

General Dental Practice Inspection Report (Announced)

Promenade Dental Practice, Swansea
Bay University Health Board

Inspection date: 16 January 2024

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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	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership	16
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection	20
Appendix B - Immediate improvement plan.....	21
Appendix C - Improvement plan	23

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 Promenade Dental Practice, Swansea Bay University Health Board on 16 January 2024.

Our team for the inspection comprised of a HIW Healthcare Inspector and a Dental Peer Reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 33 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 report can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the staff at Promenade Dental Practice were committed to providing a positive experience for their patients.

We observed staff treating patients in a polite, friendly, and professional manner both in person and on the telephone.

All respondents to the HIW questionnaire who provided an opinion rated the service as 'very good' or 'good'. Comments included:

“Excellent professional care. All staff are friendly and polite.”

“Excellent service from staff and dental staff.”

This is what we recommend the service can improve:

- Implement the 'Active Offer' of Welsh.

This is what the service did well:

- Pleasant, well-maintained environment
- Arrangements in place to maintain patient privacy and dignity
- Adjustments made to assist wheelchair users and patients with mobility difficulties.

Delivery of Safe and Effective Care

Overall summary:

The practice was well-maintained and organised. Dental surgeries were well equipped and fit for purpose.

Staff followed clear procedures to ensure dental instruments were decontaminated and sterilised. A separate room was used for decontamination, which we consider to be good practice.

All areas were seen to be clean, tidy and free from any visible hazards.

Immediate assurances:

- Documents could not be provided during the inspection to show that routine testing of X-ray equipment had taken place. We directed the practice to suspend use of the equipment and provide appropriate documents, to give assurance the equipment was safe to use.

This is what we recommend the service can improve:

- Review and update the practice Health and Safety Risk Assessment
- Additional staff to be trained in providing first aid
- Improve consistency in completing patient records.

This is what the service did well:

- Clinical areas were clean, well equipped and fit for purpose
- Appropriate arrangements in place to deal with medical emergencies
- Good arrangements were in place for the decontamination and sterilisation of equipment.

Quality of Management and Leadership

Overall summary:

Promenade Dental Practice had good leadership and clear lines of accountability. There was a dedicated Practice Manager, that we found to be effective and committed to providing a high standard of service.

Regular staff meetings were being held to share information, and performance management of staff through annual appraisals.

This is what we recommend the service can improve:

- Introduce a formal program of clinical and non-clinical audits to monitor and improve the service provided.

This is what the service did well:

- Good compliance with mandatory training for staff
- Comprehensive range of policies and procedures in place
- Robust processes in place for the recruitment and induction of staff.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

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

“As someone who has a fear of dentists and didn't have a regular dentist for 20 years, I was treated exceptionally well by all staff members helping me over my fears and making me feel comfortable.”

“I always feel at ease having treatment.”

“The bilingual service provided by them is absolutely brilliant. The Dentist is patient, empathetic, completely professional, truly caring. Very grateful to them.”

Person Centred

Health Promotion

A limited amount of printed material was available, which included advice on smoking cessation and oral care for children. We also saw information about oral health displayed on TV screens in the waiting areas. Staff told us that dentists printed and provided information specific to the patient as part of their treatment.

We noted that ‘No smoking’ signs were not displayed. However, immediately after the inspection, the practice manager provided photographic evidence to show this issue had been addressed.

All but one of the respondents to the HIW questionnaire said they were given aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

Surgery doors were kept closed when in use and we were assured that patient dignity was maintained.

The reception desk was located in the patient waiting area. Music was played to help preserve privacy and staff told us they were mindful of privacy and

confidentiality when discussing matters with patients. A shredder was available to destroy any confidential information. Staff told us that if a patient wanted a confidential conversation, an available surgery or private room would be used.

HIW Certificates of Registration were displayed, along with an up-to-date certificate of Employer's Liability Insurance.

We identified that the General Dental Council (GDC) code of ethics was not on display. This was raised with the practice manager and resolved during the inspection.

Treatment prices were clearly displayed in the waiting areas.

The names and GDC registration numbers of all clinical staff were clearly displayed, both on a poster on the front door and in a patient information leaflet.

All but one of the respondents who answered the HIW questionnaire felt they were treated with dignity and respect.

Individualised care

We reviewed a sample of 10 patient records and confirmed that appropriate identifying information and medical histories were recorded.

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

Timely

Timely Care

Staff told us that any delays to appointments were notified from surgeries to reception using an instant messaging system, and reception staff would verbally inform patients.

The practice's opening hours were clearly displayed on the front door, along with telephone numbers to use out of hours or in an emergency. The practice did not use an online booking system. Staff told us that patients could book appointments in person or over the telephone. In addition, any requests received by email would be followed up with a telephone call to arrange an appointment.

Staff told us that although emergency appointments were not routinely scheduled, every effort was made to accommodate patients requiring urgent treatment.

We noted that the normal opening hours of the practice meant that appointments outside of the 9-5 working day were routinely available.

All respondents to the HIW questionnaire said it was 'very easy' or 'fairly easy' to get an appointment when they needed one.

Equitable

Communication and Language

Staff told us that they had access to translation services, when required for non-English speaking patients.

Some staff, including the Principal Dentist, spoke Welsh. We were told that if a patient preferred to communicate in Welsh, this was noted on the practice systems and accommodated. However, there was no 'Active Offer' of Welsh or materials to inform patients that a Welsh language service was available.

We recommend that the Practice Manager seek advice and support from the Health Board and implement the 'Active Offer' of Welsh.

Rights and Equality

The practice had an 'equal opportunities' policy in place for staff and a separate 'patient dignity and respect' policy. Staff told us that transgender patients had their status and preferred pronouns recorded.

Provision had been made to accommodate wheelchair users and patients with mobility difficulties. The reception area and one surgery were at ground level. A mixed gender toilet was also available at ground level, which was wheelchair accessible and had grab handles and emergency alarms installed. The reception area had a clearly indicated hearing loop in place.

Seating in the downstairs waiting area included chairs with high backs and armrests, to aid patients with mobility difficulties.

The practice used closed circuit television (CCTV) in some areas. This was clearly signposted to patients. During the inspection we found that there was no policy in place regarding the use of CCTV. However, immediately after the inspection, the practice manager provided evidence that this had been addressed.

Delivery of Safe and Effective Care

Safe

Risk Management

The premises were clean, well-maintained and free from obvious hazards.

The patient toilet was visibly clean, had suitable hand washing and drying facilities and a sanitary disposal unit.

There was an appropriate fire risk assessment in place, evidence of contracts to maintain fire safety equipment and records evidencing that this was carried out regularly. Fire extinguishers, using both foam and carbon dioxide, were in place on both floors.

Staff had undertaken fire safety training, but there was no evidence to show that this was done regularly. We did not see evidence of fire drills having taken place. However, immediately after the inspection, the practice manager provided evidence to show that a fire drill had taken place and participants recorded.

The registered manager must ensure that all staff undertake regular fire safety training and that regular fire drills are carried out.

Staff were provided with a lockable changing room and a storage area for personal belongings.

The premises were well maintained but there was no building maintenance policy in place. However, immediately after the inspection, the practice manager provided evidence that this issue had been addressed.

The practice had a general Health and Safety Risk Assessment. However, this was out of date and required review.

The registered manager must ensure that the practice's Health and Safety Risk Assessment is reviewed, and arrangements put in place to ensure it is reviewed regularly.

There was an emergency and business continuity plan in place.

One member of staff was trained in first aid. We advised that having more than one would reduce the risk to patients.

The registered manager must ensure that more than one member of staff is trained in providing first aid.

Infection, Prevention, Control (IPC) and Decontamination

There were arrangements in place to ensure a good standard of infection control. These included appropriate infection control policies and procedures and having a designated infection control lead. We found the practice to have an effective cleaning regime.

There was a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. We found the procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood, and that regular checks on equipment were recorded. Some materials and instruments were kept in containers in the decontamination room without lids. We also noted that some X-ray holders were stored loose in drawers.

We recommend that containers for materials and instruments stored in the decontamination room have lids, to improve infection prevention and control.

We recommend that X-ray holders be stored in pouches, within the drawers, to improve infection prevention and control.

Information about dealing with needlestick injuries was available to staff. However, we advised that this should be more readily available, to use in the event of an incident. Immediately after the inspection, the practice manager provided evidence that posters had been placed in all surgeries.

We reviewed the arrangements for disposal of waste, including clinical waste, and found them to be robust and appropriate.

All respondents to the HIW questionnaire who answered felt the setting was 'very clean' and that infection prevention and control measures were evident.

Medicines Management

Medication was stored safely with clear records maintained of medicines administered.

There was no written policy on Medicines Management and the practice did not have robust processes for checking stocks of medicines. However, immediately after the inspection, the practice manager provided evidence that this had been addressed, with a clear policy which included a medicines stock checklist.

We reviewed the policy and procedures for managing medical emergencies and found them to be appropriate. The emergency equipment had some items missing and some out of date, including resuscitation masks. This was raised with the practice manager and resolved during the inspection, with evidence seen that the relevant items had been ordered.

Emergency equipment was stored in different locations at the premises, and we advised that clear signage would be useful to identify what was kept where. The practice manager provided evidence, immediately after the inspection, to show that appropriate signage had been put in place.

We reviewed a sample of staff records and saw that all had up-to-date training in cardiopulmonary resuscitation (CPR). One member of staff had undertaken online refresher training, which we found to be appropriate, and was also booked to attend a physical training session.

Safeguarding of Children and Adults

Policies and procedures on safeguarding of adults and children were in place and available to all staff. We noted that the no reference was made to the All-Wales national procedures.

We advise that safeguarding policies and procedures are updated to refer to the All-Wales national safeguarding procedures.

We reviewed a sample of staff records and saw evidence of appropriate and up-to-date training in the safeguarding of children and adults. The principal dentist was the safeguarding lead and had training at Level 3 which we consider to be good practice.

Management of Medical Devices and Equipment

Overall, we found clinical equipment to be safe, in good condition and suitable for the intended purpose.

Documents could not be provided to show that routine (three-yearly) performance testing of X-ray equipment had taken place. This meant that we could not be assured that the X-ray equipment had been safely maintained.

Our concerns about the safety of X-ray equipment were dealt with in a non-compliance notice. This means that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the non-compliance are provided in Appendix B.

The practice held their radiation protection file electronically and we noted that some parts were incomplete. We advised that the file should be kept complete and up to date.

The registered manager must ensure that the radiation protection file includes all required information.

Staff told us that audits of X-ray images were carried out. Evidence of these could not be provided during the inspection. However, the practice manager provided copies immediately after the inspection.

We reviewed a sample of staff records and saw evidence of up-to-date training on Ionising Radiation (Medical Exposure) Regulations (IR(ME)R).

Effective

Effective Care

The practice had safe arrangements for the acceptance, assessment, diagnosis, and treatment of patients. We saw evidence that staff would obtain and follow professional guidance and advice when necessary.

Staff told us that they did not use the Local Standards for Invasive Procedures (LoSSIPs) checklists.

We recommend that the practice implements the use of LoCSSIPs checklists to minimise the risk of wrong site tooth extraction.

Patient Records

The practice did not have policies in place relating to Records Management or Consent. We advised the practice manager that these should be in place, and they provided evidence, immediately after the inspection, that this had been addressed.

We reviewed a sample of 10 patient records. Overall, the recording of information was good. However, some areas required improvement. We advised that the following should be recorded more consistently: language preference; risk assessment based on caries, perio, toothwear and cancer; justification and clinical findings; signed treatment plans (if required); oral cancer screening; smoking cessation advice; and patient consent.

The registered manager must ensure that patient records include all relevant information. Regular audits should be carried out to monitor the quality of patient records.

The practice used templates to aid with recording information. However, we noted that in some cases the information was not applicable. We advised that templates should be adapted to reflect patient age and circumstances, to be more relevant.

We recommend that templates used in recording patient information be adapted to reflect patient age and circumstances.

Efficient

Efficient

The premises and facilities were appropriate for the services being carried out. Staff told us that patients requiring urgent care were prioritised and accommodated where possible.

Quality of Management and Leadership

Leadership

Governance and Leadership

The practice had clear management structures, with the practice under the direction of the principal dentist and a practice manager. We saw a clear commitment to providing a high standard of service and a positive approach to making improvements.

We saw evidence of staff meetings taking place, and minutes recorded. We were told that regular staff appraisals were carried out and used to manage performance.

Workforce

Skilled and Enabled Workforce

The practice had a policy for the recruitment and induction of staff. During the inspection, we advised that a checklist should be included to ensure that all pre-employment checks and induction activities were recorded. Immediately after the inspection, the practice manager provided evidence to show that this had been implemented.

We reviewed a sample of staff records and saw evidence that clinical staff were registered with the GDC, covered by professional indemnity insurance and had been vaccinated against Hepatitis B. This was monitored by the practice manager to ensure continued compliance. We also saw evidence that pre-employment references were sought, and checks made using the Disclosure and Barring Service (DBS)

There was good compliance with mandatory training requirements and that this was actively monitored by the practice manager.

Culture

People Engagement, Feedback and Learning

Staff told us that patient feedback was typically verbal or electronic, and monitored regularly. We did not see evidence that feedback was actively sought. However, immediately after the inspection the practice manager provided evidence that this had been addressed, through a poster in the patient waiting

area. The poster encouraged feedback, both positive and negative, and included appropriate contact details.

The practice did not have a mechanism to show that feedback was acted upon. We advised that this could be communicated to patients using a 'you said, we did' poster.

We advise that the practice communicates to patients where actions have been taken because of feedback, such as a 'you said, we did' poster.

There was a policy and procedures in place for handling complaints, for both NHS and private patients. This included appropriate contact details and response times, in line with NHS Putting Things Right. Details of external bodies were included, with HIW being signposted for private patients. We noted that there was no reference to advocacy services. However, immediately after the inspection, the practice manager provided an updated version, showing that this had been addressed, with reference to LLAIS included.

A complaints log was maintained, and staff told us that verbal complaints were captured using the same log.

The practice did not have a policy on the Duty of Candour and whilst staff understood the principles, they had not had specific training. However, immediately after the inspection, the practice manager provided evidence that this had been addressed, by providing a copy of a Duty of Candour policy and certificates showing that all staff had undertaken training on the Duty.

Information

Information Governance and Digital Technology

The practice used electronic systems to manage patient records. Policies and procedures were stored and maintained electronically. Staff records were held as a combination of electronic and paper records.

An accident book was used to record incidents and near misses, and contained historic records. We advised that to ensure confidentiality, records should be regularly moved from the book to secure files.

We recommend that the accident book be reviewed regularly, and records moved from the book to be filed securely.

Learning, Improvement and Research

Quality Improvement Activities

There was no formal program of audits in place to demonstrate and record that the practice actively monitored and improved the service. The practice had not undertaken any recent audits relating to antibiotic prescribing, smoking cessation, record keeping, health and safety, disability access or infection control.

The registered manager must ensure that a rolling program of regular clinical and non-clinical audits is put in place, to monitor and improve the service provision.

Whole Systems Approach

Partnership Working and Development

Staff told us that interaction with system partners was typically done by phone or email, and that referrals were submitted using an online system.

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We identified that the General Dental Council (GDC) code of ethics was not on display.	Patients must know what standards of care to expect from their dental care professionals.	This was raised with the practice manager during the inspection.	A copy of the GDC Code of Ethics was printed and put on display in the reception area.
The emergency equipment had some items missing and some out of date, including resuscitation masks.	Increased risk to patients in the event of a medical emergency.	This was raised with the practice manager during the inspection.	Replacement items were sourced and ordered during the inspection.

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Appendix B - Immediate improvement plan

Service: Promenade Dental Practice

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
Documents could not be provided to show that routine (three-yearly) performance testing of X-ray equipment had taken place. This meant that HIW could not be assured that X-ray equipment being used at the practice was safe, in	The registered provider must demonstrate that appropriate maintenance and testing of X-ray equipment is carried out. This action relates to X-ray equipment in Surgeries 1, 2 and 4 and the OPG unit. The X-ray equipment in question must not be used until	The Private Dentistry (Wales) Regulations 2017, Regulation 13 (2)(a)	As discussed in inspection waiting on reports from UKHSA. Tests had been completed in compliance, reports delayed due to company	Practice Manager	Completed and documents uploaded 19.1.24

good condition and suitable for use.	appropriate evidence has been provided to HIW, as assurance that the equipment is safe to use.				
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Nicola Summers
Job role: Practice Manager
Date: 19 January 2024

Appendix C - Improvement plan

Service: Promenade Dental Practice

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
There was no 'Active Offer' of Welsh or materials to inform patients that a Welsh language service was available.	We recommend that the Practice Manager seek advice and support from the Health Board and implement the 'Active Offer' of Welsh.	The Welsh Language (Wales) Measure 2011	We now have the gdc standards nhs charges and putting things right information in both welsh and English. And a poster stating we offer the welsh language if patients would prefer. We have also adapted emails to include welsh format.	Nicola Summers	Completed
We saw evidence that staff had undertaken fire safety training, but not that this was done	The registered manager must ensure that all staff undertake regular fire safety training and that regular fire	The Private Dentistry (Wales) Regulations 2017, Regulation 22(4)	All staff have undergone fire safety training this has been added to checklist for	Nicola summers	completed

regularly. We did not see evidence of fire drills having taken place. However, immediately after the inspection the practice manager provided evidence to show that a fire drill had taken place and participants recorded.

drills are carried out.

yearly review. Fire drills to be completed quarterly scheduled in diary

The practice had a general Health and Safety Risk Assessment. However, this was out of date and required review.

The registered manager must ensure that the practice's Health and Safety Risk Assessment is reviewed, and arrangements put in place to ensure it is reviewed regularly.

The Private Dentistry (Wales) Regulations 2017, Regulation 8 (1)(k)

Practice health and safety risk assessment reviewed and scheduled in diary for review yearly

Nicola Summers

Completed

The practice had one member of staff trained in first aid. We advised that having more than one would reduce the risk to patients.

The registered manager must ensure that more than one member of staff is trained in providing first aid.

The Private Dentistry (Wales) Regulations 2017, Regulation 31

Additional member of staff scheduled to be first aid trained

Nicola Summers

Completed

Some materials and instruments were kept in containers in the decontamination room without lids.	We recommend that containers for materials and instruments stored in the decontamination room have lids, to improve infection prevention and control.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	New containers sourced and used all staff informed	Jenny morris Nicola summers	Completed
Some X-ray holders were stored loose in drawers.	We recommend that X-ray holders be stored in pouches, within the drawers, to improve infection prevention and control.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(6)(b)	Xray holders to be bagged each night all staff informed	Jenny morris	completed
Policies and procedures on the safeguarding of adults and children were did not refer to the All-Wales national procedures.	We advise that safeguarding policies and procedures are updated to refer to the All-Wales national safeguarding procedures.	The Private Dentistry (Wales) Regulations 2017, Regulation 14 (1)(e)	Safeguarding policies amended to refer to all wales national procedures	Nicola Summers	Completed
Some parts of the practice's radiation protection file were incomplete.	The registered manager must ensure that the radiation protection file includes all required information.	The Private Dentistry (Wales) Regulations 2017, Regulation 13 (2)(a)	Radiation protection file updated	Nicola Summers	Completed

<p>Staff told us that they did not use the Local Standards for Invasive Procedures (LocSSIPs) checklists.</p>	<p>We recommend that the practice implements the use of LoCSSIPs checklists to minimise the risk of wrong site tooth extraction.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 13 (8)</p>	<p>LoCSSip policy redistributed to all staff screen added to soe to checklist template for invasive treatments as per locssip for relevant procedures to be recorded</p>	<p>Nicola summers</p>	<p>Completed</p>
<p>Patient records required improvement some areas. The following areas should be recorded more consistently: language preference; risk assessment based on caries, perio, toothwear and cancer; justification and clinical findings; signed treatment plans (if required); oral cancer screening; smoking cessation advice; and patient consent.</p>	<p>The registered manager must ensure that patient records include all relevant information. Regular audits should be carried out to monitor the quality of patient records.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 20 (1)</p>	<p>Templates added to exam Audit of patient records completed and scheduled yearly in diary</p>	<p>Nicola Summers</p>	<p>Completed</p>

<p>The practice used templates to aid with recording information. However, we noted that in some cases the information was not applicable. We advised that templates should be adapted to reflect patient age and circumstances, to be more relevant.</p>	<p>We recommend that templates used in recording patient information be adapted to reflect patient age and circumstances.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 20 (1)</p>	<p>New templates created applicable to relevant patients</p>	<p>Nicola summers</p>	<p>Completed</p>
<p>The practice did not have a mechanism to show that feedback was acted upon.</p>	<p>We advise that the practice communicates to patients where actions have been taken because of feedback, such as a 'you said, we did' poster.</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 16 (2)</p>	<p>Feedback has been added to agenda for all staff meetings to address any concerns that may arise creating a you said we did poster for display</p>	<p>Nicola summers</p>	<p>completed</p>
<p>An accident book was used to record incidents and near misses, and contained historic records.</p>	<p>To ensure confidentiality, we recommend that the accident book be reviewed regularly, and records moved from the book to be filed</p>	<p>The Private Dentistry (Wales) Regulations 2017, Regulation 15 (1)</p>	<p>All staff informed that if there is an incident recorded the person recording to remove record and give to</p>	<p>Nicola summers</p>	<p>completed</p>

	securely.		practice manager. All records to be stored by practice manager securely		
We found there was no formal program of audits in place to demonstrate and record that the practice actively monitored and improved the service. The practice had not undertaken any recent audits relating to antibiotic prescribing, smoking cessation, record keeping, health and safety, disability access or infection control.	The registered manager must ensure that a rolling program of regular clinical and non-clinical audits is put in place, to monitor and improve the service provision.	The Private Dentistry (Wales) Regulations 2017, Regulation 16 (1)	Audit record logged with audit policy and to be reviewed yearly and implemented on a rolling basis scheduled in diary	Nicola Summers	completed

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): Nicola Summers
Job role: Practice Manager

Date:

15 March 2024