

# General Dental Practice Inspection Report (Announced)

Baglan Dental Practice, Swansea Bay  
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 Baglan Dental Practice, Swansea Bay University Health Board on 10 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 39 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

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

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

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

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

This is what we recommend the service can improve:

- Consider how to better ensure patients are aware of out-of-hours arrangements.

This is what the service did well:

- All respondents who completed a HIW patient questionnaire rated the service as 'good' or 'very good'
- Positive attempts to promote the 'Active offer' for patients wishing to speak in Welsh
- Staff in process of learning British Sign Language.

### Delivery of Safe and Effective Care

Overall summary:

We saw the patient waiting area and surgeries were well maintained, clean and tidy and decorated to a good standard.

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

We saw a dedicated decontamination room with appropriate systems and processes for cleaning reusable instruments. However, we found several improvements were required to ensure the decontamination room fully met recommended guidelines.

We saw that staff had completed resuscitation training in the last year. We found up-to-date policies for management of medicines and that emergency drugs were stored securely. However, we found some emergency equipment was missing and some items appeared old and perished.

We found safe arrangements in place for the use, maintenance, and testing of X-ray equipment.

Dental records were detailed and easy to follow with some minor points for improvement. We found older paper records were held in unlocked filing cupboards and needed to be stored securely.

Immediate assurances:

- Clinical waste bins to be fixed securely to the premises
- All patient healthcare records are to be kept locked in a secure location.

This is what we recommend the service can improve:

- Personal Protective Equipment (PPE) to be worn during the decontamination cycle
- Recognised checklists to be used to prevent wrong tooth extractions
- Oral cancer screening to be consistently recorded in the patient records.

This is what the service did well:

- Business continuity policy in place with emergency contact details displayed for easy access
- Good compliance with fire safety regulations and fire safety training
- Good compliance with safeguarding of children and adults.

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

We saw a good induction process in place. We found compliance with staff training and professional obligations was generally good. We found Disclosure and Barring Service (DBS) certificates for several staff were over three years old, although

annual declarations confirming that their status remained unchanged were available.

We saw evidence of a suitable feedback and complaints processes in accordance with the practice policies. All staff had also completed Duty of Candour training and demonstrated an understanding when questioned.

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

This is what we recommend the service can improve:

- General Dental Council (GDC) registration numbers for all dental professionals at the practice to be displayed.

This is what the service did well:

- Good range of training for staff and good compliance with mandatory training
- A range of policies were readily available to staff to support them in their work roles
- Comprehensive range of audits with aim to continually improve standards
- Positive action taken on feedback from patients with 'You said, we did' displayed on information screens.



## 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 'good' or 'very good.'

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

*"Great service, lovely team, nothing is too much trouble."*

*"Everyone I deal with is incredibly professional and courteous."*

#### Person Centred

##### Health Promotion

We were told patients would be provided with relevant health promotion advice when seen by the dentists or other dental care professionals working at the practice. We saw lots of information available in the patient information folder in the waiting area, including the complaints policy and information regarding the risks and benefits of X-rays. We saw information about charges were also on display. The practice also uses digital screens within waiting areas to provide additional information which runs on a continual loop.

All respondents who completed a HIW patient questionnaire told us they had their oral care explained to them by staff in a way they could understand, and that staff had provided them with aftercare instructions on how to maintain good oral health.

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

##### Dignified and Respectful Care

During the inspection we 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 patient waiting area were in the same room. Reception staff understood the need to maintain confidentiality when dealing with patients, including conversations over the phone. We were told an unused surgery, or a back room would be used for confidential or sensitive discussions.

The nine General Dental Council (GDC) core principles of practice were available in both English and Welsh.

### **Individualised care**

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

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

Some comments we received about patient care are below:

*“Staff are very helpful and friendly. Took time to explain and answer any questions that I had. Very professional and clean environment to be treated in.”*

*“The staff are always very helpful and professional.”*

## **Timely**

### **Timely Care**

We were told that patients are kept informed by either the dental nurses or reception should there be a delay in their appointment time.

We were told the practice currently arranges appointments by telephone or in person at the reception and send text messages as confirmation and to remind patients of their appointments.

We were told blank emergency appointment slots were scheduled throughout the day should patients require urgent dental care. We were told that the practice uses a triage system to prioritise patients and try to treat all urgent cases on the same day.

We were told patients generally wait about one month between each treatment appointment depending on the urgency and dentist availability. The practice also runs a short notice list to fill unused or cancelled appointment slots.

We were told the practice try to arrange children's appointments after school hours and were flexible with appointment times to ensure patients can access treatment at a time suitable to them.

Almost all the respondents said it was 'very easy' (17/39) or 'fairly easy' 19/39) to get an appointment when they need one. However, one respondent commented:

*" Very difficult to get a check-up appointment. Haven't been for check-up for three years, I was told when I've rang up numerous times that I can't have an appointment as it's only emergency..."*

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

All respondents who thought it applicable felt they received adequate guidance on what to do and who to contact in the event of an infection or emergency. However, ten respondents disagreed that they would know how to access the out of hours dental service if required.

**We recommend the registered manager reflects on the issues raised in this feedback to ensure patients can access treatment in a timely manner.**

## **Equitable**

### **Communication and Language**

We found some written information displayed in the practice was available in Welsh and English, and there were also leaflets available in other formats, such as easy read and child friendly.

We were told there are two Welsh speaking staff working at the practice and can provide care in Welsh if requested. We were told 'Iaith Gwaith' badges were

available although only one staff member was currently wearing it; they would now encourage the other staff member to do so also.

We saw a notice in reception inviting patients to inform staff if they wished to speak Welsh and were told that there was a 'pop-up' on the patient records to indicate the patient's language preference. We were told that they had received sufficient assistance from the local health board in delivering the 'Active Offer.'

The registered manager and a colleague were currently learning British Sign Language. We found the practice had access to translation services and a hearing loop system was in place to assist patients with hearing difficulties.

### **Rights and Equality**

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

We saw the practice had an up-to-date equality and diversity policy, and a bullying and harassment policies in place that all staff had read and agreed to the contents. We were told that all staff had completed additional relevant training on both subjects.

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

We saw all patient areas within the practice were on the ground floor, although there was a small step at both entrances. The staff described appropriate arrangements to assist patients with mobility issues, with a ramp available to aid access for wheelchair users.

We found the patient toilet located on the ground floor. However, the layout and lack of handrails meant it was not considered suitable for patients with mobility issues or wheelchairs.

There was a mixed response from those who completed a HIW patient questionnaire when asked if they considered the building accessible. Eight said it was only partially accessible, while two patients said that it was not accessible.

The practice may wish to reflect on this feedback to consider if it can improve accessibility.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We saw the dental practice was generally well maintained. Although the practice itself was small with limited space, we found the treatment rooms to be spacious, well lit, and ventilated. The practice occupied the ground floor of shared premises, with all facilities and surgeries located on the same level. We saw an up-to-date buildings maintenance policy was in place.

Internally, the environment was decorated and furnished to a good standard. Patient areas were clean, uncluttered and generally free from hazards, however there was a single step just inside the entrance to the practice. This was found to be unmarked and posed a possible trip or fall risk. This was raised with the registered manager who ordered appropriate warning signage at the time of the inspection.

We found there was a staff kitchen area with a small workstation in a room to the rear of the practice. This also served as a staff changing area. We found dust, dirt and debris had accumulated in and around the workstation area and on the window frame in the room. In addition, this area also contained an orthopantomogram (OPG) X-ray machine. We considered this arrangement unsuitable as it was mixing a clinical patient treatment area with facilities for food and drink storage and preparation, giving rise to potential infection prevention and control issues.

**The registered manager must arrange for the staff kitchen area and workstation to be cleaned and ensure this area is included as part of the practice's routine cleaning schedule.**

**The registered manager must consider how the practice can best utilise this area and make suitable arrangements to either relocate the OPG X-ray machine, or the kitchen facilities.**

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 emergency incidents. Contact details for the designated emergency response team and a list of emergency contact numbers were displayed on a notice board in the kitchen area for easy access.

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

We found a fire risk assessment had been completed within the last year and that all staff working had completed fire safety training, with fire marshals appointed. Regular checks of fire safety equipment and 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 fire exits were clear of obstructions and evacuation signage was displayed throughout the premises.

We saw a current employer's liability insurance certificate displayed and confirmed that 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. We saw a cleaning schedule was in place to support effective cleaning routines.

We saw the waiting room and the dental surgeries were visibly clean and generally furnished to promote effective cleaning. However, we noticed the arm of the nursing side chair in surgery two was worn to an extent that prevented effective cleaning.

**The registered manager must replace worn furnishings to enable effective infection prevention and control measures.**

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 available for staff, although we saw that a nurse did not wear a plastic apron during the decontamination process.

**The registered manager must ensure staff wear appropriate PPE as necessary while carrying out their duties.**

There was a designated decontamination room with a suitable system in place to safely transport used instruments from surgeries to the decontamination room. However, we found there was no automatic spring closure mechanism on the decontamination room door with the door remaining open during our inspection. It was also noted that there was no separate basin for hand washing in accordance with Welsh Health Technical Memorandum WHTM 01-05 guidelines. Furthermore, we noted there was no effective ventilation serving the decontamination room, relying instead on small vents at the bottom of internal doors.

**The registered manager must install an automatic spring closure fitting to the decontamination room door and ensure the door is closed at all times.**

**We recommend the registered manager installs a separate basin for staff to wash their hands during the decontamination process.**

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

Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments, and we saw logbooks had been completed to show appropriate equipment checks had been performed.

We found that the latest infection prevention and control (IPC) audit was conducted within the last year. However, we found dirt and dust present inside and down the sides of some cupboards, and that some storage boxes placed on the top of cupboards did not have lids leaving the contents exposed to cross-contamination from aerosol dispersion generated as part of the decontamination process.

**The registered manager must arrange for a deep clean of the decontamination room.**

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

We saw a current contract was in place to safely transfer waste from the practice and that waste produced by the practice was stored in appropriate containers while awaiting collection. However, we found the clinical waste bins were located at the rear of the practice in an area that was easily accessible to the public. The bin was locked but not secured to the premises. This meant that the clinical waste bin and its contents could be easily removed and accessed by unauthorised person/s and could result in patients, staff and the wider public being put at risk of healthcare associated infections. This was dealt with under HIW's immediate non-compliance process and is referred to in [Appendix B](#) of this report.

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

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

All respondents who completed a HIW patient questionnaire felt infection prevention and control measures were evident and that the setting was clean. Some patient comments we received about infection and prevention control care are below:

*“Gloves are always worn.”*

*“Always wearing gloves etc and seen washing hands when I went into the room.”*

### **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 and local anaesthetics. 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 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. A system was in place for checking stocks and identifying when medicines need to be replaced and saw evidence of checks having been completed. However, we found that two self-inflating oxygen bags with clear face masks for adults appeared old and perished, while four sizes of clear face masks and the child self-inflating bag as part of emergency equipment were missing. The registered manager ordered replacements at the time of inspection.

Our concerns regarding this were dealt with at the time of the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

**The registered manager must ensure the process of regular checks of the required emergency equipment are sufficiently effective to ensure equipment is always available and in date.**



The first aid kit was available and found to be in order. We found that the practice had one appointed first aider with a second member of staff due to take first aid training.

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

### **Safeguarding of Children and Adults**

We saw 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 and saw that senior staff had downloaded the All-Wales safeguarding app on their phones to ensure they had up-to-date guidance.

We saw all staff were knowledgeable about safeguarding and knew who to contact in event of a concern. However, we could not find evidence of adult safeguarding training for one member of staff.

**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, and that staff had received appropriate training to safely use the equipment, as part of the induction process. Equipment we saw was visibly clean and in good condition.

We found the required documentation was available to show safe arrangements were in place for the use, maintenance and testing of the X-ray equipment. We also saw that a radiation risk assessment was in place.

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

We saw information displayed for patients in the waiting area explaining the risks and benefits of having an X-ray. We found each X-ray exposure had been justified with clinical evaluations and quality grading noted in patient records. However, it was noted that the X-ray grading was conducted using the outdated three-point scale.

**We recommend the registered manager implements the revised two-point X-ray grading scale.**

We were advised that carers were not allowed to be in the treatment room when x-rays were taken.

## **Effective**

### **Effective Care**

We found sufficient suitably trained staff in place at the practice to provide patients with safe and effective care. We found staff were clear regarding their work roles and responsibilities at the practice and that regulatory and statutory guidance was being followed. However, 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 ten patients. We saw a suitable system was in place to help ensure digital records were safely managed and stored securely. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017 and found an up-to-date Data Protection and Information Security policy in place. However, we saw that older paper patient records were stored in unlocked cupboards that were accessible to persons entering the practice. 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 full base charting, treatment planning and informed consent was recorded, and recall in accordance with NICE guidelines. Whilst there was evidence of soft tissue examinations, we found there was inconsistent recording that oral cancer screening had been carried out.

The registered manager must ensure that oral cancer screening is recorded in the patient records.

## **Efficient**

### **Efficient**

We were told of the arrangements in place to ensure the practice operated in an efficient way that upheld standards of quality care, with sufficient clinicians for the services provided. The practice has recently recruited a hygienist and therapist to expand the range of available dental health care.

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

The practice is operated by both the registered manager and practice managers who are responsible for the day-to-day management of the practice. Clear lines of reporting were described and evident. The practice used recognised tools for team development.

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 saw comprehensive minutes of meetings which were provided to staff who were absent to ensure they remain up to date with work related matters.

We confirmed a range of up-to-date policies were readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to recent review and had been signed by staff confirming they had been read and understood. The practice was in the process of migrating these documents onto a digital system to improve staff access and simplify the policy audit process.

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

## Workforce

### Skilled and Enabled Workforce

In addition to the registered manager and practice manager, the practice team consisted of two associate dentists, two hygienists, a therapist, six dental nurses, and a receptionist.

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

While we found the names of the current dental team was displayed at the entrance, we found the GDC numbers were missing. However, these numbers were found within the patient information folder. 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. We were advised by the practice that these details were part of the information loop on the displays but did not observe this particular slide during the inspection.

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

We were told compliance with GDC registration requirements was monitored by one of the practice managers.

A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found management team to be approachable to staff.

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

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

We found records of Disclosure and Barring Service (DBS) certificates for all staff and signed annual declarations to confirm that their DBS circumstances had not changed.

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

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

## Culture

### People Engagement, Feedback and Learning

Various arrangements were described for seeking feedback from patients about their experiences of using the practice including post-treatment emails, Google reviews and social media. A suggestions box was available in the reception area.

We were told that feedback is regularly assessed and discussed at team meetings with negative comments prioritised for urgent follow-up action. Suggestions for improvements are considered with feedback displayed on the patient information screen using the 'You said, we did' format. We found the practice had instigated several improvements as a result, including the implementation of social media, notification of delays and flexible appointment times.

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, expected timescales and details of other organisations that could provide help and support for patients. We also saw Putting Things Right posters on display in both Welsh and English. Most respondents who completed a HIW patient questionnaire told us they had been given information on how the practice would resolve any concerns or complaints post-treatment.

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.

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

## Information

### Information Governance and Digital Technology

We were told that patient safety incidents would be logged in an 'events record' although there had been no such incidents to date. We were told that patient safety related information would be discussed at team meetings to develop action plans for improvement where necessary. The information would be shared with the wider NHS via Datix and contributes to the Quality Assurance Self-assessment (QAS) process with the local Health Board as part of wider improvement activities of the practice.

## Learning, Improvement and Research

### Quality Improvement Activities

We saw that the practice had recently conducted a Welsh Annual Management review as part of its quality improvement monitoring system.

We were provided with examples of audits which were conducted as part of the practice's quality improvement activity. These included a record card audit which had contributed to improvements in record keeping. Others include disability access, complaints, and antibiotic prescribing audits. The practice was in the process of a smoking cessation audit at the time of the inspection.

We saw the practice had used recognised quality improvement training and team development tools such as Maturity Matrix Dentistry (MMD) and Skills Optimiser Self-Evaluation Tool (SOSET).

## Whole Systems Approach

### Partnership Working and Development

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

## 4. Next steps

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

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

The improvement plans should:

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

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

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

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



# Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found two self-inflating oxygen bags with clear face masks for adults appeared old and perished, while four sizes of clear face masks and the child self-inflating bag as part of emergency equipment were missing.	We could not be assured that they could be used effectively in event of an emergency.	We raised this immediately with senior staff.	Replacements ordered by registered manager.

## Appendix B - Immediate improvement plan

**Service:** Baglan Dental Practice

**Date of inspection:** 10 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
We saw patient records were insecurely stored in unlocked cupboards. These were not in a secure location and were easily accessible to anyone entering the premises	The registered manager must ensure that all patient healthcare records are kept locked in a secure location. HIW require written assurance that this has taken place.	Regulation 20(2)	Transportation & Storage boxes delivered 12/01/2024.  Healthcare records transportation from behind receptionist to secure location commenced on 15/01/2024 and will be completed by no later than 19/01/2024	Laura Morris	19/01/2024
We found the clinical waste bins were located at the rear of the practice in an area that	The registered manager must immediately arrange for all clinical waste bins to be securely fixed to the	Regulation 13(5)	15/01/2024 - External Wall Fixing, chain and padlock ordered and to	Laura Morris	19/01/2024

was easily accessible to the public. The bin was locked but not secured to the premises.	premises and provide evidence to HIW on completion.		be fitted before 19/01/2024.		
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## Appendix C - Improvement plan

**Service:** Baglan Dental Practice

**Date of inspection:** 10 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
<p>One respondent who completed a HIW patient questionnaire commented:</p> <p>" Very difficult to get a check-up appointment. Haven't been for check-up for three years, I was told when I've rang up numerous times that I can't have an appointment as it's only emergency..."</p>	<p>We recommend the registered manager reflects on the issues raised in this feedback to ensure patients can access treatment in a timely manner.</p>	<p>Quality Standard - Timely</p>	<p>This information is provided already in the following ways:</p> <ol style="list-style-type: none"> <li>1. Answerphone message when contacting us after hours</li> <li>2. A notice on the door of the practice</li> <li>3. On the waiting room powerpoint.</li> <li>4. On our social media pages</li> </ol>	<p>L Morris</p>	<p>28/02/2024</p>

<p>We also found some patient feedback indicated that they would not know how to access the out of hours dental service if required.</p>			<p>We have added this as an agenda item to the next meeting to explore other ways in which we can communicate this information with our patients.</p>		
<p>We found dust, dirt and debris had accumulated in and around the workstation area and on the window frame in the staff kitchen area.</p>	<p>The registered manager must arrange for the staff kitchen area and workstation to be cleaned and ensure this area is included as part of the practice's routine cleaning schedule.</p>	<p>Regulation 13(5(b)(i) - The Private Dentistry (Wales) Regulations 2017</p>	<p>This area was deep cleaned on 17/01/2024 and we have added 'cleaning of window PVC' to the domestic cleaning checklists.</p>	<p>LM</p>	<p>Complete 17/01/2024</p>
<p>We found the practice uses an orthopantomogram (OPG) X-ray machine located in the staff kitchen area.</p>	<p>The registered manager must consider how the practice can best utilise this area and make suitable arrangements to either relocate the OPG X-ray machine, or the kitchen facilities.</p>	<p>Regulation 13(5(b)(ii) &amp; 22(2)(c) - The Private Dentistry (Wales) Regulations 2017</p>	<p>As discussed on the day of inspection, moving of OPG machine is impractical due to cost, space and radiation protection.</p> <p>Food and drink preparation facility has been relocated to the</p>	<p>L Morris</p>	<p>Complete 13/04/2024 to replace fridge so that it can be relocated.</p>

			managers office. In process of replacing fridge for a smaller one		
We found the arm of the nursing side chair in surgery two was worn to an extent that prevented effective cleaning.	The registered manager must replace worn furnishings to enable effective infection prevention and control measures.	Regulation 13(5)(b)(i) - The Private Dentistry (Wales) Regulations 2017	This chair has been decommissioned and replaced	L Morris	Complete 13/01/2024
We saw that a nurse did not wear a plastic apron during the decontamination process	The registered manager must ensure staff wear appropriate PPE as necessary while carrying out their duties.	Regulation 13(5)(a) - The Private Dentistry (Wales) Regulations 2017	We have distributed communication to all clinical team members reiterating the importance of wearing all provided PPE during the decontamination process	L Morris	Complete 23/02/2024
We found there was no automatic spring closure fitting on the decontamination room door with the door remaining open during our inspection.	The registered manager must install an automatic spring closure fitting to the decontamination room door and ensure the door is closed at all times.	Regulation 22(2)(b) - The Private Dentistry (Wales) Regulations 2017.	Placement of automatic door closures has been arranged.	L Morris	29/03/2024

<p>We found there was no separate basin for hand washing in accordance with Welsh Health Technical Memorandum WHTM 07-01 guidelines.</p>	<p>We recommend the registered manager installs a separate basin for staff to wash their hands during the decontamination process.</p>	<p>Regulation 13 (3)(b) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>We have a separate hand washing basin immediately outside of the decontamination area. We have made enquiries to the property landlord as this is a leased premises on the agreement of moving these services</p>	<p>L Morris</p>	<p>16/05/2024 pending awaited response from property landlord</p>
<p>We saw there was no effective ventilation serving the decontamination room, relying instead on small vents at the bottom of internal doors</p>	<p>We recommend the registered manager considers installing an appropriate ventilation system for the decontamination room in accordance with Welsh Health Technical Health Memorandum (WHTM) 01-05.</p>	<p>Regulation 22(2)(b) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Enquiries have been made to property landlord, as the property is leased, to explore the options we have of installing ventilation to this area</p>	<p>L Morris</p>	<p>16/05/2024 pending awaited response from property landlord</p>
<p>We found dirt and dust present inside and down the sides of some cupboards</p>	<p>The registered manager must arrange for a deep clean of the decontamination room.</p>	<p>Regulation 13(6)(b)(i) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Cupboards housing the compressor and pumps have been cleaned within the restrained of moving mechanical</p>	<p>L Morris</p>	<p>Complete 17/01/2024</p>

			equipment and connections. This has been brought to the attention of all staff members and deep cleaning has been checked and overseen by Practice Manager.		
We found some storage boxes placed on the top of cupboards did not have lids leaving the contents exposed to cross-contamination from aerosol dispersion generated as part of the decontamination process.	The registered manager must implement a method to prevent storage box contents being exposed to aerial contamination generated as part of the decontamination process.	Regulation 13(6)(a) & (b)(ii) & (iii) - The Private Dentistry (Wales) Regulations (2017).	All storage boxes have been replaced with lidded boxes.	L Morris	Complete 19/01/2024
We found the self-inflating oxygen bags with masks for adults appeared old and perished, and the child self-inflating bag and four clear face masks as	The registered manager must ensure the process of regular checks of the required emergency equipment are sufficiently effective to ensure equipment is always available and in date.	Regulation 31 (3)(b) - The Private Dentistry (Wales) Regulations 2017.	This equipment has been replaced and checklists have been amended to include ensuring all equipment is present, within date and not discoloured or perished.	L Morris	Complete 31/01/2024



part of emergency equipment were missing.					
We could not find evidence of adult safeguarding training for one member of staff.	The registered manager must ensure relevant up-to-date safeguarding training is completed by all staff at the practice.	Regulation 14(1)(b) - The Private Dentistry (Wales) Regulations (2017).	Safeguarding Training Certificate obtained for this staff member the day after inspection. (12/01/2024)	L Morris	Complete 12/01/2024
We noted that the X-ray grading was conducted using the outdated three-point scale.	We recommend the registered manager implements the revised two-point X-ray grading scale.	Regulation 13(8) - The Private Dentistry (Wales) Regulations (2017).	Xray Grading has now been changed to 'acceptable' and 'not acceptable.'	L Morris	Complete 17/01/2024
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).	Wrong tooth extraction checklist brought into use.	L Morris	Complete 05/02/2024
We found inconsistent recording that oral cancer screening had been carried out.	The registered manager must ensure that oral cancer screening is recorded in the patient records.	Regulation 20(1)(a)(i) - The Private Dentistry (Wales) Regulations (2017).	Some notes were recorded with the term 'Oral cancer Checks'. All team members have been encouraged to be consistent with the	L Morris	Complete 05/02/2024

			terms used and going forward to only use 'Oral Cancer Screening.'		
We found the GDC registration numbers of the current dental team were in a folder and not clearly displayed.	The registered manager must ensure the GDC numbers for all dental professionals are displayed in an area where it can be easily seen by patients.	Quality Standard - Person Centred	GDC Registrant names and numbers are displayed in the waiting area	L Morris	Complete 23/02/2024

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):** Laura Morris  
**Job role:** Registered Manager  
**Date:** 16/02/2024