

General Dental Practice Inspection Report (Announced)

Llannon Road Dental Practice, Hywel
Dda 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 Llannon Road Dental Practice, Hywel Dda University Health Board on 17 January 2024.

Our team for the inspection comprised of a HIW Senior Healthcare Inspector, 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 29 questionnaires were completed by patients or their carers, and 5 were completed by staff. 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:

We found patients were treated with dignity and respect throughout their patient journey. We saw suitable systems in place to manage appointments and utilise the time of clinicians effectively. Patients who completed the HIW questionnaire rated the practice as 'very good'. Most information was available bilingually and Welsh speaking patients all felt comfortable using the Welsh language at the setting. However, we found areas of improvement on the information available to patients.

This is what we recommend the service can improve:

- The registered manager should improve the healthcare information available to patients.

This is what the service did well:

- Patient feedback was entirely positive across all areas.

Delivery of Safe and Effective Care

Overall summary:

We found a clean and organised practice which promoted the safe and effective care of patients. Reusable clinical equipment was all in good condition, however, we did see one of the autoclave machines was rusted and unable to be effectively cleaned. We also found improvements were needed in some parts of the building to enable it to be cleaned and areas of the staff room which could be improved. Patients who responded to the HIW questionnaire felt the environment was clean and staff also stated there was an effective cleaning schedule in place.

The majority of patient records were appropriately completed but we saw instances where oral cancer screening and treatment planning options were not noted within the records. The procedures in place for the safeguarding of children and adults were robust. Radiographic treatments, including their risks and benefits, were fully explained and undertaken safely, with the consent of patients. We did find areas to improve regarding the practice emergency kit, which were resolved on the day of inspection.

This is what we recommend the service can improve:

- The registered manager must introduce a medicine stock checking process
- The registered manager must ensure daily surgery checks are completed and evidenced

- The registered manager must ensure the building is maintained to enable safe cleaning and decontamination
- The registered manager must ensure that emergency equipment is regularly checked and immediately available for use in line with the minimum requirements set out by Resuscitation Council (UK).

This is what the service did well:

- The recording and assessment of risk, along with the fire safety arrangements were all comprehensive
- The treatment pathways from dentists to therapists were suitable.

Quality of Management and Leadership

Overall summary:

We found the management structures in place helped to support the effective running of the practice. Senior staff told us they felt they had the right skills and all staff said they felt supported to undertake training. We saw staff were clinically trained to a satisfactory level but found that staff had not received Duty of Candour training. Some improvements were required in relation to recruitment checks for employees and the completion of quality improvement activities. We saw good engagement between the practice and other health service providers, which helped maintain effective working relationships to the benefit of patients.

This is what we recommend the service can improve:

- The registered manager should ensure all staff are appropriately trained in the Duty of Candour
- The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.

This is what the service did well:

- Staff were engaging and kind to patients
- All staff feedback to the HIW questionnaire was positive.

3. What we found

Quality of Patient Experience

Patient Feedback

Overall, the responses to the HIW patient questionnaire were positive. All 29 respondents rated the service as ‘very good’. Some of the comments provided by patients on the questionnaires included:

“Very caring and professional. Extremely happy with the treatment I received.”

“Very happy with everything and with all the staff which are very friendly.”

“Service and care of the highest standard.”

“Excellent service and the dentists and staff are first class.”

“Excellent at all times.”

Person Centred

Health Promotion

We saw some information was available to patients in the waiting areas regarding smoking cessation and NHS services, however, the information available to patients on maintaining good oral health was limited.

The registered manager should improve the healthcare information available to patients.

Information on the costs of NHS and private treatments were available at reception and we noted the names and General Dental Council (GDC) numbers of practitioners also on display. Externally the practice opening hours and emergency contact details were displayed bilingually. The majority of information was available bilingually, including the patient information leaflet.

All patients that responded to the HIW questionnaire confirmed staff explained their oral health to them in a manner they could understand. All patients also

stated they were given suitable aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

We observed patients being treated with dignity and respect. All staff members who responded to the HIW questionnaire stated patient privacy and dignity is always maintained. We saw the reception and waiting area were connected which limited patient privacy, but a private room was available for any sensitive discussions between reception staff and patients. The reception desk was behind glass screening to shield phone calls from being overheard and we saw the windows for clinical areas were frosted to prevent patients being seen during their treatment. We noted a confidentiality policy which outlined the steps staff should take to maintain patient privacy.

All patients responding to the HIW questionnaire told us they were treated with dignity and respect by staff. Patients also stated they were listened to and had their questions answered, with staff explaining what they were doing throughout their appointment.

Individualised care

All staff who completed the HIW questionnaire confirmed that patients were informed and involved in decisions about their care. This was supported by the patient questionnaire responses, with patients stating they were involved as much as they wanted to be in decisions about their treatment. Patients also confirmed the options, risks, benefits and costs were explained to them by staff.

All except one patient agreed they were given clear guidance on what to do in the event of an emergency and how the setting would resolve any post-treatment concerns or complaints.

Timely

Timely Care

We found a suitable appointment process in place to manage and utilise the time of practitioners appropriately. We saw patients were informed of any delays if they were required to wait longer than 15 minutes for treatment. Patients made appointments over the telephone or in person, after their appointments.

Staff told us they triaged patients over the telephone to ensure those with the most urgent needs were prioritised. We saw slots in the diary each day to accommodate any emergency appointments. Staff confirmed the practice took part in the NHS 111 service.

Staff told us the wait time between routine appointments was lengthy due to the availability of practitioners, but that a dental therapist had been recruited to reduce the workload for dentists and free up appointment space. We were told that appointments were arranged in accordance with patient availability wherever possible.

The majority of patients (24/29) who responded to the HIW patient questionnaire said they would know how to access out of hours dental care if they had an urgent dental problem. Respondents also indicated they found it 'very easy' (17/29) or 'fairly easy' (12/29) to get an appointment when they needed one. One patient said:

“Long wait for appointments sometimes.”

Equitable

Communication and Language

We saw information available to patients in both Welsh and English. Staff also explained how documents in another language or format could be made available upon request. We saw the Welsh language was promoted throughout the practice with staff seen wearing 'Iaith Gwaith' badges and heard speaking Welsh with patients and other staff members. Staff who indicated in the HIW questionnaire they were Welsh speakers (2/5) said they actively used the Welsh language in everyday conversations.

Patients whose first language was not English were offered Language Line as an option to communicate with practitioners, and family/carers could also communicate on their behalf if required.

All of the Welsh speaking patients who responded to the HIW questionnaire (13/29) agreed:

- They were actively offered the opportunity to speak Welsh during their patient journey
- They felt comfortable using the Welsh language at the setting regardless of whether they were asked about their language preference
- Healthcare information was available in their preferred language.

Rights and Equality

We found the rights and equality of patients were upheld and promoted. Patient equality and diversity was managed through a suitable and recently updated Equality and Diversity policy. The practice also upheld a robust zero tolerance approach to any form of abusive behaviour against patients and staff.

The staff we spoke to explained that reasonable adjustments were in place to ensure everyone could access services on an equal basis. These included level access into the practice and ground floor surgeries for patients with accessibility issues. Additional adjustments were also in place to support staff with any physical health conditions and we were told that they could be supported with altered work patterns or tasks if required. Staff appropriately outlined the actions they would take to accommodate any transgender patients.

Delivery of Safe and Effective Care

Safe

Risk Management

We found the practice building to be in a good condition internally and externally. The practice was set over one floor with level access, with a suitably sized waiting area and four spacious surgeries. We noted heating, lighting and ventilation to be sufficient, with telephone lines heard working appropriately. However, we found there was no signage to inform patients of the practice location, nor was there a 'reception' or 'way in' sign to indicate the entry point/reception area. This would make it difficult for a patient unfamiliar with the practice to access the service.

The registered manager must ensure clear signage is in place for patients to locate and access the practice.

We saw clean and suitably equipped toilets for staff and patients, including facilities for those with accessibility requirements. We were informed that staff used the toilets to change. We saw staff did not have access to secure lockers and their personal items were stored in an insecure staff room.

The registered manager must consider the safe storage of staff personal belongings.

In the staff room we saw the practice compressor was stored uncovered with no means of shielding staff from the noise of the machinery. We discussed this issue with staff who told us the compressor was not operated during staff lunch breaks when they would be using the staff room. However, any staff member who wished to use the room outside of their lunch break could come in to contact with a higher amount of noise at work than could be considered safe.

The registered manager must review the suitability of the compressor's location and provide HIW with assurances that staff are not being exposed to unsafe levels of noise.

The reusable dental equipment we inspected was in a good condition to enable safe and effective care. We noted single use items were used where appropriate.

We found suitable policies and procedures in place to support the health, safety and wellbeing of patients and staff, including recent risk assessments for fire safety and health and safety. A suitable business continuity and disaster recovery policy was also in place and had been recently reviewed. Fire safety and no

smoking signs were prominently displayed around the practice. On review of the fire safety equipment and information we found appropriate arrangements were in place in relation to fire safety, including regular maintenance of fire equipment and clearly displayed fire exit signs.

The practice employer liability insurance certificate and Health and Safety Executive poster were both suitably displayed.

Infection, Prevention, Control (IPC) and Decontamination

We found an appropriate and recently reviewed infection control policy in place to ensure the correct standard of infection control. We reviewed the environmental cleaning schedule which evidenced cleaning taking place frequently. We saw hand hygiene facilities were suitable throughout the practice to enable effective hand washing. However, we noted the area behind the hand washing sink in the decontamination room had paint peeling away from the wall. We also observed that the flooring in surgery 3 was damaged. Both of these issues prevented effective cleaning of these areas.

The registered manager must ensure the building is suitably maintained to enable safe cleaning and decontamination.

We saw staff changing Personal Protective Equipment (PPE) routinely and noted suitable levels of PPE stock stored on site. Occupational health services were provided through the local health board and we saw safer sharps devices in use to prevent needlestick injuries. Information on sharps injuries was outlined in a flowchart on the wall of the staff room.

All of the respondents to the HIW patient questionnaire felt the setting was 'very clean' and felt infection control measures were evident. One patient commented:

"Always impressed with the level of hygiene measures."

In the HIW staff questionnaire respondents confirmed the practice implemented an effective infection control policy, that there was an effective cleaning schedule in place and appropriate PPE is supplied and used. Staff also stated the environment allowed for effective infection control.

We saw the decontamination process involved manual and ultrasonic instrument cleaning prior to equipment sterilisation using autoclaves. We found the service records and logbooks for both autoclaves were satisfactory. We did find, however, that one of the machines was rusted on the outside and had no digital recording device due to its age. This meant manual testing took place for every cycle, which could not assure us that the sufficient amount of testing was taking place. We

could also not be assured that the hard surfaces of the autoclave could be cleaned effectively.

The registered manager must provide assurance to HIW that robust testing is being undertaken on autoclave machines and that cleaning can take place effectively.

Daily surgery checklists were available for each surgery, however, these were incomplete and unsigned. This meant we could not determine whether these checks were being completed as required.

The registered manager must ensure daily surgery checks are completed and signed by staff.

The staff we spoke with were clear about their responsibilities in relation to infection control measures. The training records we reviewed confirmed all staff had received appropriate training in IPC and the decontamination of equipment.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory, with the details collated in an appropriate COSHH folder. We saw all waste was disposed of through a suitable contract and stored in an appropriate waste bin externally. However, the rear yard of the practice where waste was stored was open to the public and the clinical waste storage bin was not appropriately secured to a wall nor stored behind a locked gate. We highlighted this as a potential safety risk to staff.

The registered manager must ensure the security of all clinical waste.

Medicines Management

We found the management of medicines to be suitable from the records we reviewed. Appropriate procedures were in place to ensure the safety of patients and we saw appropriate recording of dispensed and administered medicines within their records. The practice prescription pads were securely stored in a locked cabinet at the end of each day. We also saw medicines were stored safely and a suitable number of qualified staff to administer them. However, we did not find a means of accurately recording the stock of medicines kept and dispensed by the practice.

The registered manager must introduce a medicine stock checking process.

On review of the arrangements in place to manage a medical emergency, we found there was no resuscitation policy in place to provide clear guidance to staff. While no policy was in place, the conversations we held with staff assured us they

understood the steps to take in the event of emergency as experienced clinicians. We received assurances patient safety was supported and all staff had completed their resuscitation and, where relevant, first aid training.

The registered manager must ensure a resuscitation policy is in place to support staff in their roles.

We saw a weekly check was undertaken on emergency medicines, and the practice first aid resources. However, on inspection of the emergency equipment we found:

- The paediatric and adult self-inflating bags were out of their original packaging, meaning no expiry date was displayed
- The self-inflating bag-valve masks (BVMs) in sizes 0, 1, 2, 3 and 4 were either missing or out of their original packaging, meaning no expiry date was displayed.

Due to the potential impact on patient safety, we highlighted our concerns to staff and these issues were resolved during the inspection. The actions taken can be seen in Annex A.

The registered manager must ensure that emergency equipment is regularly checked and immediately available for use in line with the minimum requirements set out by Resuscitation Council (UK).

Safeguarding of Children and Adults

We found up to date and comprehensive arrangements and policies in place to safeguard children and adults. We saw the All Wales Safeguarding procedures formed a part of the practice policy and a 'was not brought' policy was also in place. We noted a flowchart available in the staff room to provide staff with easy access to the procedures they should follow in the event of a safeguarding concern.

We saw updates to the safeguarding procedures were made through communication with the health board and British Dental Association. We noted the safeguarding lead was named as a point of contact for all staff within the policies and procedures.

Management of Medical Devices and Equipment

We saw clinical equipment was safe, in good condition and fit for purpose. The reusable dental equipment appeared in good condition to promote safe and effective care. Satisfactory arrangements were in place for the safe handling and disinfection of dental equipment. The staff responding to the HIW questionnaire stated the facilities were appropriate for them to carry out their specific tasks and

they had received appropriate training to undertake their role. The staff training records we inspected confirmed this.

We saw the arrangements in place for the management and use of radiographic equipment were suitable. On review of the patient records regarding radiographic treatments we found a complete picture of all treatments provided. We noted consent for exposures were routinely and correctly recorded within patient notes. We also saw records of the advice given to patients on the risks and benefits of radiographic treatments. The practice allowed carers or comforters to support patients during radiographic treatments and a form was used to record their consent.

Effective

Effective Care

We found staff made a safe assessment and diagnosis of patients. Patient records evidenced treatments being provided according to clinical need and following professional, regulatory and statutory guidance.

The clinical staff we spoke to demonstrated clear understanding of their responsibilities while being aware of where to seek relevant professional advice, if necessary.

We saw appropriate use of clinical checklists such as the Local Safety Standards for Invasive Procedures (LocSSIPs).

Patient Records

We reviewed a total of 10 patient records which were held securely on a digital system. We saw all records were stored in line with the General Data Protection Regulations. We noted legacy paper documents were stored in a locked cabinet at reception. However, we did not find evidence of a records management policy in place to support staff in their roles.

The registered manager must introduce a records management policy to provide clear guidance to staff.

We saw the recording of signed medical histories and reasons for attendance were routine. This was supported by what respondents to the HIW patient questionnaire told us. We saw full base charting and soft tissue examinations were also recorded in all of the records we reviewed. However, we noted both intra oral examinations and oral cancer screening were not recorded in any of the records we reviewed. We also saw written treatment plans were not always provided to patients, when required and informed consent wasn't given in one of the records we reviewed.

Within the one relevant patient record we reviewed, we saw no evidence of smoking cessation advice given to the patient concerned.

The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines.

Efficient

Efficient

We found clinicians were delivering a suitable service for the needs of their patients in satisfactory premises. We saw the use of a robust triage procedure which utilised the slots created by cancellations to use clinicians time effectively.

Effective treatment pathways for patients between dentists and therapists were evidenced in the records we reviewed. Staff stated in response to the HIW questionnaire that there was an appropriate skills mix at the practice. Staff also told us that due to their geographical location they found it difficult to recruit permanent staff and would have more clinicians if they were able recruit them.

Quality of Management and Leadership

Staff Feedback

Five members of staff completed a HIW questionnaire and all of their responses were positive across all areas. All staff agreed their job was not detrimental to their health and the practice took positive action on health and wellbeing. All staff also agreed the care of patients is the practice's top priority and they would recommend the practice as a good place to work.

The staff we spoke to on the day of inspection were friendly and kind to each other and to patients.

Leadership

Governance and Leadership

We found clear management structures in place to support the effective running of the practice. Senior staff told us they felt that they had the skills and knowledge they needed to undertake their role. We were told some staff members were given responsibilities over certain aspects of the practice's work, such as infection control or safeguarding, while the practice owner held overall accountability.

We saw staff meetings took place regularly and we reviewed minutes which evidenced discussions on fire safety, health and safety policies and safeguarding. We found policies were reviewed on an annual basis and any updates were communicated to staff through meetings or in writing.

Workforce

Skilled and Enabled Workforce

We found suitable systems in place to ensure staff receive the correct training and their training is kept up to date. We reviewed a total of 6 of the 10 staff records available and found full compliance with all mandatory training requirements. We saw this training was appropriately monitored by the practice manager using a training matrix. We saw the practice operated a commitment to staff policy which outlined the support from management to their staff to undertake training and the staff we spoke to agreed they felt supported.

An effective rota system and annual leave recording process were in place to ensure the correct number of suitably qualified staff working at one time. The practice owner operated a suitable system to oversee the General Dental Council

registration of relevant staff. The process of induction was managed through a robust recruitment policy and procedure.

We noted an appropriate whistleblowing policy was in place and respondents to the HIW staff questionnaire all agreed their practice encourages the raising of concerns. Staff also said they would be treated fairly if they raised a concern.

All staff had a current and satisfactory appraisal on file and all staff who responded to the HIW questionnaire stated they had received an appraisal within the last 12 months.

Of the six staff records we reviewed, we saw all professional registrations were maintained appropriately. There was a suitable policy in place to ensure staff records were kept up to date and appropriate pre-employment checks had been undertaken, with the exception of reference checks. Within the records we reviewed, we found no member of staff had a reference stored on file despite this being a requirement within the practice recruitment policy. The missing records included both long-term employees and new starters.

The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.

Culture

People Engagement, Feedback and Learning

We saw an appropriate system in place for the submission and management of patient feedback. There was a patient comments box at reception and we were told that, while not undertaken recently, the practice did issue annual patient questionnaires. The practice meeting minutes evidenced patient feedback was suitably discussed and actioned. We also observed the patient noticeboard was used to communicate changes made as a result of their feedback.

We found the complaints procedure was comprehensive and in line with Putting Things Right. The procedure was prominently displayed in the waiting room for patients and included a named member of staff for complainants to contact. We saw verbal complaints were also logged at reception in a separate book. We reviewed the practice complaints folder and saw no common themes from the complaints raised by patients.

We noted a satisfactory set of arrangements in place to respond to any Duty of Candour concerns. This included a Duty of Candour policy and a copy of the NHS procedures. Staff who responded to the HIW questionnaire agreed they understood

the Duty of Candour and their role in meeting the standards. Staff also agreed they were encouraged to raise concerns when something had gone wrong and to share this with the patient. However, we did not see evidence of any Duty of Candour training completed by staff. Staff told us they had previously contacted their Health Board to request support with this training, but it had not yet been implemented.

The registered manager should ensure all staff are appropriately trained in the Duty of Candour, utilising the support of the local Health Board available to them.

Learning, Improvement and Research

Quality Improvement Activities

We found a recently updated quality improvement policy in place to support the activities undertaken by the practice. We noted audits took place on patient records and oral cancer. However, we identified issues outlined elsewhere in this report relating to patient records which should have been picked up during an audit.

The registered manager must improve the effectiveness of their audit procedures, considering the support available through Health Education and Improvement Wales (HEIW).

We saw regular peer reviews took place between clinicians. However, we did not find evidence that audits had taken place for smoking cessation nor antibiotic prescribing. Although we did note audits for antibiotic prescribing had recently commenced.

The registered manager should commence smoking cessation audits.

We also found no team development tools, such as those available through Health Education and Improvement Wales, had been used since 2016.

The registered manager must undertake team development activity, utilising the support available to them.

Whole Systems Approach

Partnership Working and Development

Staff outlined a good level of engagement with other health service providers, including the health board.

We saw an appropriate process in place to follow up on any referrals made to other service providers. Staff explained they maintained effective working relationships with other primary care services, especially with local pharmacies since the pandemic.

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 |
|---|---|---|---|
| <p>On inspection of the emergency equipment we found:</p> <p>The paediatric and adult self-inflating bags were out of their original packaging, meaning no expiry date was displayed</p> <p>The self-inflating bag-valve masks (BVMs) in sizes 0, 1, 2, 3 and 4 were either missing or out of their original packaging, meaning no expiry date was displayed.</p> | <p>In the event of a medical emergency, this posed an immediate risk to patient safety.</p> | <p>This was escalated to staff during the inspection.</p> | <p>All expired items were ordered and delivered the next working day.</p> |

Appendix B - Immediate improvement plan

Service: Llannon Road Dental Practice

Date of inspection: 17 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 further immediate improvements were identified during this inspection | | | | | |

Appendix C - Improvement plan

Service: Llannon Road Dental Practice

Date of inspection: 17 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 saw some information was available to patients in the waiting areas regarding smoking cessation and NHS care, however, the information available to patients on maintaining good oral health was limited. | The registered manager should improve the healthcare information available to patients. | Private Dentistry (Wales) Regulations Section 13 (9) | Leaflets providing information for patients on maintaining good oral health have been ordered and will be available in the waiting room. | Chris Lewis (Principal Dental Surgeon/Practice Owner) | Available by 30/04/2024. |
| We found there was no signage to inform patients of the practice location, nor was there a | The registered manager must ensure clear signage is in place for patients to | Section 22 (1) (c) | 'Reception' signage informing patients of entry to Practice has | Chris Lewis | To be completed by 30/04/2024. |

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|---|--|---------------------------|--|---|--|
| <p>'reception' or 'way in' sign to indicate the entry point/reception area. This would make it difficult for a patient unfamiliar with the practice to access the service.</p> | <p>locate and access the practice.</p> | | <p>been purchased and erected. Signage informing patients of practice location has been ordered.</p> | <p>(Principal Dental Surgeon/Practice Owner)</p> | |
| <p>We saw staff did not have access to secure lockers and their personal items were stored in an insecure staff room.</p> | <p>The registered manager must consider the safe storage of staff personal belongings.</p> | <p>Section 22 (3) (b)</p> | <p>Secure lockers for staff personal items have been ordered.</p> | <p>Chris Lewis (Principal Dental Surgeon/Practice Owner)</p> | <p>To be completed by 30/04/2024.</p> |
| <p>In the staff room we saw the practice compressor was stored uncovered with no means of shielding staff from the noise of the machinery. We discussed this issue with staff who told us the compressor was not operated during staff lunch breaks when they</p> | <p>The registered manager must review the suitability of the compressor's location and provide HIW with assurances that staff are not being exposed to unsafe levels of noise.</p> | <p>Section 22 (2) (a)</p> | <p>The room housing the compressor has been redesignated as a plant room. Feasibility of external storage for compressor is being explored. Staff encouraged to limit use of this room</p> | <p>Chris Lewis (Principal Dental Surgeon/Practice Owner)</p> | <p>Feasibility to be assessed by 30/06/2024.</p> |

| | | | | | |
|--|--|---------------------------|--|--|---------------------------------------|
| <p>would be using the staff room. However, any staff member who wished to use the room outside of their lunch break could come in to contact with a higher amount of noise at work than could be considered safe.</p> | | | <p>while compressor in use.</p> | | |
| <p>We noted the area behind the hand washing sink in the decontamination room had paint peeling away from the wall. We also observed that the flooring in surgery 3 was damaged. Both of these issues prevented effective cleaning of these areas.</p> | <p>The registered manager must ensure the building is suitably maintained to enable safe cleaning and decontamination.</p> | <p>Section 22 (2) (a)</p> | <p>Tiled splashback to be fitted behind handwashing sink in decontamination room.</p> <p>Flooring in Surgery 3 to be resealed to allow effective cleaning.</p> | <p>Chris Lewis (Principal Dental Surgeon/Practice Owner)</p> | <p>To be completed by 30/04/2024.</p> |
| <p>One of the machines was rusted on the outside and had no digital</p> | <p>The registered manager must provide assurance to HIW that robust testing is</p> | <p>Section 13 (2) (a)</p> | <p>New autoclave with digital recording</p> | <p>Chris Lewis</p> | <p>To be installed by 30/04/2024.</p> |

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| <p>recording device due to its age. This meant manual testing took place for every cycle, which could not assure us that the sufficient amount of testing was taking place. We could also not be assured that the hard surfaces of the autoclave could be cleaned effectively.</p> | <p>being undertaken on autoclave machines and that cleaning can take place effectively.</p> | | <p>device has been ordered.</p> | <p>(Principal Dental Surgeon/Practice Owner)</p> | |
| <p>Daily surgery checklists were available for each surgery, however, these were incomplete and unsigned. This meant we could not determine whether these checks were being completed as required.</p> | <p>The registered manager must ensure daily surgery checks are completed and signed by staff.</p> | <p>Section 22 (2) (a)</p> | <p>Daily surgery checklist modified to include column for staff to sign to indicate that tasks completed.</p> | <p>Chris Lewis (Principal Dental Surgeon/Practice Owner)</p> | <p>Implemented.</p> |
| <p>The rear yard of the practice where waste was stored was open to the public and the</p> | <p>The registered manager must ensure the security of all clinical waste.</p> | <p>Section 22 (2)</p> | <p>Clinical waste storage bin to be secured.</p> | <p>Chris Lewis</p> | <p>To be completed by 30/04/2024.</p> |

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| clinical waste storage bin was not appropriately secured to a wall nor stored behind a locked gate. We highlighted this as a potential safety risk to staff. | | | | (Principal Dental Surgeon/Practice Owner) | |
| We did not find a means of accurately recording the stock of medicines kept and dispensed by the practice. | The registered manager must introduce a medicine stock checking process. | Section 13 (4) | Medicines stock folder modified to include means of accurately recording available stock of medicines. | Chris Lewis (Principal Dental Surgeon/Practice Owner) | Implemented. |
| On review of the arrangements in place to manage a medical emergency, we found there was no resuscitation policy in place to provide clear guidance to staff. | The registered manager must ensure a resuscitation policy is in place to support staff in their roles. | Section 31 (1) | Practice Resuscitation Policy has been implemented and discussed with staff. | Chris Lewis (Principal Dental Surgeon/Practice Owner) | Implemented. |
| We did not find evidence of a records management policy in | The registered manager must introduce a records management policy to | Section 8 (1) (f) | Records Management Policy has been | Chris Lewis | Implemented. |

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| place to support staff in their roles. | provide clear guidance to staff. | | implemented and discussed with staff | (Principal Dental Surgeon/Practice Owner) | |
| We noted both intra oral examinations and oral cancer screening were not recorded in any of the records we reviewed. We also saw written treatment plans were not always provided to patients, when required and informed consent wasn't given in one of the records we reviewed. Within the one relevant patient record we reviewed, we saw no evidence of smoking cessation advice given to the patient concerned. | The registered manager must ensure complete patient records are kept at all times in line with GDC requirements and Faculty of General Dental Practice UK guidelines. | Section 20 (1) | <p>Practice protocol for recording intra oral and oral cancer screening implemented.</p> <p>Practice protocol for providing written treatment plans and recording informed consent implemented.</p> <p>Practice protocol for providing smoking cessation advice implemented.</p> | Chris Lewis (Principal Dental Surgeon/Practice Owner) | Implemented. |

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| <p>Within the records we reviewed, we found no member of staff had a reference stored on file despite this being a requirement within the practice recruitment policy. The missing records included both long-term employees and new starters.</p> | <p>The registered manager must provide evidence of suitable reference checks or assurance to HIW of the risk mitigation in place relating to missing pre-employment check records.</p> | <p>Section 18</p> | <p>References have been sought for 2 “new-starters”.</p> <p>Remaining long-term employees have been employed at the practice for over 8years. As Practice owners/employers we can attest to their good character.</p> | <p>Chris Lewis (Principal Dental Surgeon/Practice Owner)</p> | <p>To be completed by 30/04/2024.</p> |
| <p>We did not see evidence of any Duty of Candour training completed by staff. Staff told us they had previously contacted their Health Boarding to request support with this training, but it had not yet been implemented.</p> | <p>The registered manager should ensure all staff are appropriately trained in the Duty of Candour, utilising the support of the local Health Board available to them.</p> | <p>Section 17 (3)</p> | <p>Local Health Board to be contacted requesting support to provide Duty of Candour training.</p> | <p>Chris Lewis (Principal Dental Surgeon/Practice Owner)</p> | <p>Request to Local Health Board for support has been submitted.</p> |
| <p>We noted audits took place on patient records and oral cancer. However, we identified</p> | <p>The registered manager must improve the effectiveness of their audit procedures, considering the</p> | <p>Section 16 (1)</p> | <p>Re-audit on patient records and oral</p> | <p>Chris Lewis</p> | <p>To be completed by 30/06/2024.</p> |

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| issues outlined elsewhere in this report relating to patient records which should have been picked up during an audit. | support available through Health Education and Improvement Wales (HEIW). | | cancer to be completed. | (Principal Dental Surgeon/Practice Owner) | |
| We did not find evidence that audits had taken place for smoking cessation nor antibiotic prescribing. Although we did note audits for antibiotic prescribing had recently commenced. | The registered manager should commence smoking cessation audits. | Section 16 (1) | Antibiotic prescribing audit has been completed and is in the process of being submitted. Smoking Cessation audit planned once antibiotic prescribing audit has been submitted. | Chris Lewis (Principal Dental Surgeon/Practice Owner) | Both audits to be completed and submitted by 30/06/2024. |
| We found no team development tools, such as those available through Health Education and Improvement Wales, had been used since 2016. | The registered manager must undertake team development activity, utilising the support available to them. | Section 16 (1) | Practice has submitted request to complete MMD development tool. | Chris Lewis (Principal Dental Surgeon/Practice Owner) | To be completed by 30/06/2024. |

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): Chris Lewis

Job role: Principal Dental Surgeon/Practice Owner/Registered Manager

Date: 09/03/3024