

General Dental Practice Inspection Report (Announced)

Abersychan Dental Surgery, Aneurin
Bevan 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 Abersychan Dental Surgery, Aneurin Bevan University Health Board on 06 December 2023.

Our team for the inspection comprised of two HIW Healthcare Inspectors 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 13 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 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 extended working hours to ensure patients can access treatment at a time suitable to them. The practice also 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 limited information available in the practice although patients said they were given enough information to understand the treatment options available.

This is what we recommend the service can improve:

- Up to date patient information leaflet to be made available to include inaccessibility of patient toilets to wheelchair users
- Treatment fees to be displayed
- Names and General Dental Council (GDC) details for dental professionals to be displayed.

This is what the service did well:

- All 13 respondents rated the service as 'good' or 'very good'
- Patient dignity upheld with surgery doors closed and blinds installed
- Good access to practice with large car park and bus stops outside.

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 a dedicated decontamination area with suitable systems in place for decontaminating reusable dental instruments and to safely transport instruments about the practice, although recording of decontamination cycles was incomplete.

Safeguarding policies and procedures were in place with a safeguarding lead appointed.

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

Immediate assurances:

- All staff to complete fire safety training
- Additional first aiders to be trained and appointed
- Patient records to be kept locked away in a secure location.

This is what we recommend the service can improve:

- Additional issues raised in fire risk assessment to be addressed
- Sharps injury flowcharts to be displayed in clinical areas
- Install ventilation system for the decontamination room
- Implement use of recognised checklists to prevent wrong tooth extractions.

This is what the service did well:

- Evidence of regular checks of fire detection and safety equipment including regular drills.

Quality of Management and Leadership

Overall summary:

The registered manager was visible, and we found clear reporting lines for staff and an effectively run practice. However, we found the practice had recently changed ownership and needed to notify HIW of this change.

Staff were found to be adequately supported within their roles with evidence of regular appraisals.

We found a range of up-to-date policies and procedures in place although these had not been countersigned by staff as read and understood. The Health and Safety Policy was found to be incomplete.

We saw a good recruitment process in place and in general compliance with staff training and professional obligations was good. However, evidence of training

compliance and professional obligations for occasional staff was not held on record.

We saw evidence of a suitable complaints process in accordance with the practice policy.

While we identified a number of improvements are needed, we felt the practice was affected by the recent change in ownership and that the practice manager was on maternity leave at the time of the inspection.

This is what we recommend the service can improve:

- Statement of purpose to be reviewed to reflect new management structure and staff changes
- Induction process to be documented and signed-off by supervising staff member
- Reinstall suggestions box to support anonymised feedback
- Duty of candour training to be completed by all staff
- Practice to implement a comprehensive range of audits with aim to continually improve standards in the practice.

This is what the service did well:

- Positive response to feedback including the appointment of an additional hygienist.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 13 respondents rated the service as 'good' or 'very good.'

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

"Brilliant practice, staff welcoming and always accommodating."

"Staff very helpful."

"This is a friendly helpful dentist."

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 limited patient information available in a folder, in the ground-floor waiting area. However, we could not see the complaints procedure, Putting Things Right poster nor information regarding risks and benefits of x-rays. Also, the General Dental Council (GDC) core ethical principles were not on display. We raised this with the practice manager, who rectified this during the inspection.

We requested a copy of the patient information leaflet which gives patients invaluable information about the practice including arrangements for dealing with complaints and providing feedback. However, there was not one available. In addition, information about NHS and private dental charges were also not on display but available from behind reception on request.

The registered manager must compile an up-to-date patient information leaflet in accordance with the regulations. This is to be made available for patients, and a copy provided to HIW as evidence.

The registered manager must ensure the NHS and private dental treatment charges are displayed in a prominent place for patients to see.

We found the names and GDC registration numbers for the previous owners of the practice still on display at the front of the premises. The names and GDC numbers of the current dental team were not displayed. Standard 6.6 of the GDC Standards for the Dental Team set out these should be displayed in an area where they can be easily seen by patients.

The registered manager must ensure the names and GDC registration numbers for all dental professionals at the practice are displayed in an area where they can be easily seen by patients.

All respondents who completed a HIW patient questionnaire told us they had their oral health 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.

We saw a no smoking sign was displayed on the back of the door into reception notifying patients and visitors that smoking was not permitted on the premises. While this was in accordance with current legislation, we suggested that the sign be displayed in a more prominent position.

Dignified and Respectful Care

During the inspection we found staff 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 blinds on 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 and ground floor patient waiting area were in the same room, with a second waiting area on the first floor. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients, including conversations over the phone. We were told sensitive phone calls would be forwarded to the upstairs office. For face-to-face confidential or sensitive discussions, we were told either the ground floor landing or an unused surgery would be used. For staff and patient safety, we suggest the landing area is inappropriate and should not be used for this purpose.

Individualised care

Most respondents (12/13) who completed a HIW patient questionnaire agreed there was enough information given to understand the treatment options available and had the costs made clear to them prior to treatment.

All said they were given enough information to understand the risks/benefits associated with those treatment options and had been involved as much as they had wanted to be in decisions about their treatment.

Timely

Timely Care

We were told either reception staff or the dental nurses would let patients know should there be a delay in them being seen at their appointment.

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

We were told that blank appointment slots were scheduled throughout the day to accommodate emergency treatment requests. These were staggered to provide almost continuous availability enabling the practice to generally treat emergencies within two hours, although the patient may not see their preferred dentist in order to do so. If not, we were told that efforts would be made to see patients within 24 hours.

We were told patients generally wait about two weeks between each treatment appointment depending on the urgency. The practice also keeps a short notice cancellation book enabling them to offer cancelled appointment slots to patients who were waiting for treatment.

We were told the practice opening times are extended on some days to ensure patients can access treatment at a time suitable to them. School children were given priority for appointments after school hours.

All respondents who completed a HIW patient questionnaire said it was easy to get an appointment when they needed one.

The practice's opening hours and contact telephone number were prominently displayed and could be seen from outside the premises. However, we found the contact details for urgent dental care and treatment out of hours were only available on the practice answerphone service. This was not clearly indicated in the information displayed. Three respondents said that they would not know how to access the out of hours dental service if they had an urgent dental problem.

Although most respondents (12/13) felt they received adequate guidance on what to do and who to contact in the event of an infection or emergency.

We recommend the registered manager amends the externally visible information to clearly indicate how the out of hours contact details can be obtained.

Equitable

Communication and Language

We found limited written information displayed in the practice in either Welsh or English. We also 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 will make information available in Welsh and other formats that benefit patients with reading difficulties.

We were told there was one member of staff who spoke Welsh and able to provide care in Welsh if requested, although we were advised that no one had ever done so. We were told the practice asks patients their preferred language choice at their first appointment. They said they were aware of the 'Active Offer' of providing care in the Welsh language but did not offer it as an option to patients.

The registered manager is required to provide HIW with details of the action taken to implement the 'Active Offer'.

The practice has staff members who can provide services in several other languages including Polish, Bulgarian and Romanian. However, there were no arrangements in place for a translation service to be available for patients who need to speak in another languages.

We recommend the registered manager implements an appropriate translation service for patients requiring other languages.

We were told that patients could be advised of appointments either by telephone or by post if they were not digitally enabled.

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 up-to-date equality and diversity, and disability access policies in place. There were also information sheets available in relation the Human Rights Act and The Equality Act reinforcing the requirement to treat patients and colleagues with dignity and respect. The practice may wish to consider additional training for staff on this subject matter.

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

We saw there was level access into the practice premises with a surgery on the ground floor, providing easy access for patients with mobility issues. We found the patient toilet to be clean, adequately stocked and decorated to a high standard. However, this was located on the first floor with no lift installed within the building. There were no handrails or emergency call aid installed and therefore found the patient toilet unsuitable for wheelchair users and those with mobility issues.

We recommend the registered manager considers how the practice can best serve the needs of wheelchair users with regards to toilet facilities.

We recommend the registered manager update the patient information leaflet and statement of purpose to advise patients of the access requirements for the toilets at the practice.

Most respondents (9/13) who completed a HIW patient questionnaire told us they considered the building accessible. However, two respondents said they felt it was only partially accessible whilst another two were not sure.

Delivery of Safe and Effective Care

Safe

Risk Management

We saw the dental practice was generally well maintained with spacious, well lit, air-conditioned treatment rooms. Surgeries were located on both the ground and first floor. Internally, the environment was decorated and furnished to a good standard, and we saw an up-to-date building maintenance policy. However, we noticed what appeared to be a significant crack in the upstairs office which ran from the centre of the side wall adjoining the next-door premises and all along the upper front wall. We were informed that this was the result of recent renovation work carried out on the next-door property.

We recommend the registered manager has this damage assessed by an independent building engineer to determine the structural integrity of the premises.

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 held behind reception for staff to access.

Patient areas were uncluttered and free from hazards. We saw there were facilities for staff to change in privacy. 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 which identified several issues that needed addressing. We saw that none of these issues had been signed off as rectified by the time of the inspection.

The registered manager must ensure all action points raised in the fire risk assessment are resolved in a timely manner and countersigned as complete.

Furthermore, the fire risk assessment identified that all staff required fire safety refresher training. We confirmed this situation on viewing the staff training records. This meant that staff and patients were potentially at risk in the event of a fire. This was dealt with under HIW's immediate non-compliance process and is referred to in [Appendix B](#) of this report.

Weekly fire alarm checks and regular fire drills were being conducted and recorded. We saw a current fire equipment maintenance contract was in place, that the fire extinguishers had been serviced within the last year. We found a fire inspection conducted within the last year had recommended that smoke detectors be installed and saw an invoice confirming this had been actioned.

We found evacuation signage was displayed throughout the premises and fire exits were generally clear of obstructions except for a small coffee table at the foot of the stairs near the rear fire escape. This was removed during the inspection.

We confirmed employer's and public liability insurance was in place.

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 and decontamination. There was a designated infection control lead appointed. However, this person was only at the practice for a few days a week.

The registered manager must consider appointing a second infection prevention and control lead to cover the role on the days when first lead is not working.

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 ground floor 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 was 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. Hand sanitiser was also readily available for both staff and patients to use. Personal protective equipment (PPE) was readily available for staff.

All respondents who completed a HIW patient questionnaire told us that in their opinion, the practice was clean, and that infection prevention and control measures were being followed.

We found that safer sharp devices were in use to prevent needlestick injuries. However, there was no information readily displayed within the surgeries to advise staff of the course of action to follow in the event of a sharps injury.

We recommend the practice have a sharps injury flowchart available in each clinical area to prevent unnecessary delay in seeking medical treatment or advice.

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. However, we saw the recording of autoclave cycles in the logbook, including temperature pressure times, were incomplete. Also, we noted that there was no ventilation in the decontamination room itself, although we were informed that the room was in the process of renovation.

We recommend the registered manager ensure the autoclave cycles are always recorded fully.

We recommend the registered manager considers, as part of renovation works, installing an appropriate ventilation system for the decontamination room in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.

Additionally, we found stock was stored on open shelves within the decontamination room. This meant the stock was open to cross-contamination from aerosol dispersion generated as part of the decontamination process.

The registered manager must implement a method to prevent stock being exposed to aerial contamination generated as part of the decontamination process.

We saw 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, although to ease locating the

correct document the practice may find it beneficial to file them in alphabetical order.

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.

Medicines Management

We saw an up-to-date policy was in place for the management of medicines at the practice. We found that no medicines were being stored at the practice other than emergency drugs. 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 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 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.

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. However, the location of the defibrillator and emergency drugs was not signposted and not immediately evident potentially risking a delay access and use in the event of an emergency.

We recommend the registered manager prominently signpost the location of the emergency drugs and defibrillator for ease of location in the event of an emergency.

A suitable system was in place for checking stocks and identifying when medicines need to be replaced. However, we found that the current stock of midazolam had expired in October 2023. The registered manager advised us that there was a supply issue with midazolam and that it was already on back order.

The registered manager must review the process of regular checks to ensure the required emergency medicine is always available and provide HIW with evidence of this being completed.

The first aid kit was available and found to be in order. We found that the practice had two trained and appointed first aiders however one was on maternity leave

and the other only employed part time at the practice. The registered manager must ensure additional staff attend first aid training and are appointed to always provide first aid cover during the practice opening hours and provide evidence of this to HIW. This was dealt with under HIW's immediate non-compliance process and is referred to in [Appendix B](#) of this report.

Safeguarding of Children and Adults

We saw 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 another member of staff appointed as cover. The lead had downloaded the All-Wales safeguarding app on their phone to ensure they had up-to-date guidance. We recommend the registered manager develops a separate, dedicated safeguarding file to enable ease of access to policies and other resources.

We saw all staff were knowledgeable about safeguarding and knew who to contact in event of a concern. However, we found two members of staff had not completed adult and child safeguarding training.

The registered manager must ensure relevant up-to-date safeguarding training is completed by all staff at the practice.

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 the required maintenance and testing had been carried out. A radiation risk assessment was in place.

We found a clinical audit of the radiological procedures had last been carried out by the previous owners, who had sold the business in February. We recommend the practice increases the frequency of X-ray audits to at least every six months.

We recommend the registered manager considers implementing a clinical audit of X-rays every six months in accordance with Faculty of General Dental Practice (UK) guidance. This is to include an audit of the X-ray film quality.

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.

We saw no information on display for patients in the waiting area explaining the risks and benefits of having an X-ray. We raised this with the practice manager who rectified this matter during the inspection.

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 saw no evidence that the practice used recommended checklists to help prevent the risk of wrong tooth extraction.

We recommend the registered manager implements the use of recognised checklists to prevent wrong tooth extractions.

All respondents who completed a HIW patient questionnaire told us they had been given aftercare instructions to maintain good oral health and agreed they had received clear 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 nine patients. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017. We saw a suitable system was in place to help ensure records were safely managed. However, we found the secure file units were unlocked and could easily be accessed by patients who may enter the area. This put patients' personal data at risk of unauthorised access or loss. This was dealt with under HIW's immediate non-compliance process and is referred to in [Appendix B](#) of this report.

All the records we reviewed had suitable patient identifiers and the reason for attending recorded. All records reviewed contained the previous dental history with oral hygiene and diet advice marked as provided.

We saw evidence of full base charting and soft tissue examination. All records indicated recall in accordance with NICE guidelines.

However, we did identify some omissions in the records. While the records showed patient symptoms, baseline Basic Periodontal Examination (BPE), updated medical history and cancer screening were mostly recorded, there were some records where this information was missing. We also found patient treatment options were not always recorded and the treatment plans were not consistently signed.

The registered manager must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.

In addition, we saw that patient language choice was not recorded in any of the records we reviewed. This could inhibit effective and individualised patient care.

The registered manager must ensure patients preferred choice of language is recorded within 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 and therapist as additional treatment options.

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.

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 principal dentist. We were told the practice was bought within the last 12 months as an ongoing practice. However, a review of HIW registration records indicated that this change of ownership had not been notified to HIW.

The registered manager must give notice in writing to HIW of any changes in the senior management structure of the practice (e.g., directors, responsible individual, registered person).

There was a senior dental nurse/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 including monthly staff meetings and face to face discussions as necessary. We saw minutes of meetings were taken and a copy 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. The sample of policies we saw showed they had been subject to review within the last 12 months but had not been signed or dated by staff as read and understood. In addition, while the Health and Safety policy was marked as recently reviewed, there were several spaces left where essential contact details had not been completed.

We recommend the registered manager ensure all practice policies are signed by staff to confirm the latest version has been read and understood.

The registered manager must review the Health and Safety policy and ensure it is completed with relevant details entered where required. A copy is to be provided to HIW upon completion, as evidence.

The practice had a statement of purpose as required by the Private Dentistry (Wales) Regulations 2017. This provided information about the services offered at the practice. However, we found it had not been updated as it contained the details of the previous owners and staff who had departed.

We recommend the registered manager review the statement of purpose to ensure compliance with the regulations.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist and senior nurse/practice manager, the practice team consisted of one dentist, two hygienists, three dental nurses, and a trainee nurse/ receptionist.

We were told the number and skill mix of staff were appropriate to deliver the dental services provided. The practice told us that they had access to regular, long serving, occasional staff at times of increased demand. While we were advised that all pre-employment checks had been conducted in relation to these individuals, they had not retained copies of these documents.

The registered manager must retain a copy of temporary and occasional staff's relevant records as evidence that the person is suitably qualified and fit to work for the practice.

We were told compliance with GDC registration requirements was monitored by the practice manager.

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 staff.

The practice had an up-to-date recruitment and selection policy which set out the information and documentation required in respect of staff working at dental practices. An induction process was in place for new staff to the practice to help ensure new staff were aware of the practice policies and procedures, and that they understood their roles and responsibilities. We were told that new staff were teamed with a qualified nurse until they were deemed comfortable. However, we did not see any documentary evidence of the induction process within staff files nor that they were 'signed off' by a supervisor as competent.

The registered manager must ensure that staff working in the practice are suitably qualified and experienced. A robust and well documented induction process for each member of staff is essential to help the practice ensure they are complying with these obligations.

The registered persons are required to provide HIW with details of the action taken to implement a documented induction programme to help ensure staff working in the practice are competent.

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.

We saw staff employed by the practice had annual work appraisals. We noted that two appraisals contained entries from staff indicating they wanted to view policy files to familiarise themselves with the practice protocols.

Culture

People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including feedback forms sent to patients via email. We were advised that a suggestions box was previously available in the downstairs patient waiting area for patients who wanted to provide anonymous feedback. However, this was no longer available which may discourage feedback from patients who wish to remain anonymous.

We recommend the registered manager installs a suggestions box to enable patients to leave anonymised feedback at the practice.

We were told that feedback is usually assessed and discussed at team meetings, but any urgent negative issues raised would be acted upon immediately. We found the practice had instigated several improvements as a result, including making TVs available in the patient waiting area and employing an additional hygienist to cover demand. 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 included the details of the complaints manager and stated the expected response timescale. Details of other organisations that patients could approach for help and support were also included.

Most respondents who completed a HIW patient questionnaire told us they had been given information on how the practice would resolve any concerns / complaints post-treatment.

We were told there was a complaints folder for recording complaints made to the practice, which all staff had access to. We were told the resolution process is documented throughout. However, we were unable to locate this complaints folder during the course of the inspection and so were unable to review any recent complaints received by the practice.

We saw the practice had a Duty of Candour policy which provided guidance and set out staff responsibilities. However, the practice confirmed that Duty of Candour training had not been completed by staff. To date, there has been no incidents where Duty of Candour has been exercised.

We recommend that the registered manager ensures Duty of Candour training is completed by all nursing staff and evidence of this be provided to HIW.

Information

Information Governance and Digital Technology

A Patient Safety policy was in place describing a system to record patient safety incidents. Significant events and patient safety information would be recorded in the practice accident book and discussed at an urgent team meeting. This information would be incorporated into the practice Quality Assurance Self-assessment process to help improve the quality of the service.

Learning, Improvement and Research

Quality Improvement Activities

We found that due to the recent change of ownership, there was no evidence of clinical audits having been conducted by the practice. For example, we found that the latest infection prevention and control (IPC) audit document was downloaded but had not been completed.

This lack of audit limits the practice's ability to assess and evaluate if the healthcare they are providing is in line with the required standards and expectations and prevents the identification of necessary quality improvement.

The registered persons are required to provide HIW with details of the action taken to implement a suitable system for clinical audit and provide written assurance that this will be acted upon.

Whole Systems Approach

Partnership Working and Development

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

We were told the practice does not engage in health care cluster groups but utilised an electronic referral system to refer patients to other healthcare services as required. If urgent care was required, this would be followed up by phone call to ensure prioritisation.

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: Abersychan Dental Surgery

Date of inspection: 06 December 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
We found that only one staff member had up-to-date fire safety training. However, this staff member was on maternity leave. We did not see evidence that any other staff were suitably trained to provide fire safety cover. This means patients and staff are at risk of serious and avoidable harm when visiting the establishment.	The registered manager must ensure all staff have completed fire safety training and provide evidence of this to HIW.	Regulation 22(4)(c)	All staff have completed the fire safety training. Scanned copies of the certificates supplied.	Olga Sivova	Completed
We found two staff appointed as first aiders. One was on maternity leave,	The registered manager must ensure additional staff attend first aid training and	Regulation 17(1)(a)	First aid training booked for two	Olga Sivova	18.12.2023

<p>whilst the other was only part-time at the practice. We did not see evidence that any other staff were suitably qualified or skilled to provide first aid cover. This could put patients at risk of harm in the event of an incident or emergency.</p>	<p>are appointed to always provide first aid cover during the practice opening hours and provide evidence of this to HIW.</p>		<p>members of the staff for 18.12.2023</p>		
<p>We saw patient records were insecurely stored in unlocked cupboards. These were easily accessible to anyone entering the area. The loss of these records could cause extreme distress to patients, revealing personal data could leave them vulnerable to theft, fraud, or serious safeguarding issues.</p>	<p>The registered manager must provide written assurance to HIW that all patient records are kept locked away in a secure location within the premises.</p>	<p>Regulation 20(2)</p>	<p>Patient records are now kept in a secure location and are also kept locked. Evidence attached.</p>	<p>Olga Sivova</p>	<p>Completed</p>

Appendix C - Improvement plan

Service: Abersychan Dental Surgery

Date of inspection: 06 December 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 patient information leaflets available.	The registered manager must compile an up-to-date patient information leaflet in accordance with the regulations. This is to be made available for patients, and a copy provided to HIW as evidence.	Regulation 6(1) & (2) - The Private Dentistry (Wales) Regulations 2017	The new leaflet with all new staff and management is now available in our waiting rooms for all our patients.	Dr. Olga Sivovsa	Done
We found information about NHS and private dental charges were not on display.	The registered manager must ensure the NHS and private dental treatment charges are displayed in a prominent place for patients to see.	Regulation 6(3) - The Private Dentistry (Wales) Regulations 2017	The price list (NHS and Private fees) now is on reception screen(visible) and on our website.	Dr. Olga Sivova and Ceri Gibbs	Done

<p>We found the names and GDC registration numbers for the previous owners of the practice still on display. The names and GDC numbers of the current dental team were not displayed.</p>	<p>The registered manager must ensure the names and GDC registration numbers for all dental professionals currently at the practice are displayed in a prominent place for patients to see.</p>	<p>Quality Standard - Person Centred</p>	<p>We now have a poster on any floor with Full name and GDC number for all staff.</p>	<p>Dr. Olga Sivova</p>	<p>Done</p>
<p>We found the contact details for urgent dental care and treatment out of hours were only available on the practice answerphone service. This was not clearly indicated in the information displayed.</p>	<p>We recommend the registered manager amends the externally visible information to clearly indicate how the out of hours contact details can be obtained.</p>	<p>Quality Standard - Timely</p>	<p>We have got sign on the front door and leaflets all emergency numbers.</p>	<p>Dr. Olga Sivova</p>	<p>Done</p>
<p>We found limited written information displayed in the practice was available in either Welsh or English. We also found there were no leaflets available in other</p>	<p>The registered manager is required to provide HIW with details of how the practice can make information available in Welsh and other formats that benefit patients with reading difficulties.</p>	<p>Quality Standard - Equitable</p>	<p>All our posters they a on English and Wales. We are using now program for patient who prefer to use different launches or</p>	<p>Ceri Gibbs</p>	<p>Done</p>

formats, such as easy read or large font, that considered the needs of patients with reading difficulties.			they have a speech problem.		
We were told the practice were aware of the 'Active Offer' of providing care in the Welsh language but did not offer it as an option to patients.	The registered manager is required to provide HIW with details of the action taken to implement the 'Active Offer'.	Quality Standard - Equitable	We have folder "Active Offer" "on the reception and now our team can help all patient who needed.	Dr. Olga Sivova Ceri Gibbs Michelle Bradley	Done
There were no arrangements in place for a translation service to be available for patients who need to speak in another languages.	We recommend the registered manager implements an appropriate translation service for patients requiring other languages.	Quality Standard - Equitable	We are use program for translate and phone number for help our patients.	Dr. Olga Sivova Ceri Gibbs	Done
We found access to the patient toilet unsuitable for wheelchair users and patients with mobility issues.	We recommend the registered manager: 1) considers how the practice can best serve the needs of	Regulation 22(2)(c) - The Private Dentistry (Wales) Regulations 2017.	We have sign in on reception, on our leaflets and our website.	Dr. Olga Sivova	Done

	wheelchair users with regards to toilet facilities. 2) update the patient information leaflet and statement of purpose to advise patients of the access issues for the toilets at the practice	Regulation 5 & 6 - The Private Dentistry (Wales) Regulations 2017.			
We saw what appeared to be a significant crack in the upstairs office which ran from the centre of the side wall adjoining the next-door premises and all along the upper front wall.	We recommend the registered manager has this damage assessed by an independent building engineer to determine the structural integrity of the premises.	Regulation 22(2)(b) - The Private Dentistry (Wales) Regulations 2017.	We had structural engineer visit on 07.02.2024 and expected cosmetic damage.	Pencho Penev	Done
We found a fire risk assessment identified several issues that needed addressing. We saw that none of these issues had been signed off as rectified by the time of the inspection.	The registered manager must ensure all action points raised in the fire risk assessment are resolved in a timely manner and countersigned as complete.	Regulation 22(4)(a) - The Private Dentistry (Wales) Regulations 2017.	Two objects from fire risk assessment are done. We have quotation for fire door strips will be done in 3-month time.	Pencho Penev	3months

There was a designated infection control lead appointed. However, this person was only at the practice for a few days a week.	The registered manager must consider appointing a second infection prevention and control lead to cover the role on the days when first lead is not working.	Regulation 13(6)(a) - The Private Dentistry (Wales) Regulations 2017.	Infection and prevention lead - Carys Miles cover Michelle Bradley and Rebcca	Dr. Olga Sivova	Done
We found the ground floor 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.	Regulation 13(6)(b)(iii) - The Private Dentistry (Wales) Regulations 2017.	The chairs have been changed.	Dr. Olga Sivova	Done
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)	Has been done in February and recorded with photos next test will be in May.	Michelle Bradley	Done
There was no information readily displayed within	We recommend the practice have a sharps injury	Regulation 13(5)(b) - The Private Dentistry	There is on every clinical area new	Dr. Olga Sivova	Done

the surgeries to advise staff of the course of action to follow in the event of a sharps injury.	flowchart available in each clinical area to prevent unnecessary delay in seeking medical treatment or advice.	(Wales) Regulations (2017).	version poster we have downloaded and replace old one in February.		
We saw the recording of autoclave cycles in the logbook, including temperature pressure times, were incomplete.	We recommend the registered manager ensure the autoclave cycles are always recorded fully.	Regulation 13(3)(b) - The Private Dentistry (Wales) Regulations (2017).	All records are up to data correctly and been stored on computer as well.	Dr. Olga Sivova Michelle Bradley	Done
There was no ventilation in the decontamination room.	We recommend the registered manager considers, as part of renovation works, installing an appropriate ventilation system for the decontamination room in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.	Regulation 22(2)(b) - The Private Dentistry (Wales) Regulations 2017.	It is already been arranged quote and in the next six month will be complete.	Pencho Penev	6month
We found stock was stored on open shelves within the decontamination room. The stock was open to	The registered manager must implement a method to prevent stock being exposed to aerial contamination	Regulation 13(6)(a) & (b)(ii) & (iii) - The Private Dentistry (Wales) Regulations (2017).	All stock been put in plastic boxes with covers.	Michelle Bradley	Done

cross-contamination from aerosol dispersion generated as part of the decontamination process.	generated as part of the decontamination process.				
The location of the defibrillator and emergency drugs was sign-posted and not immediately evident.	We recommend the registered manager prominently sign-post the location of the emergency drugs and defibrillator for ease of location in the event of an emergency.	Regulation 31(3)(b) - The Private Dentistry (Wales) Regulations (2017).	Now defibrillator and emergency kit had replaced on the decontamination room on a bottom shelf they are also in a box for easy take away if needed.	Michelle Bradley	Done
We found that the current stock of midazolam had expired in October.	The registered manager must review the process of regular checks to ensure the required emergency medicine is always available and provide HIW with evidence of this being completed.	Regulation 13(4)(b) - The Private Dentistry (Wales) Regulations 2017.	All the emergency drug is up to date, the list is complete and checked regularly.	Michelle Bradley	Done
We found two members of staff had not completed adult and	The registered manager must ensure relevant up-to-date safeguarding training is	Regulation 14(1)(b) - The Private Dentistry (Wales) Regulations 2017.	All the staff are up to date safeguarding training. Registration manager has make file	Dr. Olga Sivova	Done

child safeguarding training.	completed by all staff at the practice.		for the entire staff with date on a test and renewals dates.		
We found a clinical audit of the radiological procedures had last been carried out by the previous owners, who had sold the business in February.	We recommend the registered manager considers implementing a clinical audit of X-rays every six months in accordance with Faculty of General Dental Practice (UK) guidance. This is to include an audit of the X-ray film quality.	Regulation 7 - The Ionising Radiation (Medical Exposure) Regulations 2017	Clinical audits and X-ray film quality has done in February by Michelle Bradley renewal - August.	Michelle Bradley	Done next in 6 m
We saw no evidence that the practice used recommended checklists to help prevent the risk of wrong tooth extraction.	We recommend the registered manager implements the use of recognised checklists to prevent wrong tooth extractions.	Regulation 13(1)(b) - The Private Dentistry (Wales) Regulations 2017.	Registrate manager has make a file for record wrong tooth extraction.	Dr. Olga Sivova	Done
We found various omissions in the sample of patient records including treatment options and planning.	The registered manager must ensure that a contemporaneous and accurate note of all examinations and treatment provided is consistently	Regulation 20(1)(a)(i) - The Private Dentistry (Wales) Regulations 2017.	All the patients are recorded treatments and examinations with detailed information.	Dr. Olga Sivova	Done

	recorded in the patient records.				
We found 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) - The Private Dentistry (Wales) Regulations 2017.	R4 have a note space for patient information including for language.	Dr. Olga Sivova Ceri Gibbs	Done
We were told the practice was bought within the last 12 months as an ongoing practice. However, a review of HIW registration records indicated that this change of ownership had not been notified to HIW	The registered manager must give notice in writing to HIW of any changes in the senior management structure of the practice (e.g., directors, responsible individual, registered person).	Regulation 27(1)(a), (e)(ii), (f) & (g) - The Private Dentistry (Wales) Regulations 2017.	All done. Completed and submitted for all necessary forms.	Dr. Olga Sivova	Done
We did not see evidence of staff signing to confirm they had read and understood the policies.	We recommend the practice ensure all policies are signed by staff to confirm the latest version has been read and understood.	Regulation 8- The Private Dentistry (Wales) Regulations 2017.	We have reorganized our [policies folder with a record on the first page for staff to sign and date when policies are read, as well as the date for	Dr. Olga Sivova	Done

			renewal and registration of a new version of the policy].		
There were several spaces in the health and safety policy where essential contact details had not been completed.	The registered manager must review the Health and Safety policy and ensure it is completed with relevant details entered where required. A copy is to be provided to HIW upon completion, as evidence	Regulation 8(1)(k) - The Private Dentistry (Wales) Regulations 2017.	Health and safety policy has been reviewed and completed.	Dr. Olga Sivova	Done
We found the statement of purpose had not been updated as it contained the details of the previous owners and staff who had departed.	We recommend the registered manager review the statement of purpose to ensure compliance with the regulations	Regulation 5 & Schedule 1- The Private Dentistry (Wales) Regulations 2017.	Now all documents are updated with the new owners and new staff details.	Dr. Olga Sivova	Done
We found training and pre-employment documentation had not been retained for occasional staff.	The registered manager must retain a copy of temporary and occasional staff's relevant records as evidence that the person is suitably qualified and fit to work for the practice.	Regulation 17(1)(a), (b) & 18(1)(b) - The Private Dentistry (Wales) Regulations 2017.	All the records file for temporary or permanent staff are up to date.	Dr. Olga Sivova	Done

<p>We did not see any documentary evidence of the induction process within staff files.</p>	<p>The registered persons are required to provide HIW with details of the action taken to implement a documented induction programme to help ensure staff working in the practice are competent.</p>	<p>Regulation 8(1)(h) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Now we are recording all induction process on file with points for training and training person name.</p>	<p>Dr. Olga Sivova</p>	<p>Done</p>
<p>We found the patient suggestions box had been removed from the waiting area.</p>	<p>We recommend the registered manager installs a suggestions box to enable patients to leave anonymised feedback at the practice.</p>	<p>Regulation 16(2)(c) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Suggestion box is available in our waiting room. Our website also has anonymised option for feedback.</p>	<p>Dr. Olga Sivova</p>	<p>Done</p>
<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>We now have next to the suggestion box “You said we did “.</p>	<p>Dr. Olga Sivova</p>	<p>Done</p>
<p>The practice confirmed that Duty of Candour training had not been completed by staff.</p>	<p>We recommend the registered manager ensures all staff complete Duty of Candour training and understand their roles within these standards. The</p>	<p>Regulation 8 (2)(a) - Training and Support - Duty of Candour (Wales) Regulations 2023</p>	<p>All staff have Duty of Candour training.</p>	<p>Dr. Olga Sivova</p>	<p>Done</p>

	practice is to provide HIW with evidence of this when completed.				
We found there was no evidence of clinical audits having been conducted by the practice.	The registered persons are required to provide HIW with details of the action taken to implement a suitable system for clinical audit and provide written assurance that this will be acted upon	Regulation 8(1)(n) & 16(2)(d)(ii)	We are Agilio /Icomply software member which we use to prepare our audits and to notify us of any changes or additions.	Dr.Olga Sivova Carys Miles Michelle Bradley	Ongoing

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): Dr Olga Sivova
Job role: Owner/ Manager
Date: 13.02.2024