

General Dental Practice Inspection Report (Announced)

Brackla Dental Surgery, Cwm Taf
Morgannwg University Health Board

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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 Brackla Dental Care, Cwm Taf Morgannwg University Health Board on 08 November 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 40 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 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 need one.

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

We were informed that the practice had made numerous adjustments so that everyone can access services on an equal basis.

This is what we recommend the service can improve:

- Consider how the practice's own written information can be made available in Welsh, and other formats that consider the needs of patients with reading difficulties
- Install a disabled pull-cord alarm system to the accessible patient toilet.

This is what the service did well:

- All respondents who completed a HIW patient questionnaire rated the service as 'very good'
- Good number of staff able to speak Welsh, providing bilingual care for patients wishing to speak Welsh
- On site car parking with level access into practice and to ground floor surgeries.

Delivery of Safe and Effective Care

Overall summary:

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

Generally, 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 but required fire drills to be documented.

We found appropriate medicines management processes and safeguarding arrangements were in place.

Dental records for patients were detailed and easy to follow with some minor points for improvement.

This is what we recommend the service can improve:

- Change the seating material used in the patient waiting area to enable effective cleaning and infection control
- Ensure a record is kept of the three-monthly dip slide tests
- Ensure x-rays are taken where clinical examination and risk assessment indicates, or a full explanation of the rationale should be documented if the decision is not to do so
- Ensure patient treatment options are consistently recorded in the patient records.

This is what the service did well:

- Clean, spacious, well-lit, uncluttered and ventilated surgeries
- Good decontamination system in place for reusable dental equipment
- Good fire safety compliance.

Quality of Management and Leadership

Overall summary:

We found an effectively run practice. The registered manager was open and approachable, and we found clear reporting lines for staff. Staff were found to be adequately supported within their roles. We saw evidence of appraisals taking place, although more meaningful objectives should be agreed between management and the staff.

We found the practice was signed up for the update service with the Disclosure and Barring Service. However, they had failed to keep a record of checks made as part of their duty to ensure staff remain fit to be employed at the practice.

We saw an induction process in place and that there was good compliance with mandatory staff training. We were told the practice used industry recognised team development tools to improve standards.

We saw evidence of a suitable complaints process in accordance with the practice policy with good quality documented responses.

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

This is what we recommend the service can improve:

- Ensure necessary written references are obtained prior to employing staff to work at the practice
- Put in place a 'You said, we did' display or similar.

This is what the service did well:

- A good 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
- Detailed annual business and development plan as result of audits and feedback
- Positive attitude to implementation of reasonable adjustments as a result of patient feedback.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All respondents who answered the question rated the service as ‘very good.’

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

“Excellent care in a very knowledgeable practice that is clean and professional.”

“Very friendly and efficient dental practice.”

“The staff and dentist were amazing, very helpful and friendly.”

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 lots of patient information available throughout the practice including smoking cessation and a dedicated information board for sugary diet advice.

All 40 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. Most respondents (39/40) also told us staff had provided them with aftercare instructions on how to maintain good oral health.

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 saw staff treating patients with kindness and respect.

We saw doors to surgeries were closed when dentists were seeing patients, promoting patient privacy and dignity. We saw blinds on windows in the surgeries for additional privacy.

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

Some comments we received about patient care are below:

“Treated in a professional and caring manner. Highly recommend [Dentist] as a dentist.”

“The care and compassion shown me was second to none.”

The reception desk was located to the side of the patient waiting room limiting patient privacy. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients, including conversations over the phone. We were told an unused surgery would be used for confidential or sensitive discussions.

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

Individualised care

All 40 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 options.

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. 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 any delays in surgery are communicated to the reception team via the practice IT system. Reception would then inform patients of the delay in their appointment time.

The practice currently arranges appointments by telephone or in person at the reception desk.

We were told that when patients require urgent dental care, the practice encourages patients to contact them at 8:30am and that blank emergency appointment slots were scheduled for every dentist from 12:30pm to 1:30pm. This helped to avoid attendance at out of hours services.

We were told patients generally wait about four weeks between each treatment appointment but may vary depending on the urgency and dentist.

We were told the practice did not run late evening or weekend appointments. To ensure patients can access treatment at a time suitable to them, the practice keeps appointment slots available after school hours and at half term time for children. Working patients were prioritised for the early 8:30am appointment slot.

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 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and Language

We saw lots of written notices displayed in the practice were available in Welsh and English including the price lists for NHS and private treatments. However, we found the practice's own leaflets were predominantly English only and were not available in other formats such as easy read or large font. We were advised that alternative formats could be obtained on request and that this issue had recently been picked up during a disability audit conducted by the practice.

The registered manager is required to provide HIW with details of how the practice will make written information available in the Welsh language and to patients with reading difficulties.

We found there are three Welsh speaking staff working at the practice. We also saw a bilingual 'Talk with me' notice to encourage the use of Welsh language. We were told the practice is historically known as able to provide a bilingual service and, because of this, Welsh speaking patients seek out the practice for their dental care. However, we were told the practice were unaware of the 'Iaith Gwaith' badge scheme, and therefore did not wear them.

The registered manager should consider issuing 'Iaith Gwaith' badges to staff members who can speak Welsh, to indicate to patients they are able to provide their care in Welsh if required.

We found the practice had access to translation services to help communicate with patients whose first language is not Welsh or English. We were told how they had previously used this translation service to provide care in Urdu and British Sign Language.

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 all staff had read and agreed to the contents. Most staff had completed equality and diversity training, with the remainder completed during the inspection.

We saw a bullying and harassment policy that had been reviewed and signed by staff. We found that staff had completed a suite of training on topics such as disability awareness, dementia and deafness to enhance their understanding of discrimination and its impact in the workplace.

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

We were informed that the practice had made numerous adjustments so that everyone can access services on an equal basis. These included telephone call reminders for blind patients, appointments during quiet periods for neuro-divergent patients and domiciliary referrals for housebound and agoraphobic patients. The practice had also obtained a 'kneebreak' dental chair to assist patients with mobility issues.

We saw good parking provision to the front of the practice with level access into the practice with wide doorways from the entrance through to the reception area and ground floor surgeries. However, we noted there was no power assisted door opening mechanism available which limited independent access to treatment for patients with mobility issues. We were informed that the practice had also recognised the issue as part of their recent disability audit and that currently staff would go out to help patients with access issues. We were mindful that this current arrangement was reliant on staff being available and being aware there was a patient outside requiring assistance.

We found an accessible patient toilet located on the ground floor. This was clean and well equipped. However, we found there was no emergency call aid installed. Again, this was already recognised as part of the recent disability audit.

The registered manager must install a disabled pull-cord alarm system to the accessible patient toilet.

Most respondents (38/40) who completed a HIW patient questionnaire told us they considered the building accessible, whilst one said it was only partially accessible and the other was unsure.

All staff who completed a HIW questionnaire agreed that care of patients is the dental practice's top priority and that they were happy with the standard of care provided should a friend or relative need dental care.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was well maintained with spacious, well lit, ventilated treatment rooms located on both the ground and first floor. Internally, the environment was decorated and furnished to a good standard. We saw a buildings maintenance policy which had been reviewed in the last year.

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. Contact details for the designated emergency response team and a list of emergency contact numbers were available within the policy file. This was signed by all staff. We advised the practice manager to display a copy on the staff room notice board for ease of access in the event of an emergency incident. This was actioned during the inspection.

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

We found a fire risk assessment had been completed within the last year and that all staff had completed fire safety training. We saw a current fire equipment maintenance contract was in place and that the fire extinguishers and fire blanket had been serviced within the last year. Weekly checks of fire safety equipment were carried out and recorded. However, we found annual regular fire drills were being conducted but not recorded in the fire safety logbook.

The registered manager must ensure regular fire drills are conducted and recorded in a fire safety logbook.

We found fire exits were clear of obstructions and evacuation signage was displayed throughout the premises.

We saw a health and safety policy was in place and an approved health and safety poster was clearly displayed in the staff room. We confirmed public liability insurance was in place and saw a copy of the up-to-date employer's liability insurance displayed in the staff room.

Infection Prevention and Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place in relation to infection prevention and control (IPC) and decontamination. We confirmed there was an IPC lead appointed, and that all staff working at the practice had completed IPC training. We saw evidence of this within the sample of staff files we reviewed. We saw a cleaning schedule was in place to support effective cleaning routines.

We saw the waiting areas were comfortable and visibly clean however the patient waiting area seating was covered in fabric which may hinder effective cleaning.

The registered manager must consider using alternative seating material in the patient waiting area to enable effective infection prevention and control procedures. Evidence of changes or mitigation of the risk must be supplied to HIW.

We found the dental surgeries were visibly clean and furnished to promote effective cleaning. We were told the practice completes three-monthly dip slide tests of the dental chairs. However, there no record of this provided as evidence.

The registered manager must ensure a record is kept of the three-monthly dip slide tests. HIW suggest retaining a photograph of the result as good evidence.

Suitable handwashing and drying facilities were available in each surgery and in the toilets. Personal protective equipment (PPE) was readily available for staff. All 40 respondents who completed a HIW patient questionnaire felt the setting was very clean and all who stated an opinion (39) felt infection and prevention control measures were evident.

There was a designated decontamination room with a suitable system in place to safely transport used instruments from surgeries to the decontamination room. Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been performed.

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

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

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. However, we found assessment review dates were not always recorded and signed.

We recommend the registered manager ensures the COSHH risk assessments review dates are recorded and signed.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice and that these were handled and stored securely. We saw that any medicines administered were recorded in the patient clinical records.

We were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme. We saw information about this scheme on display in the patient waiting area.

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 also saw records of checks having been completed, and confirmed all medicines were within their expiry date.

The first aid kit was available and found to be in order. We found that the practice had three trained and appointed first aiders. We confirmed all staff working at the practice had completed resuscitation training within the last year. We saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

We saw up-to-date written policy and 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. The practice had a safeguarding lead in place, with two other staff members trained as cover in the event of absence.

We saw all staff were appropriately trained and knowledgeable about safeguarding and senior staff had downloaded the All-Wales safeguarding app on their phones to ensure they had up-to-date guidance.

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.

There was no Health and Safety Executive registration certificate available for the practice to conduct x-rays. However, we were provided with a payment receipt for this document indicating the registration was in place, but the certificate had not yet been received. The document was subsequently obtained and produced following the inspection.

We saw the required policies, procedures and protocols were available to show safe arrangements were in place for the use of the X-ray equipment. 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 found the practice conducts an annual audit of x-rays. However, we recommend the practice increases the frequency of x-ray audits to at least every six months.

We recommend the registered manager considers implementing an audit of x-rays every six months in accordance with Faculty of General Dental Practice (UK) guidance.

We could not see information on display in patient waiting areas explaining the risks and benefits of having an X-ray. We advised the practice manager to display a copy where it was easily visible to patients. This was actioned during the inspection.

We found clinical evaluations and justifications for each X-ray exposure were noted in patient records. However, we found one instance where the risk assessment within the clinical notes suggested an x-ray was required, but it had not been carried out.

The registered manager must ensure that x-rays are to be taken where clinical examination and risk assessment indicates. If the clinician decides not to do so, a full explanation of the rationale should be documented.

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.

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.

Most respondents (37/40) felt they received adequate guidance on what to do and who to contact in the event of an infection or emergency.

Patient Records

We reviewed the dental care records of eight 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. However, patient language choice was not noted in any of the records checked.

The registered manager must ensure patients' preferred choice of language is recorded within the patient records.

All records reviewed contained the previous dental history including alcohol and tobacco use where applicable. It was noted that oral health promotion, such as smoking cessation advice, was recorded as being provided.

We found the patient records featured a system to ensure the medical history was checked at each consultation. However, we found the patient medical history was not always countersigned by the dentist/ clinician.

The registered manager must ensure that medical history is countersigned by the dentist/ clinician.

We saw evidence of full base charting, Basic Periodontal Examination (BPE), and extra and intra oral examination including oral cancer screening. Whilst there was evidence of treatment planning and informed consent being obtained, there was inconsistent recording of the treatment options considered.

The registered manager must ensure that treatment options are consistently recorded in the patient records.

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 were told patients were referred to the hygienist for treatment and some nurses were trained for extended duties such as fluoride varnish application.

The practice benefitted from an electronic system to ensure that arrangements for referral to other healthcare services was effective and that relevant information is shared. If the case was considered high risk, then a follow up phone call would be made to reinforce the urgency of the matter.

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 a husband-and-wife dental team and operated with a practice manager 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 quarterly staff meetings, team WhatsApp group and ad-hoc face-to-face communication. We saw minutes of meetings were taken and emailed 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. The sample of policies we saw showed they had been subject to review within the last 12 months and had been signed by staff confirming they had 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

In addition to the two dentist owners and practice manager, the practice team consisted of three associate dentists, three trained dental nurses, one trainee dental nurse and a receptionist.

We were told the number and skill mix of staff were appropriate to deliver the dental services provided. We were told agency and temporary staff were not used.

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 senior management team.

A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found the senior management team to be open and approachable to 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. However, we found there were some outstanding written references for several employees. It was explained that the practice had recruited former colleagues and had not received responses to requests for references from some of the previous employers.

The registered manager must ensure they adopt a more robust approach to obtain the necessary written references prior to employing a person to work at the practice.

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 reviewed the files of staff working at the practice. We saw all qualified staff had evidence of indemnity insurance (where required), evidence of current registration with the General Dental Council (GDC) and evidence of immunisations.

We found the practice was signed up for the update service with the Disclosure and Barring Service (DBS) in relation to monitoring if staff were fit to work at the practice, however, nine of the certificates printed in relation to staff were dated from 2018 or earlier. Whilst we were assured that these checks were made and risk assessed by the practice management team, we requested the practice ensure they retained documented proof of this process. Copies of DBS documents were provided following the inspection.

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

We saw staff employed by the practice had attended training on a range of topics relevant to their roles within the practice. The practice told us they used team development tools such as BDA Good Practice Scheme, Maturity Matrix Dentistry and HEIW's y Ty Dysgu.

All staff who completed a HIW questionnaire told us they had appropriate training to undertake their roles.

We found that the practice had carried out annual staff work appraisals. However, it was noticed that some appraisals contained limited notes and lacked clear objectives.

We recommend the registered manager ensure all staff have annual appraisals with active engagement from all concerned and SMART (Specific, Measurable, Achievable, Realistic/ Relevant, Time-bound) objectives set.

All staff who completed a HIW questionnaire agreed they would recommend the practice as a good place to work.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including verbal feedback, patient surveys, social media and via the practice website. A suggestions box was available in the patient waiting area.

We were told that feedback is regularly assessed, analysed and discussed at team meetings and peer review meetings. We found the practice had implemented several improvements because of feedback. These included ensuring patients are aware of urgent appointment charges and purchasing higher chairs with arms for waiting areas, to assist patients with mobility issues. However, the practice did not have a method to communicate to patients changes made as a result of suggestions made.

We recommend the registered manager put in place a 'You said, we did' display or similar.

We saw an up-to-date written complaints procedure was in place for managing complaints about dental care provided at the practice. This was on display in the waiting areas and on the practice website and included the details of the complaints manager and expected response timescale. Details of other organisations that patients could approach for help and support were also included. We also saw Putting Things Right posters on display in patient waiting areas.

Most respondents who answered the question (38/39) told us they had been given information on how the practice would resolve any concerns / complaints post-treatment.

We saw there was a complaints log file for recording complaints made to the practice, which was managed by the management team. We were told the

resolution process is documented throughout and we saw evidence of this process in relation to the most recent complaint received by the practice. This contained detailed investigation notes, was personalised with direct referral to the issues raised and was resolved well within the time frame specified in the policy.

We saw the practice had a Duty of Candour policy which provided guidance and set out staff responsibilities. We saw most 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 been exercised.

Most staff who completed a HIW questionnaire (7/9) told us they knew and understood the Duty of Candour and understood their role meeting these standards. However, two staff members said they did not.

We recommend the registered manager ensures all staff complete Duty of Candour training and understand their roles in meeting the standards. The practice is to provide HIW with evidence of this when completed.

Information

Information Governance and Digital Technology

Alongside the Duty of Candour policy, an Incidence Handling policy was also in place describing a system to record patient safety incidents. Significant events and patient safety information would be recorded and discussed at team meetings and shared with other NHS bodies via Datix Cymru and the National Reporting and Learning System (NRLS).

Learning, Improvement and Research

Quality Improvement Activities

We saw the practice had a Clinical Audit and Quality Assurance policy in place covering audits for the decontamination process, radiography, disability/ accessibility, clinical record keeping and Health and Safety.

To improve the quality of service, we saw the practice develops a Business and Development plan from audits, staff views, patient feedback and complaint analysis.

The practice has taken part in the Greener Primary Care Wales scheme and attained the gold award.

Whole Systems Approach

Partnership Working and Development

Suitable arrangements were described for engagement between the practice and other services.

We were told the practice engages in a local healthcare cluster enabling referral of patients to other healthcare services as required. This ensures healthcare is better co-ordinated to promote the wellbeing of patients and the wider community.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found Disclosure and Barring Service (DBS) records printed in relation to staff were dated from 2018 or earlier.	We required assurance that staff employed at the practice remained fit to do so. This could potentially put vulnerable patients at risk.	We raised this immediately with senior staff.	We were informed that the practice subscribed to the Disclosure and Barring Service update service and that relevant risk assessments had been made. Copies of up-to-date Disclosure and Barring Service (DBS) records checks were provided following the inspection.

Appendix B - Immediate improvement plan

Service: Brackla Dental Surgery

Date of inspection: 08 November 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 further immediate non-compliance concerns were identified on this inspection other than those identified in Appendix A.					

Appendix C - Improvement plan

Service: Brackla Dental Surgery

Date of inspection: 08 November 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 practice's own leaflets were predominantly English only and were not available in other formats such as easy read or large font	The registered manager is required to provide HIW with details of how the practice will make their own written information available in the Welsh language and to patients with reading difficulties.	Quality Standard - Equitable Regulation 13(1)(a)	All practice information leaflets will be translated into Welsh, easy read and large font by using translation services completed by our bilingual team members.	Rebecca Jones Practice co-owner/dentist	Within 3 months
We found Welsh speaking staff working at the practice but were unaware of the 'Iaith Gwaith' badge scheme to indicate to patients they are able to	The registered manager should consider issuing 'Iaith Gwaith' badges to staff members who can speak Welsh.	Quality Standard - Equitable	Ordered by email from post@cyg-wlc.wales on 23.12.23 -	Jane Richards Practice manager	To be dispatched in New Year

provide their care in Welsh if required.			confirmation received 0345 6033 221		
There was no emergency call aid installed in the accessible patient toilet.	The registered manager must install a disabled pull-cord alarm system to the accessible patient toilet.	Quality Standard - Equitable Regulation 13(1)(b)	Emergency Pull cord ordered on 3.1.24 to be installed as per our disability audit action plan already stated.	Barry Jones Registered Manager/Practice Owner/dentist	By 31 st January 2024
Fire drills were being conducted but not recorded in the fire safety logbook.	The registered manager must ensure regular fire drills are conducted and recorded in a fire safety logbook.	Regulation 22(4)(d)	Fire drills are carried after every staff meeting quarterly and will be recorded in fire safety logbook.	Rebecca Jones Practice Co-Owner/Fire Marshall	Next Staff meeting booked with drill for 22.01.24
The patient waiting area seating was covered in fabric which may hinder effective cleaning procedures.	The registered manager must consider using alternative seating material in the patient waiting area to enable effective infection prevention and control procedures. Evidence of changes or mitigation of the risk must be supplied to HIW.	Regulation 13(6)(b)(i) - The Private Dentistry (Wales) Regulations 2017	Ordered recovering of seating material in waiting room with vinyl material to allow regular surface cleaning, photos will be emailed to HIW Inspector once	Barry Jones Registered Manager/Practice Owner/Dentist	Ordered from local Reupholster P.Northrup on 3.1.24 to be collected for recovering

			completed as evidence.		on 9.1.23 taking one week to complete.
We were told the practice completes three-monthly dip slide tests of the dental chairs, however, there no record provided as evidence.	The registered manager must ensure a record is kept of the three-monthly dip slide tests. HIW suggest retaining a photograph of the result as good evidence.	Regulation 13 (6)(b)(ii)	Now scheduled on agenda at end of every staff meeting quarterly for Dip Slide results to be photographed and recorded as evidence on dedicated computer management file.	Jane Richards Practice Manager	Next meeting booked for 22.1.24 (Reminder logged in meeting minutes.)
We found COSHH risk assessment review dates were not always recorded and signed.	We recommend the registered manager ensures the COSHH risk assessments review dates are recorded and signed.	Regulation 6 (3) - The Control of Substances Hazardous to Health Regulations 2002	A record of COSHH risk assessment review dates will be signed, recorded and kept in COSHH folder.	Jane Richards Practice Manager	Implemented immediately after Inspection on 9.1.23 and to be reviewed annually.

<p>We found the practice conducts an annual audit of x-rays.</p>	<p>We recommend the registered manager considers implementing an audit of x-rays every 6 months in accordance with Faculty of General Dental Practice (UK) guidance.</p>	<p>Regulation 7 - The Ionising Radiation (Medical Exposure) Regulations 2017</p>	<p>Six monthly radiograph audit cycle will now be carried out and auditing policy has been updated accordingly.</p>	<p>Rebecca Jones Practice Co-owner/dentist</p>	<p>Policy immediately updated. Audit cycle will now be January 2024, July 2024 and every 6 months after.</p>
<p>We found one instance where the risk assessment within the clinical notes suggested an x-ray was required, but it had not been carried out.</p>	<p>The registered manager must ensure that x-rays are to be taken where clinical examination and risk assessment indicates. If the clinician decides not to do so, a full explanation of the rationale should be documented.</p>	<p>Regulation 13(1)(a)</p>	<p>Discussed with associate dentist responsible and provided further training regarding clinical documentation of x-ray risk assessment rationale to be recorded.</p>	<p>Barry Jones Registered Manager/Practice owner/dentist</p>	<p>Immediately discussed with associate on 9.11.23 Peer review of clinical notes for justification is scheduled for 22.1.24 after</p>

					Practice Meeting
Patient language preference were not recorded within patient records, which could inhibit effective and individualised care.	The registered manager must ensure patients' preferred choice of language is recorded within the patient records.	Regulation 13(1)(a)	Exam proforma updated to include patients Language preference, all clinicians were notified of this change.	Rebecca Jones Practice Co-Owner/dentist	Immediately implemented on 9.11.23
Patient medical history was not always countersigned by the dentist/ clinician.	The registered manager must ensure that medical history is countersigned by the dentist/ clinician.	Regulation 20(1)(a)(ii)	MH form updated to include countersignature, all clinicians were notified of this change.	Jane Richards Practice manager	Immediately implemented on 9.11.23
There was inconsistent recording of the treatment options considered.	The registered manager must ensure that treatment options are consistently recorded in the patient records.	Regulation 20(1)(a)(i)	Exam proforma updated to include TP option section, all clinicians notified of this change.	Rebecca Jones Practice Co-owner/dentist	Immediately implemented on 9.11.23 Further training scheduled at peer review after staff

					meeting on 22.1.24
We found incomplete written reference checks for several employees.	The registered manager must ensure they adopt a more robust approach to obtain the necessary written references prior to employing a person to work at the practice.	Regulation 18(2)(e)	Policy updated to include all new staff will be required to provide a written reference and our management team have agreed this will be robustly adhered to.	Barry Jones Registered manager/Practice Owner/dentist	Immediately implemented at post inspection management meeting on 9.11.23
We found some annual staff appraisals not carried out, while others contained limited notes and lacked clear objectives.	We recommend the registered manager ensure all staff have annual appraisals with active engagement from all concerned and SMART (Specific, Measurable, Achievable, Realistic/ Relevant, Time-bound) objectives set.	Regulation 17(4)	All employees have received appraisals this year, 3 associates are not included in staff appraisals due to their self employment status. We will improve our appraisal process to include SMART objectives.	Jane Richards Practice Manager	Immediately implemented at post inspection management meeting on 9.11.23

<p>We found the practice did not have a method to communicate to patients changes made as a result of suggestions made.</p>	<p>We recommend the registered manager put in place a 'You said, we did' display or similar.</p>	<p>Regulation 16(2)(c)</p>	<p>You said, we did Poster created to communicate patient suggestions and displayed by suggestions box, will be updated quarterly based on feedback.</p>	<p>Rebecca Jones Practice Co-Owner/ Dentist</p>	<p>Displayed from 5.1.24</p>
<p>We found some staff did not know or understand the Duty of Candour and their role in meeting the standards.</p>	<p>We recommend the registered manager ensures all staff complete Duty of Candour training and understand their roles within these standards. The practice is to provide HIW with evidence of this when completed.</p>	<p>Regulation 8 (2)(a) - Training and Support - Duty of Candour (Wales) Regulations 2023</p>	<p>All staff certificates from Duty of Candour training completed will be sent to HIW inspector via email.</p>	<p>Rebecca Jones Practice Co-Owner/dentist</p>	<p>Training was completed by inspection date, certificates will be sent by 31.1.24</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): REBECCA JONES

Job role: PRACTICE CO-OWNER/DENTIST

Date: 03.01.24