Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

General Dental Practice Inspection Report (Announced)

Haven Dental practice, Hywel Dda University Health Board

Inspection date: 30 January 2024

Publication date: 30 April 2024

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83577-916-3

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.
We are:

- Independent – we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.

Contents

1. What we did

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 Haven Dental Practice, Hywel Dda University Health Board on 30 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 38 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:
We found patients were treated with dignity and respect by professional staff throughout their patient journey. Feedback on the services being provided to patients was all positive and we saw patients were given assistance with any reasonable adjustments to their care. Patients confirmed they found it easy to find an appointment when they needed one and we saw robust processes in place to support the effective use of clinician's time. We found areas to improve on the information being provided to patients, however, most mandatory information was displayed to patients.

This is what we recommend the service can improve:

- The registered manager should improve the information available to patients regarding out of hours dental care
- The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.

This is what the service did well:

- Good arrangements to ensure patients are provided with timely care
- Reasonable adjustments were routinely put in place for patients with specific needs.

Delivery of Safe and Effective Care

Overall summary:
We found the exterior of the practice building was well maintained, with accessible surgeries and dental equipment that was in good condition. However, we found some improvements in the decontamination room and the cleanliness of furniture in both clinical and non-clinical spaces. We saw suitable risk assessments in place for the health and safety of patients and staff, including a safe assessment of the risk of fire. Patients responding to the HIW questionnaire said the practice was clean.

The majority of patient records were appropriately completed but we saw instances where oral cancer screening and treatment planning options were not noted within patient records. We found improvements to the emergency equipment available. Radiographic treatments were managed appropriately and safely in line with current guidance.

This is what we recommend the service can improve:

- The registered manager must ensure the building and equipment is maintained to enable safe cleaning and decontamination
- The registered manager must ensure the practice is kept clean at all times
- The registered manager must provide equipment which promotes the safe handling of needles in all surgeries.

This is what the service did well:

- Treatment pathways between dentists through to hygienists and therapists was satisfactory
- Fire safety information and checks were robust.

Quality of Management and Leadership

Overall summary:
We found clear structures in place to support the effective management and running of the practice. We spoke with friendly, engaging and polite staff who were appropriately trained and felt supported in their roles. We saw robust arrangements in support of staff learning and development, as well as the induction and supervision of new starters. We found areas to improve around the feedback to patients and quality improvement processes. However, we saw broadly supportive processes to enable the smooth running of the practice for the benefit of patients.

This is what we recommend the service can improve:

- The registered manager should implement a suitable system to explain to patients the action taken in response to feedback
- The registered manager must have a quality improvement policy in place
- The registered manager must ensure audits for smoking cessation, WHTM 01-05 and CAPRO antibiotic prescribing take place.

This is what the service did well:

- Compliance with all mandatory training and professional obligations was good
- Staff were friendly, approachable and polite.

3. What we found

Quality of Patient Experience

Patient Feedback

HIW issued a questionnaire to obtain patient views on the care provided at Haven Dental Practice prior to the inspection in January 2024. In total, we received 38 responses from patients at this setting. Some questions were skipped by some respondents, meaning not all questions had 38 responses. Overall, the responses were positive with all respondents rating the service as either 'very good' (31/38) or 'good' (7/38).

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

> *"Practice is immaculate, staff are lovely."*
>
> *"All staff are so lovely and helpful."*
>
> *"I feel the dental practitioners are respectful, courteous and show empathy and understanding of nervous patients. Each visit instils more confidence in the procedures."*

Person Centred

Health Promotion
We saw suitable information available to patients regarding the service within the patient information leaflet. Information on various oral health matters such as sepsis, cold sores and dentures were also available for patients in waiting areas. We observed the fees for NHS and private services were clearly displayed alongside the names and General Dental Council (GDC) of practitioners. We saw the opening hours and emergency contact details displayed on the front door.

All respondents to the HIW patient questionnaire, except one, stated their oral health was explained to them in a manner they could understand. All patients agreed they were given clear aftercare instructions on how to maintain good oral health.

Dignified and Respectful Care

We observed patients being treated with dignity and respect throughout our inspection. We saw all areas of the practice were designed to provide patients with suitable levels of privacy and confidentiality. This included frosted glass in surgeries and a separate reception area to patient waiting areas, preventing conversations or phone calls being overheard.

We noted the GDC codes of ethics on display in the waiting areas.

All of the patients who completed the HIW questionnaire stated they were treated with dignity and respect by staff.

Individualised care

Patients responding to the HIW questionnaire all stated they were involved as much as they wanted to be in the decision about their treatment. All patients also stated they were given enough information to understand which treatment options were available. All except one of the patients also stated they were given enough information on the risks and benefits of the options available.

Most patients (36/38) agreed they were given clear guidance on what to do in the event of an emergency and how any post-treatment concerns would be resolved.

Timely

Timely Care

We found appropriate systems in place to ensure patients received timely care. Delays to appointments were managed by reception following consultation with clinical staff and communicated to patients in a timely manner. Patients were given the option to arrange an appointment on a different date should any delay last longer than 20 minutes. Staff told us that on average patients usually wait two weeks for routine treatments.

Emergency appointments were overseen by reception through a process of telephone triage. We saw emergency slots throughout the daily schedule, including time allocated for NHS 111 emergency access sessions. We were told no patient would wait longer than 24 hours to see a practitioner.

All patients noted they would find it ‘very easy’ (25/38) or ‘fairly easy’ (13/38) to find an appointment when they needed one. However, nearly a quarter (9/38) stated they would not know how to access out of hours dental services if they had an urgent dental problem.

The registered manager should improve the information available to patients regarding out of hours dental care.

Equitable

Communication and Language
Patient information was readily available to patients in English, but we found limited information available for patients in Welsh. We saw signs in the practice which were in English only, and there was limited information at the reception desk to encourage patients to communicate in a language of their choice. We saw staff did not wear 'Iaith Gwaith' badges, with staff explaining this was because there were no fluent Welsh speakers at the practice.

During our discussions with staff, they demonstrated an understanding of the 'Active Offer' and the requirement to provide a bilingual service for patients. However, staff explained they had struggled to obtain assistance from the health board for Welsh language training and implementation of the 'Active Offer'.

The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.

Staff told us they could access translation tools to communicate with patients whose first language was not English. Staff confirmed that patient information could be provided in the preferred language of patients upon request.

Rights and Equality
We found the rights and equality of patients and staff to be actively supported and upheld. The recently reviewed equality and diversity policy outlined an appropriate approach to supporting patients and staff. The bullying and harassment policy aimed to prevent the harassment of staff, and a zero-tolerance to harassment procedure complemented this for patients.

We saw a suitable means to support patients and staff with any reasonable adjustments. We heard examples where patients were given the choice on the room to be treated in if they had particular mobility needs. Transgender patients were appropriately supported in upholding their equality rights.

Delivery of Safe and Effective Care

Safe

Risk Management
We found the premises to be in a good state of repair externally, while the size and layout were also suitable. Six surgeries were set over two floors with patient waiting areas throughout the practice. Downstairs surgeries were approached by level access from the entry door. We found satisfactory heating, lighting and signage in place for the whole practice. We saw and heard working telephone lines and noted staff lockers available on the top floor.

We found the conditions in the clinical and non-clinical spaces to be broadly clean and tidy, however, we did find areas the practice should improve:

- Cupboards in the decontamination room were old and appeared water damaged. Pieces of the interior wood were exposed and could not be cleaned effectively
- Cupboard doors had come away from their hinges and drawer fronts had come away from their housing in the decontamination room
- Carpets and material chairs in non-clinical spaces were stained
- A stained material chair was found within a surgery which we instructed staff to relocate.

The registered manager must ensure the building and equipment is maintained to enable effective cleaning and decontamination.

We noted the door to the decontamination room was propped open. We noted the temperature in the decontamination room was hot and staff explained it was routinely hot for them working in this area, which was why the door was left open. There was a window in the room, but this was not being used at the time of the inspection.

The registered manager should ensure the environment is at a suitable temperature for staff to work in, while not keeping decontamination room doors open.

Dental equipment and re-usable items were functional and in sufficient numbers to enable decontamination between uses. However, we found re-usable aspiration tips were being used where it is now recommended these are single-use items as re-usable tips cannot be effectively cleaned.

The registered manager must provide single-use items to clinicians where necessary.

We found needle holders were present in surgeries, however, we did not find equipment to safely manage needles in surgery five. A needlestick risk assessment outlined the requirement to have equipment in place to manage the risks of needlestick injuries.

The registered manager must provide equipment which promotes the safe handling of needles in all surgeries.

We saw a suitable risk assessment in place for the health and safety of patients and staff. This was supported by a risk management policy which was recently dated and scheduled for review at a suitable interval. We noted an appropriate business continuity plan, but we did not see a building maintenance policy on the day of inspection. Immediately following this inspection, a copy of an appropriate building maintenance policy was provided to HIW.

We noted the practice employer liability insurance certificate and Health and Safety Executive poster on display.

Fire safety and no smoking signs were prominently displayed around the practice. On review of the fire safety equipment, risk assessments and information available we found appropriate arrangements were in place in relation to fire safety, including regular maintenance and checks of fire equipment.

Infection, Prevention, Control (IPC) and Decontamination
We found a suitable IPC policy in place to ensure high standards of infection control. Cleaning schedules and frequent hand hygiene supported the effective process of IPC. Cleaning appeared robust throughout from the records we reviewed, however, we found visible dust and dirt on shelves above the 'clean' area inside cupboards of the decontamination room used to store old equipment. Immediately following the inspection, photographic evidence was provided this area had been cleaned.

The registered manager must ensure all areas of the practice are kept clean at all times.

Re-usable items for oral use such as X-ray holders, matrix band holders and dycal applicators were stored uncovered in disorganised surgery drawers. This meant non-sterile equipment was coming in to contact with equipment for use within the mouths of patients. Immediately following the inspection, HIW were provided with evidence of suitable covers and packaging for intra-oral items stored within

drawers. This evidence also showed newly organised drawers to prevent cross-contamination and cleaned shelving within the decontamination room.

The registered manager must ensure instruments for intra oral use are stored appropriately.

Patients who responded to the HIW questionnaire stated the practice was 'fairly clean' (7/38) or 'very clean' (31/38). Patients also stated infection prevention and control measures were being followed (34/38), with 4 patients stating they were sometimes or that they did not know.

We did not see the occupational health support on offer to staff communicated within their needlestick injuries procedures. This could lead to a delay in treatment following a needlestick injury.

The registered manager must provide occupational health services information to their staff.

Manual and ultrasonic pre-sterilisation processes were undertaken prior to autoclave sterilisation. The process for re-usable equipment sterilisation took place in a dedicated decontamination room with clear 'clean' and 'dirty' spaces indicated. We noted the testing arrangements in place for all sterilisation processes were robust, supported by twice-daily checks and daily checklists for each surgery. A designated impression bath was used for disinfecting impressions.

We found the process for the Control of Substances Hazardous to Health (COSHH) was satisfactory, with the details collated in a comprehensive COSHH folder. We saw that all waste was stored securely and disposed of correctly through suitable waste disposal contracts.

Medicines Management

We saw suitable procedures in place to ensure the safe and effective storage and administration of medicines. Within patient notes, we saw any administered medicines were recorded correctly. The practice prescription pads were seen being stored securely.

We saw suitable policies were in place to safely manage patient emergencies. However, within the emergency kit we found:

- The size zero oropharyngeal airway was missing
- The adult self-inflating bag expired in October 2023 and the paediatric self-inflating bag was missing
- Self-inflating bag-valve masks in sizes zero to four were not available

- Midazolam was only available in 10mg, rather than in 5mg or 7.5mg for all age groups. In the event of a medical emergency, this could make it difficult for the correct dose to be administered to patients.

Oxygen cylinders were available within each surgery. We were told these cylinders were replaced by the local hospital, where required. This meant, however, that there was no schedule of maintenance or servicing undertaken on the practice oxygen cylinders.

Due to the potential impact on patient safety, these concerns were resolved during the inspection and 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).

We found that unused medicines were disposed of at a local pharmacy. Staff told us that they received no receipts when disposing of these medicines and we saw no evidence of the disposal on file.

The registered manager must maintain a robust audit trail when disposing of medicines.

On review of staff training records, we found all staff were suitably trained in cardiopulmonary resuscitation and there was an appropriate number of trained first aiders.

Safeguarding of Children and Adults
We found a robust procedure which had the local contact details for any safeguarding concerns and included a 'was not brought in' procedure.

The staff we spoke to explained they would approach the safeguarding lead if they had any safeguarding concerns. Staff also said they would feel supported by the practice should they raise any concerns with management. We saw all staff were trained to an appropriate level in safeguarding.

Management of Medical Devices and Equipment
We saw all the clinical equipment was safe and maintained appropriately. Suitable policies were in place for the management of equipment failure, and we saw all staff were trained to use the equipment correctly.

The radiation protection folder was fully complete and had a named radiation protection advisor and protection supervisor. We saw the local rules were suitable

and easily locatable for staff, with evidence of routine review. In patient records, we saw all radiographic treatments were recorded correctly and treatments undertaken safely. Staff informed us all patients were provided sufficient information regarding the benefits and risks of radiation exposure. We noted patients gave informed consent prior to any exposure and X-rays were only used where necessary. We also saw in staff records, that all staff were appropriately trained in radiography.

Effective

Effective Care

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

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

We did not see the appropriate use of a checklist, such as the Local Safety Standard for Invasive Procedures (LocSSIPs), for wrong tooth site extraction.

The registered manager should implement use of the LocSSIPs as a matter of good practice.

Patient Records

We reviewed a total of 10 patient records and found them to be stored appropriately in line with the General Data Protection Regulations. Most records were stored digitally with the remaining legacy records being stored securely in locked drawers. The storage, use and security of records was managed through a suitable records management policy.

Within the records we reviewed we found routine recording of informed consent, reasons for attendance and patient symptoms. Records also showed patients were given soft tissue examinations and full base charting. However, we found oral cancer checks, the offer of smoking cessation advice and treatment planning were not routinely recorded. We also found the recording of patient language preference and any actions taken in response to this preference were not recorded in any of the records we reviewed.

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.

The registered manager must ensure the language and communication needs of patients are routinely recorded.

Efficient

Efficient

We found clinicians were delivering a satisfactory service for the needs of their patients in a suitable premises. We saw dentists referring patients to hygienists and therapist for the most efficient pathway through their patient journey. We saw the use of a robust triage procedure which utilised the slots created by cancellations to use clinicians time effectively.

Quality of Management and Leadership

Leadership

Governance and Leadership
We found clear structures in place to support the effective management and running of the practice. We noted the practice were BDA Expert Members and had recently enrolled on the Good Practice Scheme. Team meetings took place routinely, with comprehensive minutes showing discussions on fire safety, new clinical guidance and patient complaints.

The staff we spoke to were friendly, engaging and polite. Both staff and managers explained they had the sufficient training and support to undertake their roles effectively. We saw an online compliance tool was used to maintain the policies and procedures at the practice. Meeting minutes showed that any changes to these policies were communicated during the team meetings.

Workforce

Skilled and Enabled Workforce
We found robust arrangements in place to ensure staff remained trained for their roles. We reviewed a total of 8 out of the 18 staff records available and found full compliance with all mandatory training requirements. A suitable online training compliance tool was used to monitor staff competency and training. The staff we spoke to felt supported to undertake learning and development activity.

We noted a robust induction system in place, including supervision by two experienced nurses for any new trainee nurses and the use of an induction checklist. A suitable process for the retention of staff was also in place. Managers told us that any staff performance issues were addressed in appraisal meetings and in daily huddle meetings, where appropriate. Managers also used a rota system to ensure a suitable number of qualified staff were working at any one time.

We saw good compliance with all professional obligations, including GDC registrations, Disclosure and Barring Service Enhanced checks and pre-employment checks. These professional obligations were monitored using an online compliance tool. On the day of the inspection, we noted the reference checks for one staff member were missing from the staff member's folder. Since the inspection, the registered manager provided the references to HIW which were missing from the folder of this staff member.

Culture

People Engagement, Feedback and Learning
We found feedback was formally collected from patients on an annual basis through a patient survey. This formal feedback was supported by regular collation of verbal feedback which was noted and discussed in staff meetings. Staff also discussed verbal feedback in morning huddle meetings. We heard examples where feedback had been actioned and improvements made. However, we did not see a process in place to inform patients how the practice learned and improved as a result of feedback.

The registered manager should implement a suitable system to explain to patients the action taken in response to feedback.

We found the complaints procedure was in line with Putting Things Right and patients received a response to any complaint in a timely manner. We noted the practice manager was named in the complaints procedure which was available at reception for patients. Information for patients on how they can raise their complaints with other agencies was included in the policy. We reviewed a sample of complaints seeing no common themes and complaints being handled appropriately.

We noted suitable Duty of Candour policies and procedures in place. The staff we spoke to demonstrated a clear understanding of their professional responsibility regarding the Duty of Candour. Staff also told us they felt encouraged to share concerns with the patient when something had gone wrong. Training records evidenced recent completion of Duty of Candour training by staff.

Learning, Improvement and Research

Quality Improvement Activities
We found arrangements were in place to undertake quality improvement activities, however, we did not find a written policy available to assist staff.

The registered manager must have a quality improvement policy in place.

We reviewed satisfactory audits for X-ray gradings, prescriptions, appointments and patient records. We also saw that peer reviews take place between therapists and the dentists. However, we did not see audits taking place for smoking cessation. Antibiotic prescribing audits took place, though we advised the practice to undertake the CAPRO audit of antibiotic prescribing.

We saw infection control self-assessment audits were undertaken, however, the practice is recommended to use the Welsh Health Technical Memorandum (WHTM) 01-05 infection control audit process.

The registered manager must ensure audits for smoking cessation, WHTM 01-05 and CAPRO antibiotic prescribing take place.

Whole Systems Approach

Partnership Working and Development
Staff outlined suitable means of communication with other health service providers. We saw an appropriate process in place to follow up on any referrals made to other service providers. Staff explained they maintained good working relationships with other primary care services, including GP services and local pharmacies.

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
Within the emergency kit we found: The size zero oropharyngeal airway was missing The adult self-inflating bag expired in October 2023 and the paediatric self-inflating bag was missing Self-inflating bag-valve masks in sizes zero to four were not available Midazolam was only available in 10mg, rather than in 5mg or 7.5mg for all age groups. In the event of a medical emergency, this could	In the event of a medical emergency, this posed an immediate risk to patient safety.	This was escalated to staff during the inspection.	All expired items were ordered and delivered the next working day.

make it difficult for the correct dose to be administered to patients in an emergency.			

Appendix B - Immediate improvement plan

Service: Haven Dental Practice

Date of inspection: 30 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 assurances were identified on this inspection.					

Appendix C - Improvement plan

Service: Haven Dental Practice

Date of inspection: 30 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
A quarter (9/38) of patients stated they would not know how to access out of hours dental services if they had an urgent dental problem.	The registered manager should improve the information available to patients regarding out of hours dental care	Private Dentistry (Wales) Regulations 2017, Section 13 (9) (a)	New signs have been put up around the practice including the waiting areas and a notice on the main door of the practice. Details have always been available on the answer phone service	Marie Springer	Complete
Patient information was readily available to patients in English, but we found limited information available for patients in Welsh. We	The registered manager must provide HIW with details of the action taken on implementing the 'Active Offer'.	Section 13 (1) (a)	We have contacted the Local Health Board for assistance in Welsh translation and 'laith Gwaith'	Marie Springer	October 2024

saw signs in the practice which were in English only, and there was limited information at the reception desk to encourage patients to communicate in a language of their choice. We saw staff did not wear 'Iaith Gwaith' badges, with staff explaining this was because there were no fluent Welsh speakers at the practice. Staff explained they had struggled to obtain assistance from the health board for Welsh language training and implementation of the 'Active Offer'.			Some staff members are looking into learning the Welsh language We have been in contact with the health board in regards to the Active Offer		
We found the conditions in the clinical and non-clinical spaces to be broadly clean and tidy,	The registered manager must ensure the building and equipment is maintained to	Section 22 (2) (b)	We are seeking new cupboards and windows/ventilation	Jasmin Thoria Kuldipsinh Gohil	1 year March 2025

however, we did find areas the practice should improve: Cupboards in the decontamination room were old and appeared water damaged. Pieces of the interior wood were exposed and could not be cleaned effectively Cupboard doors had come away from their hinges and drawer fronts had come away from their housing in the decontamination room Carpets and material chairs in non-clinical spaces were stained A stained material chair was found within a surgery which we instructed staff to relocate.	enable effective cleaning and decontamination.		for the decontamination room. Carpets and chairs will also be replaced with hard flooring and wipe able chairs in the waiting areas. Material seating have already been removed from the surgeries	Marie Springer	(Due to minimising surgery disruption)

We noted the door to the decontamination room was propped open. We noted the temperature in the decontamination room was hot and staff explained it was routinely hot for them working in this area, which was why the door was left open. There was a window in the room, but this was not being used at the time of the inspection.	The registered manager should ensure the environment is at a suitable temperature for staff to work in, while not keeping decontamination room doors open.	Section 22 (2) (a)	We are seeking new windows for the decontamination room and the door is now closed	Marie Springer	1 year March 2025 (Due to minimising surgery disruption)
Dental equipment and re-usable items were functional and in sufficient numbers to enable decontamination between uses. However, we found re-usable aspiration tips were being used where it is now recommended these are single-use items as re-	The registered manager must provide single-use items to clinicians where necessary.	Section 13 (2) (a)	All re-usable aspiration tips have now been removed from the surgeries and disposed of and replaced with single use	Marie Springer	Complete

usable tips cannot be effectively cleaned.					
We found needle holders were present in surgeries, however, we did not find equipment to safely manage needles in surgery five. A needlestick risk assessment outlined the requirement to have equipment in place to manage the risks of needlestick injuries.	The registered manager must provide equipment which promotes the safe handling of needles in all surgeries.	Section 13 (2) (a)	We have now purchased further needle holders and have them in all surgeries for staff to use to reduce the risk of needle stick injury	Marie Springer	Complete
Cleaning appeared robust throughout from the records we reviewed, however, we found visible dust and dirt on shelves above the 'clean' area inside cupboards of the decontamination room used to store old equipment. Immediately following the inspection,	The registered manager must ensure all areas of the practice are kept clean at all times.	Section 22 (2) (a)	This dust has been removed and we have set daily protocols to ensure this does not happen and all staff has been instructed to ensure all areas are cleaned. Forms are signed by staff daily when checked. Marie/Steph do routine	Marie Springer Steph Kerrison	Complete

photographic evidence was provided this area had been cleaned.			daily spot checks to ensure this is followed		
Re-usable items for oral use such as X-ray holders, matrix band holders and dycal applicators were stored uncovered in disorganised surgery drawers. This meant non-sterile equipment was coming in to contact with equipment for use within the mouths of patients. Immediately following the inspection, HIW were provided with evidence of suitable covers and packaging for intra-oral items stored within drawers. This evidence also showed newly organised drawers to prevent cross-contamination and cleaned shelving within	The registered manager must ensure instruments for intra oral use are stored appropriately.	Section 13 (3)	As per photographs provided to HIW all re-usable items are now in covered boxes/packaging. All areas were cleaned and restocked As part of daily spot checks these areas are also checked	Marie Springer	Complete

the decontamination room.					
We did not see the occupational health support on offer to staff communicated within their needlestick injuries procedures. This could lead to a delay in treatment following a needlestick injury.	The registered manager must provide occupational health services information to their staff.	Section 8 (1) (k)	All staff is registered with occupational health and is asked to do so as part of their induction. Needle stick policy has been signed by all staff members. Signage is up in every surgery on what to do in the event of a needle stick injury.	Marie Springer	Complete
Within the emergency kit we found: The size zero oropharyngeal airway was missing The adult self-inflating bag expired in October 2023 and the paediatric self-inflating bag was missing	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).	Section 31 (3) (b)	All items missing/out of date were ordered on the day of the inspection and delivered to the practice the next day and placed in the emergency drug box. Inflating bags were ordered the day of the		Stock Completed Completed

Self-inflating bag-valve masks in sizes zero to four were not available Midazolam was only available in 10mg, rather than in 5mg or 7.5mg for all age groups. In the event of a medical emergency, this could make it difficult for the correct dose to be administered to patients. Oxygen cylinders were available within each surgery. We were told these cylinders were replaced by the local hospital, where required. This meant, however, that there was no schedule of maintenance or servicing undertaken on the practice oxygen cylinders.			inspection and delivered the following day On the day of the inspection we telephoned the local pharmacy to order stock of the 5mg and 7.5mg of Midazolam. These were collected from the pharmacy the following day Marie is in contact with the local hospital regarding the oxygen cylinders and the maintenance of them		Completed October 2024

We found that unused medicines were disposed of at a local pharmacy. Staff told us that they received no receipts when disposing of these medicines and we saw no evidence of the disposal on file.	The registered manager must maintain a robust audit trail when disposing of medicines.	Section 13 (4) (a)	We have now created a database for out of date medication and a policy for disposal ensuring that we have a receipt from the pharmacy that we return the items for disposal	Marie Springer	Complete
We did not see the appropriate use of a checklist, such as the Local Safety Standard for Invasive Procedures (LocSSIPs), for wrong tooth site extraction.	The registered manager should implement use of the LocSSIPs as a matter of good practice.	Section 13 (1) (b)	We have now implemented the use of the LocSSIPs and this is currently being discussed in our morning huddles so all staff are aware	Marie Springer	October 2024
Within patient records, we found oral cancer checks, the offer of smoking cessation advice and treatment planning were not routinely recorded. We also found the recording of patient	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)	We have discussed with all clinicians and clinical staff that treatment plans should be noted in patients' notes and given to patients. Staff have been informed they	Marie Springer	October 2024

language preference and any actions taken in response to this preference were not recorded in any of the records we reviewed.	The registered manager must ensure the language and communication needs of patients are routinely recorded.	Section 13 (1) (a)	must note smoking cessation advice given in the patient records where this is appropriate. Language options must also be discussed. We will review patients notes and carry out audits to ensure that clinicians and clinical staff are following these instructions		
We heard examples where feedback had been actioned and improvements made. However, we did not see a process in place to inform patients how the practice learned and improved as a result of feedback.	The registered manager should implement a suitable system to explain to patients the action taken in response to feedback.	Section 16 (1) (a)	We have a suggestion box in the reception area where patients can make suggestions for improvement. We are also in the process of creating a "You asked We acted" notice board for the waiting rooms. This will show what patients wanted and how we have acted.	Marie Springer	October 2024

We found arrangements were in place to undertake quality improvement activities, however, we did not find a written policy available to assist staff.	The registered manager must have a quality improvement policy in place.	Section 8 (1) (n)	We have now created a Quality Improvement policy and have issued this to all staff who have signed to say this has been read	Marie Springer	Completed
We did not see audits taking place for smoking cessation. Antibiotic prescribing audits took place, though we advised the practice to undertake the CAPRO audit of antibiotic prescribing. We saw infection control self-assessment audits were undertaken, however, the practice is recommended to use the Welsh Health Technical Memorandum (WHTM) 01-05 infection control audit process.	The registered manager must ensure audits for smoking cessation, WHTM 01-05 and CAPRO antibiotic prescribing take place.	Section 16 (1) (a)	We are in the process of completing a Smoking cessation audit along with Antibiotic prescribing CAPRO. We have now replaced the infection control audit in line with (WHTM) 01-05 infection control audit		October 2024 Completed

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Jasmin Thoria, Kuldipsinh Gohil

Job role: Principal Dentists

Date: 13/03/2024