

General Dental Practice Inspection Report (Announced)

Abertridwr Dental Surgery, Aneurin
Bevan University Health Board

Inspection date: 16 January 2024

Publication date: 17 April 2024



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Digital ISBN 978-1-83577-943-9

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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.



Contents

1. What we did	5
2. Summary of inspection.....	6
3. What we found	9
• Quality of Patient Experience.....	9
• Delivery of Safe and Effective Care	13
• Quality of Management and Leadership	19
4. Next steps.....	22
Appendix A - Summary of concerns resolved during the inspection.....	23
Appendix B - Immediate improvement plan	24
Appendix C - Improvement plan	25

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 Abertridwr Dental Surgery, Aneurin Bevan University Health Board on 16 January 2024.

Our team for the inspection comprised of a HIW Senior 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 26 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. Patients told us that staff explained what they were doing throughout the appointment and that staff listened to them and answered any questions. We observed staff being polite with patients face to face and on the telephone.

The practice made efforts to accommodate unscheduled emergency treatment on the same day and patients said it was 'very easy' or 'fairly easy' to get an appointment when they need one.

There were spacious, well-lit treatment rooms located on both the ground and first floor and the environment was decorated and furnished to a good standard.

The practice must do more to find out the language preference of each patient to help deliver a service that meets their needs. We have also asked the practice to provide HIW with details of the actions it will take to help deliver and implement the 'Active Offer' for Welsh speaking patients.

This is what we recommend the service can improve:

- The practice is required to provide HIW with details of how it will make information available in Welsh and other formats that benefit patients with reading difficulties.

This is what the service did well:

- There was a good range of health information leaflets available in the waiting area covering preventative care and oral hygiene.

Delivery of Safe and Effective Care

Overall summary:

We saw the patient waiting area and surgeries were well maintained, clean 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 appropriate procedures in place for the storage and removal of clinical waste produced by the practice.

We found suitable fire safety arrangements in place, however one member of staff needed to undertake their annual fire safety refresher training.

The practice had a dedicated decontamination area with suitable systems in place to safely transport reusable dental instruments to and from the surgeries. However, a number of improvements were required to make the cleaning and decontamination process more effective.

We saw a suitable system was in place to help ensure records were safely managed and stored securely. However, improvements were required to improve the completeness of patient records.

This is what we recommend the service can improve:

- Expired emergency drugs must be disposed of appropriately
- The practice must improve its management, storage, distribution and usage of prescription pads
- The practice must ensure that the X-ray machines in surgery one and surgery two have been subject to a routine quality assurance test within the last three years
- Ensure any recommendations from previous and subsequent routine quality assurance tests are undertaken in a timely manner
- The practice must ensure its emergency drugs meet the guidance set out by the Resuscitation Council UK for dental practices
- Patient records must be managed in accordance with the Records Management Code of Practice for Health and Social Care 2022.

This is what the service did well:

- Staff were knowledgeable about safeguarding and knew who to contact in event of a concern.

Quality of Management and Leadership

Overall summary:

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

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

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, during the inspection we saw that some procedures were not being followed. For example, no references had been sought for one staff

member working at the practice and we saw that the previous Disclosure and Barring Service (DBS) certificates for two staff members were issued more than three years ago.

We found a lack of clinical audit and quality improvement tools being utilized by the practice. This meant we were not assured that the practice was assessing and evaluating whether their services were in line with the required standards and expectations.

While the improvements we identified during this inspection did not result in the issue of an immediate assurance notice, HIW would expect to see evidence of a notable improvement at the next inspection.

This is what we recommend the service can improve:

- Regular and timely patient feedback must be captured in a more formal way to identify areas for improvement
- Staff members must receive Duty of Candour training
- Referral letters must be saved within the patient records to help monitor and track progress in line with the GDC standard 4.1.1.

3. What we found

Quality of Patient Experience

Patient Feedback

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

One patient commented:

“Friendly staff, always make me feel comfortable. Brilliant hygiene, lovely clean surgeries. Staff all friendly and helpful.”

Person Centred

Health Promotion

There was a wide range of health information leaflets available in the waiting area. This included information on smoking and oral health, preventative care and oral hygiene and how to check for mouth ulcers/cancer. We also saw posters on display in relation to accessing free NHS treatment and a guide to NHS dental services.

The majority of 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, and that staff had provided them with aftercare instructions on how to maintain good oral health.

We saw ‘no smoking’ signs displayed throughout the practice in accordance with current legislation.

Dignified and Respectful Care

During the inspection we saw staff treating patients with kindness and respect. All but one of the patients who completed a questionnaire said that they were treated with dignity and respect. The doors to the dental surgeries were closed when the dentists were seeing patients, promoting patient privacy and dignity.

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 an unused surgery would be used for confidential or sensitive discussions.

The General Dental Council (GDC) nine core ethical principles of practice were clearly displayed on a notice board in the downstairs waiting area.

Individualised care

All patients who completed a 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/benefits associated with those treatment options. All patients also told us they had been involved as much as they had wanted to be in decisions about their treatment.

The majority of patients who completed a questionnaire agreed that costs were made clear to them before receiving treatment. However, one patient provided the following comment:

“The last time I came to have an appointment I was wrongfully advised of the check-up price and had to make a new appointment.”

The service should be mindful to provide the correct information to patients at all times.

Timely

Timely Care

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

Each dentist had two emergency appointment slots each morning for patients who require urgent dental care. We were told the practice tries to treat all urgent cases on the same day and will treat patients in the afternoon if necessary.

Patients could book appointments via the telephone or by visiting the practice. The practice is open from 9:00am to 5:00pm Monday to Friday. All patients who completed a questionnaire said that it was ‘very easy’ or ‘fairly easy’ to get an appointment when they need one. However, the service may wish to consider offering evening appointment times to ensure patients can access treatment at a time suitable to them.

The practice’s opening hours were prominently displayed and could be seen from outside the premises. The out-of-hours contact telephone number for the health

board was also clearly visible for patients who require urgent dental care and treatment when the practice was closed. All patients who completed a questionnaire felt they received adequate guidance on what to do and who to contact in the event of an infection or emergency and would know how to access the out of hours dental service if they had an urgent dental problem.

Equitable

Communication and Language

The majority of patients who completed a questionnaire said that staff explained what they were doing throughout the appointment and that staff listened to them and answered any questions.

We found limited written information displayed in the practice in Welsh. 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 practice is required to provide HIW with details of how it 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 was potentially able to provide care in Welsh if requested. However, it did not appear that staff were being supported to deliver the 'Active Offer' and provide the service in Welsh without someone having to ask for it.

The practice is required to provide HIW with details of the actions taken to help deliver and implement the 'Active Offer'.

In addition, during our review of the patient records, we noted that the language preference of patients was not always recorded.

The practice must ensure that it asks and records the language preference of each patient to help deliver a service that meets the needs of each patient.

Rights and Equality

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

Most respondents who completed a HIW patient questionnaire told us they considered the building accessible. There was level access into the practice however the entrance doors were heavy and would provide difficulty for patients

with mobility issues. However, staff described appropriate arrangements to assist patients with mobility issues when attending their appointment.

The practice was split over two floors, with a separate waiting area and dental surgery upstairs. The building did not have a lift, but patients with mobility issues would be able to receive treatment on the ground floor. The patient toilet was located on the ground floor. However, its layout and size meant it was not considered suitable for patients with mobility issues or wheelchairs.

The practice must provide HIW with details of the actions taken to ensure the practice is accessible for all patients.

Delivery of Safe and Effective Care

Safe

Risk Management

The building appeared to be well maintained with spacious, well-lit treatment rooms located on both the ground and first floor. Internally, the environment was decorated and furnished to a good standard. Patient areas were uncluttered and free from hazards.

We saw a health and safety policy was in place and an approved health and safety poster was clearly displayed for staff to see. We saw evidence that the practice had up-to-date employer's and public liability insurance. A business continuity policy was also available which detailed the 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.

We found a fire risk assessment had been reviewed within the last year and weekly checks of fire safety equipment and regular fire drills were being conducted and recorded. We saw a current fire equipment maintenance contract was in place and that the fire extinguishers had been serviced within the last year. We found fire exits were clear of obstructions and evacuation signage was displayed throughout the premises. However, not all staff members working at the practice had completed fire safety refresher training during the last 12 months.

The practice must provide evidence to HIW that the remaining staff members have completed fire safety refresher training.

Infection, Prevention, Control (IPC) and Decontamination

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination. We saw a cleaning schedule was in place to support effective cleaning routines.

The waiting areas and the dental surgeries were visibly clean and the furnishings helped to promote effective cleaning. The majority of patients who completed a questionnaire felt that the setting was 'very clean', and that 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. We observed staff cleaning and decontaminating reusable dental instruments during the inspection. We saw that Personal protective equipment (PPE) was being used

throughout the process and that dental instruments were being processed separately to other clinical work. Test strips were being carried out to check whether the autoclave was reaching the required temperatures for effective cleaning. We saw evidence that the autoclave had been serviced appropriately. However, we did identify that the following improvements were required in line with best practice guidelines:

- Staff must wash their hands before, and during, the cleaning and decontamination process rather than using hand gel only
- Used dental instruments should be kept moist until the cleaning and decontamination process can take place
- The concentration of detergent to water ratio must be measured to ensure it is accurate
- Used dental instruments do not need to be dried with a cloth once the pre-sterilisation cleaning has taken place
- Cycle records for the autoclave were being downloaded but not checked by staff. Staff must check the information to help evidence that the required temperature and pressure is always being reached during the decontamination process
- Dental impressions must be disinfected once received from the dental laboratories
- Reusable dental instruments (for example, dental burs) must be pouched following the decontamination process before being stored in the dental surgeries.

The practice must ensure these improvements are addressed to ensure the effective cleaning and decontamination of dental instruments in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.

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

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. At the time of the inspection no medication was being stored at the practice other than emergency drugs. We noted that expired emergency drugs were incorrectly being disposed of in the yellow sharps bins at the practice.

The practice must make arrangements to ensure expired emergency drugs are disposed of appropriately.

We found improvements were required in the processes for prescribing and administering medication to patients. These were:

- Prescription pads were in a locked cupboard which all staff members had access to. Access to the prescription pads should be limited to authorised individuals only
- The practice was not maintaining an inventory on prescription pad stationery stock received and distributed.

The practice must provide assurance to HIW on the actions taken to improve its management, storage, distribution and usage of prescription pads.

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

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, we noted that the emergency drugs held did not appear to meet national guidelines. For example, aspirin was not dispersible.

The practice must provide assurance to HIW on the actions taken to ensure its emergency drugs meet the guidance set out by the Resuscitation Council UK for dental practices.

We confirmed all staff working at the practice had completed resuscitation training within the last year. Two members of staff had been appointed as first aiders and had undertaken the required training. We saw evidence of this within the sample of staff files we reviewed.

Safeguarding of Children and Adults

We saw written policy and procedures were in place in relation to safeguarding with relevant contact details for local safeguarding teams on display for staff in the event of a concern. The practice had a safeguarding lead in place. Staff were knowledgeable about safeguarding and knew who to contact in event of a concern. All members of staff had completed adult and child safeguarding training.

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 that each of the three X-ray machines at the practice had received an electrical mechanical check within the last 12 months. However, the practice was unable to provide sufficient evidence that all three X-ray machines at the practice had been subject to the required routine quality assurance tests at least once every three years. For example:

- The documentation provided for the X-ray machines in surgery one and surgery two was dated more than three years ago
- The documentation provided for the X-ray machine in surgery three was incomplete and did not include the recommendation section.

Furthermore, we noted that the documentation from the previous quality assurance test recommended that rectangular collimators should be fitted to the X-ray machine in surgery one. However, during the inspection we saw that the X-ray machine in surgery one did not have a rectangular collimator fitted. The X-ray machine in surgery three also did not have a rectangular collimator fitted.

The practice must:

- **Provide evidence to HIW that the X-ray machines in surgery one and surgery two have been subject to a routine quality assurance test within the last three years**
- **Ensure any recommendations from previous and subsequent routine quality assurance tests are undertaken in a timely manner**
- **Ensure routine quality assurance tests are undertaken in good time to prevent test reports becoming out of date in the future.**

We saw local rules in relation to the use of X-ray equipment was on display for easy access for staff. 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 were advised that patients were given verbal advice regarding the risks and benefits of X-rays. Carers were not allowed to be in the treatment room when X-rays were taken.

Effective

Effective Care

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

We were told the practice used recommended checklists to help minimise the risk of wrong tooth extraction.

The majority of patients who completed a questionnaire agreed that they had been given information on how the practice would resolve any concerns or complaints post-treatment.

Patient Records

We reviewed the dental care records of ten patients. We saw a suitable system was in place to help ensure records were safely managed and stored securely. However, we were told that patient records are retained indefinitely.

The practice must ensure it manages patient records in accordance with the Records Management Code of Practice for Health and Social Care 2022.

All the records we reviewed had suitable patient identifiers, such as the name and date of birth of the patient, and the reason for attending had also been recorded. All records reviewed contained the previous dental history including alcohol and tobacco use where applicable. We saw evidence of full base charting, soft tissue examination, extra and intra oral examination and cancer screening.

We found the patient records featured a system to ensure the medical history was checked at each consultation. The majority of patients who completed a questionnaire confirmed that their medical history was checked before treatment.

However, we did identify some omissions in the records and improvements required. These included:

- There was no evidence that oral health advice, such as dental hygiene and smoking cessation advice, had been given to patients when applicable
- Recall intervals for patients were not always being documented
- Cavity, periodontal and oral cancer risk assessments were not being recorded
- While 'Treatment options given' was written in the patient records, there was no detail or record of the actual treatment options or costs discussed with the patient
- There was no evidence that the 'Delivering Better Oral Health' toolkit had been implemented
- No chaperone details (e.g. dental nurse or family member) were being recorded
- Basic Periodontal Examinations were not being undertaken on children until they were aged 12.

The practice must provide HIW with details of the action taken to address our findings in relation to the completeness of 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 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

Abertridwr Dental Surgery is operated by a principal dentist who is responsible for the day-to-day management of the practice. Clear lines of reporting were described, and the team appeared to work well together.

Suitable arrangements were described for sharing relevant information with the practice staff team. These included staff meetings and ad-hoc communication with staff via email or face to face. We confirmed a range of written policies were available to staff to support them in their roles.

However, we were not assured that effective and proactive arrangements were in place at the service to monitor compliance with staff training, relevant regulations and standards. This is due to the range of improvements we identified during the inspection which have been discussed in this report. It also appeared that a large proportion of staff training had been undertaken since the practice had received notification from HIW of the inspection. The principal dentist has a duty to promote the right culture, develop staff and continually aim to improve services through better ways of working at all times.

While the improvements we identified during this inspection has not resulted in the issue of an Immediate Assurance Letter, there is an expectation that the principal dentist takes meaningful action to address these matters and that there will be evidence of a notable improvement in this respect at the time of the next inspection.

Workforce

Skilled and Enabled Workforce

In addition to the principal dentist, the practice team consisted of one associate dentist, three dental nurses and two receptionists. The number and skill mix of staff appeared to be appropriate to deliver the dental services provided. We were told agency staff were occasionally used if there were staffing shortages due to holidays and sickness.

The names of the dentists and dental care professionals working at the practice were clearly displayed along with their General Dental Council (GDC) registration

numbers. We were told compliance with GDC registration requirements was monitored by the principal dentist.

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 that no references had been sought for one staff member working at the practice.

The practice must ensure it adopts a more robust approach to obtain the necessary written references prior to employing a person to work at the practice.

We reviewed the files of staff working at the practice. We saw all staff had (where required) evidence of indemnity insurance and evidence of immunisations. However, we saw that the previous Disclosure and Barring Service (DBS) certificates for two staff members were issued more than three years ago.

The practice must put arrangements in place to regularly ensure that the DBS status of its staff members does not change and that they remain fit 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 found that the practice had carried out annual staff work appraisals.

Culture

People Engagement, Feedback and Learning

A suggestions box was available in the reception area for people to provide anonymous feedback about their experiences at the practice. However, responses from patients have been minimal.

The practice must implement a more formal way of capturing patient feedback in a regular and timely way to identify areas for improvement.

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 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. We saw there was a complaints file for recording complaints made to the practice, which all staff had access to. We saw evidence that the resolution process is documented throughout.

A Duty of Candour procedure was in place. However, staff were unaware of their responsibilities in relation to meeting the duty.

The practice must ensure staff members receive Duty of Candour training and provide HIW with evidence of this when completed.

Learning, Improvement and Research

Quality Improvement Activities

We saw that the practice had undertaken an audit on infection prevention and control and quality of radiographs taken with the X-rays machines. However, there was no evidence that other clinical audits had been conducted or that other quality improvement tools had been used by the practice. For example, audits on smoking cessation, antibiotic prescribing, quality of patient records had not been completed. The principal dentist was also unaware of the support available to dental teams through the quality improvement programme offered by Health Education and Improvement Wales (HEIW).

This lack of audit and quality improvement activity 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 practice must 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

The practice used an electronic referral system to refer patients to other healthcare services as required. However, during our review of the patient records we could not see any copies of the referral letters saved in the clinical notes.

The practice must ensure any referral letters are saved within the patient records to help monitor and track progress in line with the GDC standard 4.1.1.

4. Next steps

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

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B - Immediate improvement plan

Service: Abertridwr Dental Surgery

Date of inspection: 16 January 2024

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
No immediate non-compliance concerns were identified on this inspection.					

Appendix C - Improvement plan

Service: Abertridwr Dental Surgery

Date of inspection: 16 January 2024

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 limited written information displayed in the practice in Welsh and there were no leaflets available in other formats, such as easy read or large font.	The practice is required to provide HIW with details of how it will make information available in Welsh and other formats that benefit patients with reading difficulties.	Communication and Language	More information will be printed in different formats (English, Welsh, easy read) for display and distribution.	Rob Sutherland	1 month
Staff were not being supported to deliver the 'Active Offer' and provide the service in Welsh without someone having to ask for it.	The practice is required to provide HIW with details of the actions taken to help deliver and implement the 'Active Offer'.	Communication and Language	New Signage in Welsh will be displayed at reception. We have included "Active Offer"	Rob Sutherland	1 month

			information in our reception folder.		
During our review of the patient records we noted that the language preference of patients was not always recorded.	The practice must ensure that it asks and records the language preference of each patient to help deliver a service that meets the needs of each patient.	Communication and Language	Language preference has been added as an input field on our practice software.	Rob Sutherland	Completed
The entrance doors to the building were heavy and would provide difficulty for patients with mobility issues. The size and layout of the patient toilet meant it was not considered suitable for patients with mobility issues or wheelchairs.	The practice must provide HIW with details of the actions taken to ensure the practice is accessible for all patients.	Rights and Equality	<p>Fire door closers will be adjusted to make the doors lighter to open.</p> <p>Consideration will be made to add a full size disabled toilet in any future building renovation work.</p> <p>We have amended patient information to show toilet facilities are not currently suitable for wheelchair access.</p>	Rob Sutherland	1 month

Not all staff members working at the practice had completed fire safety refresher training.	The practice must provide evidence to HIW that the remaining staff members have completed fire safety refresher training.	Risk Management	RESPONSE FROM PROVIDER STILL TO BE RECEIVED.		
We saw that a number of improvements were required to the cleaning and decontamination process for reusable dental instruments.	The practice must ensure these improvements are addressed to ensure the effective cleaning and decontamination of dental instruments in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.	Infection, Prevention, Control (IPC) and Decontamination	Newer staff members will be asked to participate in an HTM 01-05 Audit.	Rob Sutherland	1 month
We noted that expired emergency drugs were incorrectly being disposed of in the yellow sharps bins at the practice.	The practice must make arrangements to ensure expired emergency drugs are disposed of appropriately.	Medicines Management	Arrangements will be made to dispose of expired emergency drugs in our local Pharmacy.	Rob Sutherland	1 month
Prescription pads were in a locked cupboard which all staff members had access to. The practice was not	The practice must provide assurance to HIW on the actions taken to improve its management, storage, distribution and usage of prescription pads.	Medicines Management	We have implemented an inventory of prescription pads and have further increased	Rob Sutherland	Completed

maintaining an inventory on prescription pad stationery stock received and distributed.			security of our storage arrangements.		
However, we noted that the emergency drugs held did not appear to meet national guidelines. For example, aspirin was not dispersible.	The practice must provide assurance to HIW on the actions taken to ensure its emergency drugs meet the guidance set out by the Resuscitation Council UK for dental practices.	Medicines Management	We have replaced our emergency aspirin with dispersible aspirin.	Rob Sutherland	Completed
The practice was unable to provide sufficient evidence that all three X-ray machines at the practice had been subject to the required routine quality assurance tests at least once every three years. It also appeared that recommendations from	<p>The practice must:</p> <ul style="list-style-type: none"> • Provide evidence to HIW that the X-ray machines in surgery one and surgery two have been subject to a routine quality assurance test within the last three years • Ensure any recommendations from previous and subsequent routine quality assurance tests 	Management of Medical Devices and Equipment	<p>All X-ray machines have now had routine quality assurance tests which were omitted at their last annual EMC check.</p> <p>Recommendation plans following tests will be immediately produced acted on and recorded in the practice radiation protection file.</p>	Rob Sutherland	Completed

previous and subsequent routine quality assurance tests had not been undertaken in a timely manner.	<p>are undertaken in a timely manner</p> <ul style="list-style-type: none"> • Ensure routine quality assurance tests are undertaken in good time to prevent test reports becoming out of date in the future. 		Reminder stickers showing next due routine quality tests have been attached to each X-ray unit.		
We were told that patient records are retained indefinitely.	The practice must ensure it manages patient records in accordance with the Records Management Code of Practice for Health and Social Care 2022.	Patient Records	Records older than 15 years will be reviewed and destroyed if no longer required.	Rob Sutherland	1 month
We identified improvements were required in the quality of information recorded within patient records.	The practice must provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Patient Records	The practice will conduct a record keeping audit to improve standards.	Rob Sutherland	1 month
We saw that no references had been sought for one employee when joining the practice.	The practice must ensure it adopts a more robust approach to obtain the necessary written references prior to employing a person to work at the practice.	Skilled and Enabled Workforce	A recruitment checklist has been obtained from the BDA to help avoid omissions in following recruitment policy.	Rob Sutherland	Completed

We saw that the previous Disclosure and Barring Service certificates for two staff members were issued more than three years ago.	The practice must put arrangements in place to regularly ensure that the DBS status of its staff members does not change and that they remain fit to work at the practice.	Skilled and Enabled Workforce	New DBS checks will be carried out for the staff members with DBS checks over 3 years old.	Rob Sutherland	1 month
Patient feedback was not being captured in a structured way, for example, through regular patient surveys.	The practice must implement a more formal way of capturing patient feedback in a regular and timely way to identify areas for improvement.	People Engagement, Feedback and Learning	The practice will conduct scheduled surveys for patient feedback.	Rob Sutherland	1 month
Staff were unaware of their responsibilities in relation to meeting Duty of Candour requirements.	The practice must ensure staff members receive Duty of Candour training and provide HIW with evidence of this when completed.	People Engagement, Feedback and Learning	All nurses have now received this training in addition to the dentists who had already received training.	Rob Sutherland	Completed
There was no evidence that a range of clinical audits had been conducted or that other quality improvement	The practice must provide HIW with details of the action taken to implement a suitable system for clinical audit and provide written	Quality Improvement Activities	The practice has now completed two HEIW clinical audits in 2023 and will schedule at least one clinical audit	Rob Sutherland	1 month

tools had been used by the practice.	assurance that this will be acted upon.		and/or QI tool on an annual basis.		
During our review of the patient records we could not see any copies of the referral letters saved in the clinical notes.	The practice must ensure any referral letters are saved within the patient records to help monitor and track progress in line with the GDC standard 4.1.1.	Partnership Working and Development	Referral letters that are submitted on the NHS Wales e-referral will now routinely be downloaded from that system to our records. Our clinical software provider is working on a way of this process becoming automated.	Rob Sutherland	1 month

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): Rob Sutherland

Job role: Practice Owner

Date: 27 March 2024