

# General Dental Practice Inspection Report (Announced)

Manor Road Dental Practice,  
Swansea Bay University Health Board

Inspection date: 11 June 2024

Publication date: 11 September 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](mailto:hiw@gov.wales)  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)

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

## Our purpose

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

## Our values

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

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

## Our goal

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

## Our priorities

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



# Contents

1. What we did .....	5
2. Summary of inspection.....	6
3. What we found .....	8
• Quality of Patient Experience.....	8
• Delivery of Safe and Effective Care.....	11
• Quality of Management and Leadership .....	16
4. Next steps.....	19
Appendix A - Summary of concerns resolved during the inspection .....	20
Appendix B - Immediate improvement plan.....	21
Appendix C - Improvement plan .....	22

# 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 Manor Road Dental Practice, Swansea Bay University Health Board on 11 June 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 30 questionnaires were completed by patients or their carers and 6 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 the staff at Manor Road Dental Practice were committed to providing a positive experience for their patients.

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

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

*“Staff are really helpful and lovely. Feel confident having my treatment here.”*

*“The staff are always polite, professional, friendly and helpful. I have been coming here for 45 years and have never had a poor experience.”*

This is what we recommend the service can improve:

- Review and update the Equality and Diversity Policy
- Add the practice Statement of Purpose and Patient Information Leaflet to their website.

This is what the service did well:

- Pleasant welcoming environment
- Useful information provided to patients in waiting areas
- Good provision of Welsh language information and service to patients.

### Delivery of Safe and Effective Care

Overall summary:

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

There were clear and effective procedures in place to ensure that dental instruments were decontaminated and sterilised.

This is what we recommend the service can improve:

- Install a handwashing sink in the decontamination room
- Ensure storage areas can be secured
- Expand the range of audits carried out.

This is what the service did well:

- Good compliance with mandatory training requirements for staff
- Appropriate arrangements in place to deal with medical emergencies
- Comprehensive risk assessments in place.

## Quality of Management and Leadership

Overall summary:

Manor Road Dental Practice had clear lines of accountability, with the principal dentist and practice manager committed to providing a high standard of care.

Staff records were well-maintained, and we saw evidence of up-to-date training, in line with regulatory requirements.

This is what we recommend the service can improve:

- Ensure regular reviews take place to monitor and improve the service
- Put a process in place to manage incidents and significant events.

This is what the service did well:

- Comprehensive range of policies and procedures in place
- Appropriate procedures in place for the recruitment of staff.

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

## 3. What we found

# Quality of Patient Experience

### Patient feedback

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

*“Very fair friendly staff - nice practice.”*

*“Friendly helpful team.”*

### Person-centred

#### Health promotion and patient information

Patient information files were available in the waiting area. These were seen to contain a comprehensive range of information about the practice and services provided. In addition, the files included information about maintaining oral and general health such as minimising sugar intake, identifying oral cancer and smoking cessation.

Posters and leaflets were also available providing relevant information. This included a poster identifying the staff and their General Dental Council (GDC) registration numbers.

No smoking signs were clearly displayed, showing that the premises adhered to the smoke-free premises legislation.

All but one of the respondents to the HIW questionnaire who provided an opinion said that staff explained their oral health to them clearly, and provided aftercare instructions on how to maintain good oral health.

#### Dignified and respectful care

We saw that doors to clinical areas were kept closed during treatment, and that external windows were obscured with blinds, to preserve patient privacy and dignity.

The main waiting area was in a separate area to the reception desk and music was played in the reception area to promote privacy.



Staff told us that patients wanting a confidential discussion would be taken to the consulting room or the practice manager's office. If the patient could not access the upstairs, an available ground floor surgery would be used.

We saw that treatment prices were clearly displayed, both as posters and in the patient information files.

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

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

All but one of the respondents to the HIW questionnaire who provided an opinion said that staff treated them with dignity and respect.

### **Individualised care**

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

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

## **Timely**

### **Timely care**

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

The practice's opening hours were clearly displayed on the front door, along with a telephone number to use in an emergency. The practice did not use an online booking system. Staff told us that patients could book appointments in person or over the telephone. We noted that the normal opening hours of the practice meant that appointments outside of the 9-5 working day were routinely available.

Staff told us that emergency appointments were made available daily. In addition, the practice participated in the NHS Direct scheme, making an hour a day available to treat emergency patients from across the Health Board.

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

## **Equitable**

### **Communication and language**

Staff told us they had access to translation services over the telephone in the event of a patient being unable to speak English.

The ‘Active Offer’ of Welsh was clearly available at this practice. Both the principal dentist and practice manager spoke fluent Welsh and were seen to wear ‘iaith gwaith’ badges. Posters were on display, advising patients that a Welsh language service was available. A range of materials were available in both English and Welsh, including the patient information leaflet and complaints procedure.

### **Rights and equality**

The practice had an Equality and Diversity policy in place. It was noted that this required review and updating.

**The registered manager must update the Equality and Diversity Policy, to reference the Equality Act 2010 and all the protected characteristics within it.**

Staff told us they noted preferred pronouns and names on patient records, to ensure transgender patients were treated with dignity.

Adjustments had been made to accommodate wheelchair users and patients with mobility difficulties. There was level access to the practice and three surgeries on the ground floor. The reception desk had a lowered section to accommodate wheelchair users and a hearing loop was in place. The main waiting area was down some steps, but additional seating and space for a wheelchair were available for those unable to access it.

The mixed gender patient toilet was on the ground floor and accessible, with a grab handle installed.

# Delivery of Safe and Effective Care

## Safe

### Risk management

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

A staff-only area to the rear of the premises was seen to have a hole in the floor and no artificial lighting, presenting potential trip hazards for staff.

**The registered manager must ensure that the 'conservatory' area is adequately lit and that trip hazards are removed.**

One of the surgeries (Room 2) had not been in use for over two weeks. There was evidence of dirt accumulation on the windowsill due to poor seals.

**The registered manager must ensure the windows in Room 2 are appropriately sealed and cleaned.**

The laboratory cupboard was on the ground floor, opposite the patient toilet. We advised that this should be locked to ensure it could not be accessed by the public. Similarly, an upstairs storage cupboard required securing due to the presence of emergency equipment.

**The registered manager must ensure the laboratory cupboard and the storage area used to hold emergency equipment are secured to prevent unauthorised access.**

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

The practice had a detailed risk assessment in place that was reviewed annually, and a Health and Safety Management system detailing arrangements and responsibilities. We saw evidence that regular workplace inspections were carried out to ensure the environment and facilities were fit for purpose.

The practice had a Business Continuity Policy and Disaster Recovery Strategy.

There was an appropriate fire risk assessment in place, evidence of contracts to maintain fire safety equipment and records showing that this was carried out

regularly. Fire extinguishers were suitably mounted and in place on both floors. We saw evidence of regular fire drills having been carried out.

We saw evidence that regular Portable Appliance Testing (PAT) to ensure electrical safety. However, there was no evidence of a five-yearly electrical installation inspection.

**The registered manager must ensure an electrical installation inspection is carried out and ensure these are carried out every five years.**

Staff were provided with suitable areas for changing and lockable storage for personal items.

A current Employer's Liability Insurance Certificate and a Health and Safety at Work poster were displayed.

#### **Infection, prevention and control (IPC) and decontamination**

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

There was a designated room for the decontamination and sterilisation of dental instruments, as recommended in Welsh Health Technical Memorandum WHTM 01-05. The procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood by staff, and regular checks on equipment were recorded. Cleaning was done using bowls, with a separate bowl for hand-washing. We noted that an illuminated magnifier would be of use to aid inspection of instruments before use of the ultrasonic bath or steriliser.

**We recommend that a hand-washing sink be installed in the decontamination room, to further improve the cleaning process.**

**We recommend that an illuminated magnifier be added to the decontamination equipment for the inspection of instruments.**

Regular audits of instruments and equipment were being conducted. Staff told us they received appropriate training during induction and on an ongoing basis.

The patient waiting areas had plentiful seating in good condition with wipe-clean material, apart from one chair. This was discussed with the practice manager and the chair was removed to storage during the inspection.

All respondents to the HIW questionnaire who provided an opinion said that the practice was 'very clean' or 'fairly clean'.

We reviewed a sample of staff training records. We found that two members of staff had received training in the decontamination of instruments rather than general infection prevention and control. However, the practice manager provided evidence immediately after the inspection that appropriate training had been completed.

### **Medicines management**

We found the practice to have safe arrangements in place for the use and disposal of medicines. Clear records were maintained of medicines administered. Expired medicines were disposed of via a contracted waste disposal service.

There was equipment in place to manage medical emergencies, with all items and emergency medicines up to date. We reviewed a sample of four staff training records (out of fifteen) and were assured that all had up-to-date training in cardiopulmonary resuscitation (CPR). Some staff were awaiting their certificates as the latest training had taken place two weeks prior to the inspection. However, the practice manager provided evidence from the training provider confirming the training had taken place and who had attended. There were six appointed first aiders.

### **Safeguarding of children and adults**

Policies and procedures on safeguarding of adults and children were in place and available to all staff. We noted that the policy did not directly reference the All Wales national procedures, but posters were available to staff and patients. Although appropriate procedures were in place, we recommend that a flow chart be made available to staff for ease of use.

**We advise that safeguarding policies and procedures are updated to refer to the All Wales national safeguarding procedures, and a flow chart made available to staff.**

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

### **Management of medical devices and equipment**

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

We reviewed documentation about the use of X-ray equipment and found good compliance with the regulations. The practice had appropriate local rules and designated controlled areas. We noted that some X-ray units did not have the isolator switches labelled and advised this should be done, along with moving one isolator switch to a higher level to minimise accessibility to children. The X-ray unit in Surgery 3 had controls that could be accessed by unsupervised children or patients, and we recommended that the risk be reviewed and minimised.

**The registered manager must ensure that isolator switches for X-ray units are located and labelled appropriately.**

**The registered manager must carry out a risk assessment on access to the X-ray control unit outside Surgery 3 and minimise any risk of unauthorised exposure.**

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

## **Effective**

### **Effective care**

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

Staff told us that they did not use the Local Standards for Invasive Procedures (LocSSIPs) checklists but carried out in-house risk assessments.

### **Patient records**

We reviewed a sample of 10 patient records. Overall, the recording of information was very good.

We noted that although Welsh speaking patients were identified on the systems, language preference was not routinely recorded in patient notes.

**We recommend that patient language preference be recorded routinely in their clinical record.**

We found that recording of clinical examinations was comprehensive and consistent. We identified one area for improvement, that intra-oral soft tissue examination should be routinely recorded..

**The registered manager must ensure that patient records include soft tissue examination.**

## Efficient

### Efficient

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

# Quality of Management and Leadership

All staff who responded to the HIW questionnaire felt they had received suitable training, that staffing levels were appropriate, and that they would recommend the practice as a good place to work.

All staff who responded strongly agreed that care of patients was the top priority of the practice, and that they would be happy for a friend or relative to be treated there.

## Leadership

### Governance and leadership

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

There was a comprehensive range of policies and procedures in place, with systems in place to ensure these were reviewed regularly.

We saw evidence of regular staff meetings taking place, with minutes being recorded and circulated to all staff.

We were told that regular staff appraisals were carried out and used to manage performance, alongside more informal approaches.

## Workforce

### Skilled and enabled workforce

We reviewed a sample of four staff training records and found very good compliance with mandatory training requirements.

There were appropriate arrangements in place for employing staff, including a recruitment policy detailing pre-employment checks to be carried out.

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



## Culture

### People engagement, feedback and learning

There was a suggestion box in the reception area and staff told us that questionnaires about clinical treatment were sent to patients annually. Feedback received was reviewed regularly and discussed during monthly staff meetings.

We advised that patient feedback could be sought more actively and include general service provision rather than clinical treatment alone.

**The registered manager must review processes for gathering patient feedback to ensure patient views are actively sought.**

There was a clear procedure in place for handling complaints, for both NHS and private patients. This included appropriate contact details and response times, in line with NHS Putting Things Right. Details of external bodies were included, with HIW being signposted for private patients. We noted that there was no reference to advocacy services.

**The registered manager must update the complaints procedure to include reference to LLAIS, as an advocacy service for patients.**

A detailed log of formal complaints was kept, including a summary of issues and actions taken. Staff told us this was reviewed regularly to identify any themes or recurring issues.

Staff told us that any verbal complaints were logged in a book at reception, and details included in the electronic patient record. This did not allow for easy review, to identify recurring issues, as it required reviewing individual records. This was discussed with the practice manager and a solution was found and implemented during the inspection, by making a change to the electronic system and how this information was captured.

We saw that the practice had a policy on Duty of Candour and staff told us that they had received training and discussed the Duty during team meetings.

## Information

### Information governance and digital technology

The practice used electronic systems to manage patient records. Policies and staff records were kept using a combination of electronic and paper records.

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

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

## **Learning, improvement and research**

### **Quality improvement activities**

We found that the practice carried out regular clinical audits. However, we noted that for completeness, these should be extended to include non-clinical aspects.

**The registered manager must review the program of audits to ensure that non-clinical aspects are included, such as disposal of waste.**

Staff told us that they did not currently use team development tools such as the Maturity Matrix provided by Health Education and Improvement Wales (HEIW).

**We recommend that the registered manager review whether team development tools such as the Maturity Matrix would assist with improving the service.**

Staff told us that there was no process in place for recording patient safety incidents or significant events. We advised that a process should be established, to include notification criteria, actions taken, lessons learned and the sharing of these both internally and externally.

**The registered manager must put a process in place to record patient safety incidents and significant events.**

## **Whole-systems approach**

### **Partnership working and development**

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

## Next steps

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

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

The improvement plans should:

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

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

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

The improvement plan, once agreed, will be published on HIW's [website](#).

## Appendix A - Summary of concerns resolved during the inspection

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The General Dental Council (GDC) code of ethics was not on display.	This is a statutory requirement.	This was raised with the practice manager.	A copy of the code was put into the patient information files in the waiting area during the course of the inspection.
The patient waiting areas had seating in good condition with wipe-clean material, apart from one chair.	The chair posed an increased risk of cross-infection due to more difficult cleaning of the surfaces.	This was raised with the practice manager.	The chair was removed to storage during the inspection.
Verbal complaints were logged in a book at reception, and full details included in the electronic patient record.	This did not allow for easy review, to identify recurring issues, as it required reviewing individual records.	This was discussed with the practice manager	A solution was found and implemented during the inspection, by making a change to the electronic system and how this information was captured.

# Appendix B - Immediate improvement plan

**Service:** Manor Road Dental Practice

**Date of inspection:** 11 June 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
1. No immediate non-compliance concerns were identified on this inspection					

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):**

**Job role:**

**Date:**

# Appendix C - Improvement plan

**Service:** Manor Road Dental Practice

**Date of inspection:** 11 June 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
1. The Equality and Diversity policy required review and updating.	The registered manager must update the Equality and Diversity Policy, to reference the Equality Act 2010 and all the protected characteristics within it.	The Private Dentistry (Wales) Regulations 2017, Regulation 15(2)	The policy has been updated to reference the Equality Act 2010 and all the protected characteristics within it.	Karen Miles	Completed
2. A staff-only area to the rear of the premises was seen to have a hole in the floor and no artificial lighting, presenting potential trip hazards for staff.	The registered manager must ensure that the 'conservatory' area is adequately lit and that trip hazards are removed.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	The drain will be covered. A light has already been put in place.	Karen Miles	Drain By 30/09/2024  Light has already been put in place.
3. One of the surgeries (Room 2) had not been	The registered manager must ensure the windows in	The Private Dentistry (Wales) Regulations	The window will be cleaned and sealed.	Karen Miles	By 01/09/2024

	in use for over two weeks. There was evidence of dirt accumulation on the windowsill due to poor seals.	Room 2 are appropriately sealed and cleaned.	2017, Regulation 22(2)			
4.	The laboratory cupboard and upstairs storage cupboard containing emergency equipment were unlocked	The registered manager must ensure that the laboratory cupboard and the storage area used to hold emergency equipment are secured to prevent unauthorised access.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	Both cupboards will have locks placed on them to ensure the public can't access them.	Karen Miles	By 30/09/2024
5.	There was no evidence of a five-yearly electrical installation inspection.	The registered manager must ensure an electrical installation inspection is carried and ensure these are carried out every five years.	The Private Dentistry (Wales) Regulations 2017, Regulation 22(2)	A company will be contacted to come in to the practice to carry out a five yearly electrical installation inspection	Karen Miles	By 30/10/2024
6.	Cleaning in the decontamination room was done using bowls, including with a separate bowl for hand-washing.	We recommend that a hand-washing sink be installed in the decontamination room, to further improve the cleaning process.	Welsh Health Technical Memorandum WHTM 01-05, 6.11	A sink will be added into the Decontamination room	Karen Miles	By 30/10/2024
7.	An illuminated magnifier would be of	We recommend that an illuminated magnifier be	Welsh Health Technical	Has been purchased	Karen Miles	Completed

	use to aid inspection of instruments before use of the ultrasonic bath or steriliser.	purchased for the inspection of instruments.	Memorandum WHTM 01-05, 3.50			
8.	Safeguarding policies and procedures did not directly reference the All Wales national procedures and there was no flow chart for staff.	We advise that safeguarding policies and procedures are updated to refer to the All Wales national safeguarding procedures, and a flow chart made available to staff for ease of reference.	The Private Dentistry (Wales) Regulations 2017, Regulation 14	The policy has been updated to refer to the All Wales national safeguarding procedure and a flow chart has been created.	Karen Miles	Completed
9.	Some X-ray units did not have the isolator switches labelled and one isolator switch could be accessed by children.	The registered manager must ensure that isolator switches for X-ray units are located and labelled appropriately.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	An electrician will be brought in to move the switches.	Karen Miles	By 01/10/2024
10.	The X-ray unit in Surgery 3 had controls that could be accessible to unsupervised children or patients.	The registered manager must carry out a risk assessment on access to the X-ray control unit outside Surgery 3 and minimise any risk of unauthorised exposure.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	A risk assessment will be carried out on the X-ray control unit.	Karen Miles	By 01/09/2024
11.	Patient language preference was not	We recommend that patient language preference be	The Private Dentistry (Wales) Regulations	This will be brought to a team meeting so all staff are aware of it.	Karen Miles	By 01/09/2024



	routinely recorded in the notes.	recorded routinely in their clinical record.	2017, Regulation 20(1)			
12.	An area for improvement in patient records is that intra-oral soft tissue examination is routinely recorded.	We recommend that patient records routinely include intra-oral soft tissue examination.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(1)	This will be brought to a team meeting so all staff are aware of it.	Karen Miles	By 01/09/2024
13.	Patient feedback was not actively sought and did not include general service provision.	The registered manager must review processes for gathering patient feedback to ensure patient views are actively sought and that general service provision is included.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(c)	A patient questionnaire will be produced for general services. This will be done every year with a clinical questionnaire.	Karen Miles	By 01/10/2024
14.	There was no reference to advocacy services in the complaints procedure.	The registered manager must update the complaints procedure and include reference to LLAIS, as an advocacy service for patients.	The Private Dentistry (Wales) Regulations 2017, Regulation 21(1)	The policy has been updated to refer to Llais as an advocacy service for patients.	Karen Miles	Completed
15.	The accident book used to record incidents and near misses contained historic records.	We recommend that the accident book be reviewed regularly, and records moved from the book to be filed securely.	The Private Dentistry (Wales) Regulations 2017, Regulation 20(2)	The accident book will be reviewed every 3 months and records kept in staff files	Karen Miles	Completed

16.	Audits did not reflect non-clinical aspects of the service.	The registered manager must review the program of audits to ensure that non-clinical aspects are included, such as disposal of waste.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	The program of audits will be reviewed to include non-clinical aspects.	Karen Miles	By 01/09/2024
17.	Team development tools such, as the Maturity Matrix provided by Health Education and Improvement Wales (HEIW), were not used.	We recommend that the registered manager review whether team development tools such as the Maturity Matrix would assist with improving the service.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	This will be brought up in a staff meeting for the team to decide if such tools would assist with improving service	Karen Miles	By 01/09/2024
18.	There was no process in place for recording patient safety incidents or significant events.	The registered manager must put a process in place to record patient safety incidents or significant events.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)(d)	A process will be put in place.	Karen Miles	By 01/09/2024

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):** Karen Miles

**Job role:** Practice Manager

**Date:** 23/7/2024