in place for disposal of out-of-date emergency drugs. We saw that any medicines administered were recorded in the patient notes.

We were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice. We were told this could be made available to patients on request.

We inspected equipment and medicines for use in the event of an emergency at the practice. Medicines were found to be stored securely and in accordance with the manufacturer's instructions. A suitable system was in place for checking stocks and identifying when medicines need to be replaced. We saw records of checks having been completed, and confirmed all medicines were within their expiry date.

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

Safeguarding of Children and Adults

We saw the practice had appointed dedicated safeguarding leads and the practice manager had access to the All-Wales Safeguarding guidelines on their phone. We saw procedures were in place in relation to safeguarding and relevant contact details for local safeguarding teams were available for staff in the event of a concern. However, we noted the safeguarding policy indicated that it was based on Public Health England guidelines instead of the All-Wales national procedures.

The registered manager must ensure the practice safeguarding policy reflects All-Wales national guidelines and provide HIW with a copy as evidence.

We saw all staff were appropriately trained and knowledgeable about child and adult protection.

Management of Medical Devices and Equipment

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

We saw the required documentation was available to show safe arrangements were in place for the use of the X-ray equipment and that appropriate signage was above all surgeries. We also saw documentation showing the equipment had been subject to the required maintenance and testing and that a radiation risk assessment was in place.

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

We found clinical evaluations and justifications for each X-ray exposure were noted in patient records. We were advised that carers were not allowed to be in the treatment room when x-rays were taken.

Effective

Effective Care

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their work roles and responsibilities at the practice and that regulatory and statutory guidance was being followed.

We were told the practice used recommended checklists to help minimise the risk of wrong tooth extraction and that staff obtained relevant professional advice when required.

Patient Records

We reviewed the dental care records of ten patients. We saw a suitable system was in place to help ensure records were safely managed and stored securely. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

All the records we reviewed had suitable patient identifiers, such as the name and date of birth of the patient, the reason for attending and the symptoms described by the patients had also been recorded. While we found the patient language preference was not recorded for patients, we were told that language choice was checked as part of the medical history updates, and that any language other than English would feature as a pop-up note on their clinical records.

All records reviewed contained the previous dental history including alcohol and tobacco use, and featured a system to ensure the medical history was checked at each consultation. All respondents who completed a HIW patient questionnaire confirmed this was the case. We saw evidence of full base charting, baseline BPE, soft tissue examination, extra and intra oral examination and cancer screening. The records also showed patients had been given oral health promotion information, where appropriate.

The records also showed evidence of treatment planning, including options, and that informed consent was obtained from patients prior to their treatment. All respondents who completed a HIW patient questionnaire told us staff had explained to them what they were doing throughout their appointment and staff had answered their questions.

Recall was recorded in accordance with current NICE guidelines. Where X-rays were conducted, we saw justification and appropriate views had been noted and clinical findings had been recorded.

All respondents who completed a HIW patient questionnaire told us staff had explained to them what they were doing throughout their appointment and staff had answered their questions. We found all records indicated that informed consent was obtained prior to their treatment.

Efficient

Efficient

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided.

We found the facilities and premises appropriate for the services delivered and that clinical sessions were used efficiently with urgent dental care being accommodated around routine pre-booked appointments.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice is owned by the registered manager with a practice manager, treatment co-ordinator and head nurse in post and responsible for the day-to-day management of the practice. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team. These included structured staff meetings and day-to-day ad-hoc communication with staff. We saw minutes of meetings were taken and provided to staff who were absent to ensure they remain up to date with work related matters.

We confirmed a range of written policies were readily available to staff to support them in their roles. However, from the sample of policies seen we found the page numbers, dates, review history and version numbering were inconsistently recorded making it difficult to determine if the documents were the most recent version.

We recommend the practice ensure all policies are suitably dated, reviewed, versioned and signed by staff to confirm the latest version has been read and understood.

The practice had an up-to-date statement of purpose and patient information leaflet as required by the Private Dentistry (Wales) Regulations 2017. These provided useful information for patients about the services offered at the practice. Both documents had been reviewed within the last 12 months.

Workforce

Skilled and Enabled Workforce

The practice team consists of nine dentists, three hygienists, fifteen dental nurses, and receptionists.

We found the number and skill mix of staff were appropriate to deliver the dental services provided. We were told agency staff were not used, and that staff from the sister practices could be utilised if there were staffing shortages due to holidays and sickness.

The names of the dentist and dental care professionals working at the practice were clearly displayed along with their GDC registration numbers. We were told compliance with GDC registration requirements was monitored by the practice managers.

A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found that the practice manager and registered manager to be open and approachable to their staff and there was a good team spirit among the staff.

The practice had an up-to-date recruitment policy which set out all the information and documentation that must be available in respect of staff working at dental practices.

We reviewed the files of staff working at the practice. We saw all staff had a valid Disclosure and Barring Service (DBS) certificate and (where required) evidence of indemnity insurance, evidence of current registration with the General Dental Council (GDC) and evidence of immunisations for all but one apprentice dental nurses who was awaiting the result of their blood test. We found a risk assessment in place with protective measures to be applied whilst waiting for confirmation of immunisation.

We saw an induction process was in place for new staff to the practice. This helped ensure new staff were aware of the practice's policies, procedures and that they understood their roles and responsibilities. We saw the topics were signed off by senior managers once completed.

We saw staff employed by the practice had annual work appraisals and had attended training on a range of topics relevant to their roles within the practice.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including patient questionnaires, Google reviews and the practice website, which had over 800 positive reviews. A suggestions box was available in the downstairs patient waiting area.

We were told that feedback is regularly assessed, analysed and discussed at team meetings. We saw that the practice communicated with patients regarding feedback via the Working Feedback web-based system and that common themes had been identified. We found the practice had instigated improvements as a

result, including the implementation of a patient satisfaction questionnaire for orthodontic treatment.

We saw separate up-to-date written complaints procedures were in place for managing concerns about Denplan, NHS and private dental care provided at the practice. We saw a bilingual Putting Things Right poster and generic concerns notice on display in the waiting areas which signposted patients to the various concerns leaflets available in the waiting areas. Details of other organisations that patients could approach for help and support were also included.

Most respondents (17/23) who completed a HIW patient questionnaire told us they had been given information on how the practice would resolve any concerns or complaints post-treatment. The remainder marked the question as not applicable.

We saw there was a complaints file for recording complaints made to the practice, which all staff had access to. We were told the resolution process is documented throughout and saw evidence of this in relation to the most recent complaint received by the practice.

We saw the practice had a Duty of Candour policy which provided guidance and set out staff responsibilities. We saw staff had completed Duty of Candour training and demonstrated a good understanding when questioned. To date, there have been no incidents where Duty of Candour has needed to be exercised.

Information

Information Governance and Digital Technology

We were told patient safety incidents were recorded and reported via the Datix system, Duty of Candour process and/or yellow card scheme depending on the nature of the incident.

Significant events and patient safety information would be recorded and discussed at team meetings. This discussion along with audit results would inform and formulate action plans for improvement and implementation where necessary.

Learning, Improvement and Research

Quality Improvement Activities

We were provided with examples of audits which were conducted as part of the practice's quality improvement activity. These included audits of patient feedback and complaints, waiting time analysis, infection prevention and control, and decontamination.

We were also told the practice had completed antimicrobial prescribing and smoking cessation audits via the Health Education and Improvement Wales (HEIW) toolkit.

Whole Systems Approach

Partnership Working and Development

Suitable arrangements were described for engagement between the practice and other services, such as safeguarding, general practitioners and pharmacists. This ensures healthcare is better co-ordinated to promote the wellbeing of patients and the wider community.

We found evidence within audits and practice meetings minutes that external quality management systems, such as eDEN and NHS Compass are being constantly monitored.

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 non-compliance concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Bridge Dental Care

Date of inspection: 18 October 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 non-compliance concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Bridge Dental Care

Date of inspection: 18 October 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 found there were no leaflets available in other formats, such as easy read or large font, that considered the needs of patients with reading difficulties.	The registered manager is required to provide HIW with details of how the practice can make information available to patients with reading difficulties.	Quality Standard - Equitable	More easy read leaflets have been introduced for dental treatments, payments, caring for your teeth and healthy eating.	Leonard Smart	Nov 2023
We found there was no buildings maintenance policy.	The registered must ensure a building maintenance policy is in place to ensure the premises are always fit for purpose and provide HIW with a copy as evidence.	Regulation 8 (1)(c) - Private Dentistry (Wales) Regulations 2017	We have developed a buildings maintenance file, the new policy has been signed by all staff, dated, versioned with a review date	Leonard Smart	Nov 2023

<p>We found the evacuation plan for the ground floor instructed disabled evacuation via a surgery that had restricted disabled access, even though other more appropriate exits were available.</p>	<p>We recommend the registered manager reassesses the fire evacuation plan to direct all visitors to exit the premises by the nearest and most appropriate fire exit and provide HIW with evidence of the changes.</p>	<p>Regulation 22 (4)(e)</p>	<p>Our evacuation plan was updated on the day of the inspection, all staff are aware and the new policy signed, dated, versioned with a review date</p>	<p>Leonard Smart</p>	<p>Nov 2023</p>
<p>We found there was no specific risk management policy in relation to infection prevention and control, and decontamination.</p>	<p>The registered must ensure a risk management policy is put in place in accordance with the regulations and provide HIW with a copy as evidence.</p>	<p>Regulation 8 (1)(e)</p>	<p>We have developed an infection control risk management policy and added it to our infection control manual. All staff has signed the addition, its dated, versioned with a review date</p>	<p>Leonard Smart</p>	<p>Nov 2023</p>
<p>We found the service for the washer-disinfector was overdue by one month.</p>	<p>The registered manager must ensure all decontamination equipment is checked and serviced in accordance with the recommended guidelines and provide HIW with evidence of completion and assurance that</p>	<p>Regulation 13 (2)(a) & Chapter 13, WHTM 01-05</p>	<p>The service was booked with Eschmann. Our new buildings maintenance policy will ensure services will be carried out on time.</p>	<p>Leonard Smart</p>	<p>Nov 2023</p>

	future servicing will be conducted in time.				
We found four out of seven clinical waste bins were unlocked.	The registered manager must ensure the clinical waste bins are locked when stored awaiting collection in accordance with the recommended guidelines.	Quality Standard - Safe & WHTM 07-01	Our waste was collected the day before our inspection and the bins were not locked, we have now added checking the clinical bins are locked to our start and end of day procedures.	Leonard Smart	Nov 2023
The safeguarding policy indicated that it was based on Public Health England guidelines instead of the All-Wales national procedures.	The registered manager must ensure the practice safeguarding policy reflects All-Wales national guidelines and provide HIW with a copy as evidence.	Regulation 14 (2)	The reference of “Safeguarding in general dental practice A toolkit for dental teams”. Produced by Public Health England was removed on the day of the inspection. The whole policy has been checked ensure its appropriate to Welsh guidelines.	Leonard Smart	Nov 2023
We found the page numbers, dates, review history and version numbering on policy documents were	We recommend the practice ensure all policies are suitably dated, reviewed, versioned and signed by staff to confirm the	Regulation 8	Page numbers and version has been added to all policies.	Leonard Smart	Nov 2023

inconsistently recorded making it difficult to determine if the documents were the most recent version	latest version has been read and understood.				
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Leonard Smart
Job role: Registered Manager
Date: 22.12.2023