

# General Dental Practice Inspection Report (Announced)

Broadlands Dental Surgery,  
Broadlands, Bridgend

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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 Broadlands Dental Surgery, Broadlands, Bridgend on 24 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.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

Patients provided 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 saw that staff were polite with patients face to face and on the telephone.

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 throughout the practice and patients said they were given enough information to understand the treatment options available along with their risks and benefits.

This is what the service did well:

- All 39 respondents rated the service as 'very good'
- Good patient information available covering oral healthcare
- Clean and comfortable patient waiting areas with information display screens.

### Delivery of Safe and Effective Care

Overall summary:

We saw the dental practice was clean and tidy and decorated to a good standard. Recent remedial work for subsidence has left some internal walls requiring repairs to the plaster.

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

We found good compliance with fire safety precautions overall, although some staff members had not completed fire safety awareness training within the last 12 months. This was rectified shortly following the inspection.

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

Immediate assurances:

- We found the digital recording on one autoclave was not working correctly
- Emergency drugs not available in the correct dosages for patients of all ages
- Some emergency equipment was out of date or missing.

This is what we recommend the service can improve:

- Private occupational health to be made available for staff members
- The radiation protection file is to fully reflect the policy of the practice
- Recommended checklists to be used to prevent wrong tooth extractions.

This is what the service did well:

- Consistent layout to surgeries throughout the practice
- Clean well organised drawers with instruments packed and dated
- Clean decontamination room with good workflow
- Safeguarding notice area making all necessary information easily accessible.

## 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 an induction process in place with checklists which included supervision with a competent dental nurse. We found compliance with staff training and professional obligations was very good.

We saw evidence of a suitable complaints process in accordance with the practice policy although dates were missing against some entries.

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:

- We recommend the practice implements a register of policies
- The practice is to prepare and implement a quality improvement policy
- Antibiotic prescribing audit and an up-to-date smoking cessation audit to be carried out.

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
- Positive reaction to resolve issues raised on day of inspection.



## 3. What we found

### Quality of Patient Experience

#### Patient Feedback

Overall, the responses to the HIW questionnaire were positive. All 39 respondents rated the service as ‘very good.’

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

*“Lovely Dental practice.”*

*“Feel sad that the practice has had to go private after struggling with the broken NHS model for so many years. It’s a brilliant practice and we travel one and a half hours each way to get treatment.”*

*“Excellent practice. Been attending for nearly 20 years since it first opened.”*

#### 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 patient information available throughout the practice, including oral cancer and smoking cessation guidance. The practice has digital screens within waiting areas to provide additional information which runs on a continual loop. However, we found that information about charges and the complaints process were not on display in a place where they could be easily seen by patients. We raised this with the practice manager who rectified it during the inspection.

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. Most respondents also agreed that staff had provided them with aftercare instructions on how to maintain good oral health.

We saw ‘no smoking’ signage on display in accordance with current legislation.

The names of the dentist working at the practice were clearly displayed. However, the details of the other dental care professionals and all GDC registration numbers were missing. We raised this omission with the practice manager who rectified the issue during the inspection.

### **Dignified and Respectful Care**

During the inspection we found staff were kind and respectful when dealing with patients.

We saw surgery doors were closed when dentists were seeing patients, promoting patient privacy and dignity. We saw blinds on windows in the surgeries for additional privacy.

All respondents who answered the question (38/39) felt they were treated with dignity and respect at the practice.

The reception desk was adjoined to the ground floor patient waiting room. A second waiting area was located upstairs outside the first-floor surgeries. Reception staff were mindful of the need to maintain patient confidentiality when dealing with patients, including conversations over the phone. We were told an unused surgery would be used for confidential or sensitive discussions, and private phone calls would be transferred to the office also located on the first floor.

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

### **Individualised care**

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

All respondents who answered the question (37/39) told us they had been involved as much as they had wanted to be in decisions about their treatment.

Most respondents agreed that the cost of care was made clear to them before treatment, while all who answered the questions (36/39) said that staff had explained what they were doing throughout the appointment and answered their questions.

Some comments we received about patient care are as follows:

*“Great manner, friendly. Expertise 1st class made me feel relaxed, feel so much more confident in any future treatments.”*

*“Polite and accommodating reception. Professional informative, helpful and cheerful dentist who completed my treatment from start to finish. I was very at ease and comfortable at all times.”*

## Timely

### Timely Care

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

The practice currently arranges appointments by telephone or in person. We were told that blank slots were programmed into each dentist’s appointment schedule to allow for emergency dental care. We were told that the practice uses a triage system to prioritise patients and make every effort to treat urgent cases on the same day.

We were told patients generally wait about one or two weeks between each treatment appointment depending on the urgency and dentist availability.

We were told the practice utilised early appointment slots for school children and opened every other Saturday morning to help ensure patients can access treatment at a time suitable to them.

The practice’s opening hours were prominently displayed and could be seen from outside the premises. The contact telephone number for patients to use should they require urgent dental care and treatment out of hours was also clearly visible.

All respondents who completed a HIW patient questionnaire said it was ‘very easy’ or ‘fairly easy’ to get an appointment when they needed one. Most respondents felt they received adequate guidance on what to do and who to contact in the event of an infection or emergency, however two respondents disagreed.

## Equitable

### Rights and Equality

We found dental care and treatment was provided at the practice in a way that recognised the needs and rights of patients. We saw the practice had up-to-date equality and diversity, and harassment and bullying policies in place and that staff had completed relevant training on these topics.

Most respondents (37/39) who completed a HIW patient questionnaire told us they had not faced discrimination when accessing services provided by the practice. Two respondents skipped this question.

We saw there was level access into the practice from street level with three surgeries and an accessible toilet on the ground floor to provide patients with mobility issues access to treatment.

Most respondents (36/39) who completed a HIW patient questionnaire told us they considered the building accessible while one respondent felt it was only partially accessible. Two respondents skipped the question.

# Delivery of Safe and Effective Care

## Safe

### Risk Management

We saw the dental practice had well lit, air-conditioned treatment rooms located on both the ground and first floor. Internally, the environment was generally well decorated and furnished to a good standard, although in some rooms we saw evidence of recent remedial work in relation to a building subsidence issue. We were told that the practice was in discussions with the landlord regarding redecorating the affected walls in these rooms. However, we found there was no buildings maintenance policy in place. We discussed this with the registered manager who made a buildings maintenance policy on the day of the inspection.

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 an emergency event. Contact details for the designated emergency response team and a list of emergency contact numbers were displayed on the office notice board. We saw that the practice had a mutual aid agreement with a nearby practice as part of the contingency measures.

Patient areas were uncluttered and free from hazards. We saw there were facilities for staff to change in privacy.

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 weekly checks of fire safety equipment and regular fire drills were being conducted and recorded. We found fire exits were clear of obstructions and evacuation signage was displayed throughout the premises. We were told the practice had a non-contractual fire equipment maintenance arrangement with a local fire safety provider and noted that all fire extinguishers had been serviced within the last year.

We found all staff had completed fire safety training within the last two years as advised by their fire safety provider, and that only a few staff members had completed this training within the last 12 months. We advised that HIW recommends practices ensure all staff have annual fire safety awareness training. This training was allocated to all staff, and we received confirmation it had been completed by all shortly following the inspection.

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

### **Infection Prevention and Control (IPC) and Decontamination**

We saw up-to-date policies and procedures were in place in relation to infection prevention and control and decontamination. 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 furnished to promote effective cleaning. Suitable handwashing and drying facilities were available in each surgery and in the toilets. Hand sanitiser was also readily available for both staff and patients to use. Personal protective equipment (PPE) was readily available for staff. We saw the practice was currently using the NHS occupational health service for support in the event of sharps injuries. However, as the practice had changed to a private practice only, it is recommended to have private occupational health in place for staff members.

**We recommend the registered manager arranges to have a private occupational health service in place for staff members.**

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 the decontamination room door was not fitted with an automatic spring closure fitting resulting in the door remaining open at various times during our inspection.

**The registered manager must ensure the decontamination room door remains closed and provide HIW with details of how this is achieved.**

Arrangements were described and demonstrated for cleaning and decontamination of reusable dental instruments. We saw logbooks had been completed to show appropriate checks of the decontamination equipment had been performed. We found that there were two autoclaves in use and that both had been serviced recently. However, we found the digital recording on one autoclave was not working correctly. The registered manager stated that this had already been recognised and was in the process of being resolved.

Our concern regarding this was dealt with during the inspection. Further information on the issues we identified, and the actions taken by the service, are provided in [Appendix A](#).

We found that the practice was currently using an infection control self-assessment audit, in line with guidelines in England. There was no infection

prevention and control (IPC) audit in line with Welsh Technical Health Memorandum (WHTM) 01-05 available for the last year.

**We recommend the registered manager conducts an infection prevention and control audit in line with WHTM 01-05.**

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

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

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

### **Medicines Management**

We saw a policy was in place for the management of medicines at the practice. However, the policy still contained references to the NHS even though the practice now provides treatment for private patients only. We raised this with the practice manager who rectified it during the inspection.

We found that medicines were being handled safely, stored securely and 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 were told adverse incidents involving medicines would be reported by staff at the practice using the Yellow Card scheme.

We saw an up-to-date written policy was in place for responding to a medical emergency at the practice. We were told this could be made available to patients on request.

We inspected equipment and medicines for use in the event of an emergency at the practice. A system was in place for checking stocks and identifying when medicines need to be replaced. We also saw records of checks having been completed, and confirmed all medicines were within their expiry date. Whilst Midazolam as part of the emergency drugs were available, we found that it was not available in the correct dosages for patients of all ages. We also found some self-inflating bags, airways and clear face masks as part of emergency equipment were out of date or missing. We raised these matters with the registered manager at the time, who ordered the replacements at the time of the inspection.

Our concerns regarding both matters were dealt with under our non-compliance notice process. 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 medicines and equipment are always available and in date.**

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 and relevant contact details for local safeguarding teams were available for staff in the event of a concern. We saw the practice had a dedicated safeguarding wall space in the office which included an action flow chart and contact list for local safeguarding teams which meant staff had access to help and advice, should they have a safeguarding concern.

We saw all staff were appropriately trained and knowledgeable about safeguarding and senior staff had downloaded the All-Wales safeguarding app on their phones to ensure they had up-to-date guidance. The practice had a safeguarding lead in place.

### **Management of Medical Devices and Equipment**

We saw the dental surgeries had suitable equipment to provide dental care and treatment. Equipment we saw was visibly clean and in good condition.

We saw documentation, including radiation risk assessment were in place for the safe use of the X-ray equipment. However, we found some parts of the radiation protection file were incomplete, including procedures for carers and comforting patients.

**The registered manager must ensure the radiation protection file is completed to fully reflect the policy of the practice.**

We saw documentation showing the equipment had been subject to the required maintenance. However, the latest 3-yearly routine testing reports for four X-ray machines were not available due to a missed expiry date in October 2023. Whilst the tests themselves had been completed, a backlog with the UK Health Security Agency has resulted in the report being delayed. The completed reports were received and forwarded to HIW shortly after the inspection.



**The registered manager must put in place a suitable system to ensure routine X-ray equipment tests are conducted in good time to prevent test reports becoming out of date in the future.**

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

We were advised that patients were given verbal advice regarding the risks and benefits of X-rays. We found clinical evaluations and justifications for each X-ray exposure were noted in patient records. We were advised that carers were not allowed to be in the treatment room when x-rays were taken.

## **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 were told the practice did not use recommended checklists to help minimise the risk of wrong tooth extraction.

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

### **Patient Records**

We reviewed the dental care records of ten patients. We saw a suitable system was in place to help ensure records were safely managed and stored securely. We were told records were retained for the appropriate period in line with the Private Dentistry (Wales) Regulations 2017.

All the records we reviewed had suitable patient identifiers, such as the name and date of birth of the patient. The reason for attending and the symptoms described by the patients had also been recorded. However, we found the initial medical history had not been signed and dated by the patient.

We also noted that treatment plans were not always recorded when needed, that consent had not been recorded at each visit and that smoking cessation had not been recorded as provided where required.

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

# Quality of Management and Leadership

## Leadership

### Governance and Leadership

The practice is owned and operated by the principal dentist with a practice manager in post and responsible for the day-to-day management of the service. Clear lines of reporting were described.

Suitable arrangements were described for sharing relevant information with the practice staff team including emails, face-to-face discussion, and scheduled staff meetings. We saw minutes of meetings were taken and provided to staff who were absent to ensure they remain up to date with work related matters.

We confirmed a range of written policies were readily available to staff to support them in their roles. The sample of policies we saw showed they had been subject to review within the last 12 months. However, staff signatures confirming they had read and understood the policies were on a separate document, which did not indicate which signature related to which policy.

**We recommend the registered manager implements a register of policies which enables staff to sign to confirm they have read and understood each individual policy.**

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 principal dentist and practice manager, the practice team consisted of five associate dentists, a hygienist/therapist, eight dental nurses, and receptionists. We were told compliance with GDC registration requirements was monitored by the practice manager.

We were told the number and skill mix of staff were appropriate to deliver the dental services provided. We were told agency nurses were used occasionally and that their professional qualification and mandatory training was screened prior to being allocated to ensure agency staff are suitably qualified and fit to work in the

practice. We were told that whilst temporary nurses were used, the patient always remained with their usual dentist to ensure continuity of care.

A practice whistleblowing policy was available for staff to guide them should the need arise. On the day of our visit, we found the practice manager and registered manager to be open and approachable to their 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 all staff had a valid Disclosure and Barring Service (DBS) certificate and (where required) evidence of indemnity insurance, evidence of current registration with the General Dental Council (GDC) and evidence of immunisations.

We were told there was an induction process in place for new staff to the practice, which included supervision with a competent dental nurse. This helped ensure new staff were aware of the practice's policies, staff handbook, fire procedures and that they understood their roles and responsibilities. We were told there was a six-month probation period with a review after three months to discuss progress.

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 including the practice Facebook and Instagram pages, Google reviews and six-monthly patient questionnaires. However, we found there was no suggestions box available to provide a simple way to give anonymous feedback.

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

We were told that feedback is monitored and assessed, prior to discussion at team meetings. We found the practice had instigated several improvements as a result, including the addition of extra phone lines, free check-ups for the children of private patients and a television in the upstairs waiting area. The practice may wish to consider installing a method to inform patients of changes made as a result of feedback received, such as a 'You said, we did' display or similar.

We saw an up-to-date written complaints procedure was in place for managing complaints about dental care provided at the practice. This was on display in the waiting areas and included the details of the complaints manager and stated the expected response timescale. Details of other organisations that patients could approach for help and support were also included.

Most respondents who completed a HIW patient questionnaire agreed they had been given information on how the practice would resolve any concerns or complaints post-treatment, whilst one respondent disagreed.

We saw complaints were captured using a patient complaint record which were retained in a complaints file. We saw the complaints process was documented throughout although some entries were not dated.

**The registered manager must ensure all relevant dates are recorded throughout the complaints process to ensure a timely resolution in line with practice policy.**

## **Learning, Improvement and Research**

### **Quality Improvement Activities**

We inspected the practices arrangements for assessing and monitoring the quality of service provided. We were told the practice had conducted Quality Assurance Self-assessments (QAS) on behalf of the health board previously but did not have a policy or process in place governing quality improvement activities since becoming a private practice.

**We recommend the registered manager prepares and implements a quality improvement policy.**

We were provided with examples of audits which were conducted as part of the practice's quality improvement activity. These included clinical waste, infection prevention and control and patient records audits. However, we were told the practice had not completed a smoking cessation audit for many years and did not have a copy of this available. Additionally, we found that an antibiotic prescribing audit had not been carried out.

**We recommend the registered manager conducts both an antibiotic prescribing audit and an up-to-date smoking cessation audit and provide HIW with evidence of them being completed.**

## 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 the digital recording on one autoclave was not working correctly.	We were unable to check the equipment was performing the decontamination process correctly.	We raised this immediately with senior staff.	Practice already in process of resolving issue.
Whilst Midazolam as part of the emergency drugs were available, we found that it was not available in the correct dosages for patients of all ages.	We could not be assured the correct dosage could be used effectively in event of an emergency.	We raised this immediately with senior staff.	Replacements ordered by registered manager.
We also found some self-inflating bags, airways and clear face masks	We could not be assured that they could be available or used	We raised this immediately with senior staff.	Replacements ordered by registered manager.

as part of emergency equipment were out of date or missing.	effectively in event of an emergency.		
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## Appendix B - Immediate improvement plan

**Service:** Broadlands Dental Surgery

**Date of inspection:** 24 January 2024

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

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

## Appendix C - Improvement plan

**Service:** Broadlands Dental Surgery

**Date of inspection:** 24 January 2024

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
We found the practice did not have private occupational health provision in place for staff.	We recommend the registered manager arranges to have a private occupational health service in place for staff members.	Regulation 8(1)(e) - The Private Dentistry (Wales) Regulations 2017.	Ongoing search for a suitable company as ones contacted cannot provide vaccinations/blood tests, just physio. All current vaccinations for staff now carried out privately by GMPs	Anna Broughton	Hopefully by end of March
We found the decontamination room door was not fitted with an automatic spring closure fitting resulting in	The registered manager must ensure the decontamination room door remains closed and provide HIW with details of how this is achieved.	Regulation 22(2)(b) - The Private Dentistry (Wales) Regulations 2017.	Spring fitted	Jacqueline Jones	completed

the door remaining open during our inspection.					
We found there was no infection prevention and control (IPC) audit in line with Welsh Technical Health Memorandum (WHTM) 01-05 available for the last year.	We recommend the registered manager conducts an infection prevention and control audit in line with WHTM 01-05.	Regulation 13(6)(a) - The Private Dentistry (Wales) Regulations 2017.	Audit scheduled	Jacqueline Jones	By end of March 2024
We found Midazolam as part of the emergency was not available in the correct dosages for patients of all ages and that some self-inflating bags, airways and clear face masks as part of emergency equipment were out of date or missing	The registered manager must ensure the process of regular checks of the required emergency equipment are sufficiently effective to ensure medicines and equipment are always available and in date.	Regulation 13(4)(a) & 31(3)(b) - The Private Dentistry (Wales) Regulations 2017.	Multiple dose syringes obtained of Midazolam  All out of date emergency equipment replaced and now forms part of weekly check to ensure items are replaced as soon as required in the future.	Anna Broughton	complete
We found some parts of the radiation protection file were incomplete, including procedures for	The registered manager must ensure the radiation protection file is completed	Regulation 6 & Schedule 2 - The Ionising Radiation	File to be completed with nurse in training for radiation supervisor	Anna Broughton  Emma Griffiths	By end of March 2024

carers and comforting patients.	to fully reflect the policy of the practice.	(Medical Exposure) Regulations 2017	role with NEBDN- as training exercise		
We found the latest 3-yearly routine testing report for four X-ray machines were not available.	The registered manager must put in place a suitable system to ensure routine X-ray equipment tests are conducted in good time to prevent test reports becoming out of date in the future.	Regulation 15(3)(b) - The Ionising Radiation (Medical Exposure) Regulations 2017  Regulation 8(1)(d) - The Private Dentistry (Wales) Regulations 2017.	All reports returned shortly after inspection and copies sent to HIW.  Note on wall chart when needed in future to avoid delay next time ( we were contacted late by NRPB which they apologised for)	Anna Broughton	Complete
We found the practice did not use recommended checklists to minimise the risk of wrong tooth extraction.	The registered manager must ensure recommended checklists are used to prevent wrong tooth extractions.	Regulation 13(1)(a) & (b) - The Private Dentistry (Wales) Regulations 2017.	Checklists laminated in each surgery - filled in and scanned onto each patient when tooth extracted	Anna Broughton	Complete
We found the initial medical history had not been signed and dated by the patient, treatment plans were not always recorded when needed,	The registered persons are required to provide HIW with details of the action taken to address our findings in relation to the completeness of patient records.	Regulation (20)(1)(a) - The Private Dentistry (Wales) Regulations 2017.	Paper medical histories now filled in and signed by patients and scanned on. All dentists now getting estimates signed for all	All dentists led by Anna Broughton	Complete

consent had not been recorded at each visit and smoking cessation had not been recorded as provided where required.			courses of treatment and consent recorded in notes at each appointment. Smoking cessation now given and recorded.		
We found written policies available to staff to support them in their roles. However, staff signatures confirming they had read and understood the policies were on a separate document, which did not indicate which signature related to which policy.	We recommend the registered manager implements a register of policies which enables staff to sign to confirm they have read and understood each individual policy.	Quality Standard - Leadership  Regulation 8 - The Private Dentistry (Wales) Regulations 2017.	Index of policies added to front of file to tie in with the signatures	Anna Broughton	Complete
We found there was no suggestions box available to provide a simple way to give anonymous feedback.	We recommend the registered manager installs a suggestions box to enable patients to leave anonymised feedback at the practice.	Regulation 16(2)(c) - The Private Dentistry (Wales) Regulations 2017.	Suggestion box in waiting area	Jacqueline Jones	Complete

<p>We saw the complaints process was documented throughout although some entries were not dated.</p>	<p>The registered manager must ensure all relevant dates are recorded throughout the complaints process to ensure a timely resolution in line with practice policy.</p>	<p>Regulation 21(5) - The Private Dentistry (Wales) Regulations 2017.</p>	<p>All complaints fully documented and dated in future</p>	<p>Anna Broughton</p>	<p>Complete</p>
<p>We were told the practice did not have a policy or process in place governing quality improvement activities since becoming a private practice.</p>	<p>We recommend the registered manager prepares and implements a quality improvement policy.</p>	<p>Regulation 16 - The Private Dentistry (Wales) Regulations 2017.</p>	<p>Signed up to Denplan Excel which involves regular practice inspections and monitoring of compliance.</p>	<p>Anna Broughton</p>	<p>Ongoing over next 6 months</p>
<p>We were told the practice had not completed a smoking cessation audit for many years and that an antibiotic prescribing audit had not been carried out.</p>	<p>We recommend the registered manager conducts both an antibiotic prescribing audit and an up-to-date smoking cessation audit and provide HIW with evidence of them being completed.</p>	<p>Regulation 8(n) &amp; 16(d)(ii) - The Private Dentistry</p>	<p>Arranged both audits and smoking cessation leaflets ordered and received ready</p>	<p>Anna Broughton</p>	<p>By end of June- new dentist starting May so start then so she is included</p>

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): Anna Broughton**

**Job role: Practice Owner**

**Date: 13/3/2024**