

General Dental Practice Inspection Report (Announced)

Llanfyllin Dental Practice, Powys
Teaching Health Board

Inspection date: 2 July 2024

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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 Llanfyllin Dental Practice, Llansanffraid ym Mechain, Powys Teaching Health Board on 5 July 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 40 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 the staff at Llanfyllin 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 respondents to the HIW questionnaire rated the service as ‘very good’ or ‘good’. Comments included:

“Very helpful and efficient.”

“Excellent treatment. Always informed of appointments. Staff excellent.”

This is what we recommend the service can improve:

- Update the complaints procedure
- Implement the ‘Active Offer’ of Welsh language
- Add information to the ‘out of hours’ voicemail.

This is what the service did well:

- Pleasant welcoming environment
- Good arrangements to maintain privacy and dignity of patients
- Accessibility for wheelchair users and patients with mobility difficulties.

Delivery of Safe and Effective Care

Overall summary:

We found the practice to be well maintained and organised. Dental surgeries were well-equipped and fit for purpose.

We found the practice to have clear and effective procedures to ensure that dental instruments were decontaminated and sterilised.

This is what we recommend the service can improve:

- Improve arrangements for disposal of clinical and pharmaceutical waste
- Increase the number of audits carried out

- Ensure actions identified in risk assessments are tracked and addressed.

This is what the service did well:

- Clinical areas were well equipped and fit for purpose
- Comprehensive range of policies and procedures in place to ensure the safe and effective care of patients

Quality of Management and Leadership

Overall summary:

We found that Llanfyllin 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:

- Carry out regular staff appraisals
- Implement the Duty of Candour
- Ensure all policies and procedures are reviewed regularly
- Put a process in place to manage safety incidents.

This is what the service did well:

- Robust processes in place for the recruitment and induction of staff
- Staff records and training compliance were complete and well managed.

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:

“Pleased with my dental treatment. [Dentist] was very good. Kind and understanding.”

“Everyone is very pleasant, helpful and efficient. Time is taken to clearly explain the treatment and what options are available. Excellent service!”

Person-centred

Health promotion and patient information

The patient waiting area had various leaflets and posters providing information for patients, including support for smoking cessation.

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

All but one of 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, to preserve patient privacy and dignity.

The reception desk had a glass window that could be closed to promote privacy for patients on telephone calls.

Patients wanting a confidential discussion could be taken to an available surgery or a private room, away from the patient waiting area.

We saw that treatment prices were clearly displayed, for both private and NHS treatments.

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.

Information about the clinical team was on display and in the patient information leaflet. However, this did not include GDC registration numbers. This was resolved during the inspection with an appropriate poster put on display.

All respondents to the HIW questionnaire 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 respondents to the HIW questionnaire who expressed an opinion said that there was enough information given to understand the treatment options available, and all but one said they were given enough information to understand the risks and benefits associated with those treatment options.

Timely

Timely care

The practice did not use an online booking system. Staff told us that patients could book appointments in person or over the telephone. A text messaging service was used to remind patients about upcoming appointments.

Staff told us that any delays to appointments could be notified from surgeries to reception using an instant messaging system or verbally. Staff would verbally inform patients and offer to re-book appointments if necessary.

The practice's opening hours were displayed in the waiting area, along with a telephone number to use in an emergency or out of hours. However, we noted that this information was not visible from outside the practice. This was resolved during the inspection with appropriate posters attached to the front door.

There was no voicemail message for patients telephoning the practice out of hours, to inform them of the opening hours and how to access treatment in an emergency.

The registered manager must ensure an appropriate voicemail message is provided for patients calling the practice outside of opening hours.

Staff told us that emergency appointments were made available daily. A cancellation list was used to offer appointments if they became available.

All 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

The 'Active Offer' of Welsh was not offered at the practice, and we saw no evidence of bilingual materials available to patients.

The registered manager must implement the 'Active Offer'.

Staff were unclear about how to access translation services in the event of a patient being unable to speak English.

The registered manager must ensure that the practice has access to translation services.

Rights and equality

The practice had some documents relating to equality and diversity in place. It was noted that these required review and updating.

The registered manager must put an equality and diversity policy in place, for both patients and staff, referencing the Equality Act 2010 and the protected characteristics within it.

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

The premises were well designed to accommodate wheelchair users and patients with mobility difficulties. There was level access to the practice and all services were on the ground floor. There was no hearing loop in place.

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

Delivery of Safe and Effective Care

Safe

Risk management

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

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

The practice had a detailed health and safety risk assessment in place. We noted that this could be improved by implementing a system to track and review progress on identified actions.

The registered manager must implement a system to track and regularly review progress on any actions identified in the health and safety risk assessment.

The practice had a policy for Emergency Contingencies, to ensure business continuity in the event of an emergency.

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 clearly signposted and suitably mounted. We saw evidence of fire drills having been carried out.

We noted one outstanding action from the fire risk assessment about ensuring deaf patients were accounted for in the event of a fire alarm. This was resolved during the inspection with additional instructions added to the fire evacuation procedures.

We saw evidence of regular Portable Appliance Testing (PAT) and installation inspection to ensure electrical safety.

Staff were provided with suitable lockable areas for changing and 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. We found the procedures for processing, decontamination and sterilisation of dental instruments were appropriate and well understood, and that regular checks on equipment were recorded.

There was no evidence that a routine audit of infection control had been carried out, as recommended in Welsh Health Technical Memorandum WHTM 01-05.

The registered manager must ensure that an Infection Control audit is carried out in accordance with WHTM 01-05 requirements.

The patient waiting area had ample bench-seating upholstered with wipe-clean material to minimise the risk of cross-infection.

All respondents to the HIW questionnaire said that the practice was 'very clean' or 'fairly clean', and that infection prevention and control measures were evident.

We reviewed staff training records and saw that all clinical staff had undertaken training in infection prevention and control.

We found the clinical waste bin to the rear of the premises had not been locked. This was raised with the staff and the bin was immediately locked. Due to potential unauthorised access, we advised the bin should be secured to the building.

The registered manager must ensure that the clinical waste bin to the rear of the building is kept locked and secured.

Medicines management

We found the practice to have appropriate arrangements for medicines management. The practice issued prescriptions and did not dispense directly to patients. Prescription pads were stored securely.

We recommended that a poster be put on display, advising patients to notify staff of any changes to their medical history. This was addressed during the inspection with a poster displayed in the waiting area.

Expired medicines were disposed of at a local pharmacy. No records were kept about the disposals. To ensure appropriate record keeping, we advised that the existing waste disposal contract be extended to include pharmaceutical waste. We also advised that any expired Midazolam be denatured prior to disposal.

The registered manager must arrange for pharmaceutical waste to be appropriately disposed of via waste disposal contract, with records kept for reference.

We reviewed the equipment in place to manage medical emergencies. Three items used to administer oxygen were missing, and needles used to administer adrenaline were out of date. The first aid kit at the practice did not include eyewash. This was resolved during the inspection, with all items being either replaced or ordered.

We recommended that a tracking system be put in place to ensure all drugs and emergency equipment are checked regularly and replaced in a timely fashion.

The registered manager must implement a tracking system to ensure the timely replacement of emergency equipment and drugs.

We found that Glucagon was stored in a fridge, but the temperatures were not checked or recorded. This was raised with staff and during the inspection a thermometer was ordered, and a logging chart affixed to the fridge.

The registered manager must ensure that the fridge temperature is checked and recorded daily.

We reviewed the training records of all three clinical staff and were assured that all had up-to-date training in cardiopulmonary resuscitation (CPR). There was one appointed first aider.

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.

We advise that safeguarding policies and procedures are updated to refer to the All Wales national safeguarding procedures.

Whilst appropriate procedures were in place, we recommended that flow charts be made available to staff for ease of use. This was resolved during the inspection with relevant flow charts printed and displayed for staff use.

We reviewed 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 requirements. We found the practice had appropriate local rules and designated controlled areas. We advised that a copy of the local rules be displayed in the X-ray room, and this was addressed during the inspection.

The practice did not have an adequate quality assurance programme regarding X-rays. We advised that guidance was available from Health Education and Improvement Wales (HEIW).

The registered manager must ensure a quality assurance programme is put in place which includes regular audits on radiographic equipment and image quality.

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. We recommended that these be adopted, and this was addressed during the inspection, with appropriate checklists put in place.

Patient records

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

We noted two areas for improvement. Language preference was not routinely recorded and the grading system for radiographic images should be updated.

The registered manager must ensure that patient records routinely record language preference and use the updated system for grading radiographic image quality.

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

Leadership

Governance and leadership

The practice had clear management structures, with the practice under the direction of the principal dentist and practice manager. We saw a 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. We advised that all the documents should be dated, and a system put in place to ensure they are reviewed on a regular basis. Tracking systems should also record that staff have read and understood relevant documents.

The registered manager must put systems in place to ensure policies and procedures are regularly reviewed and read by staff as required.

We were told that staff meetings took place regularly. However, minutes from these were not formally recorded.

The registered manager must ensure minutes of staff meetings are recorded and made available to all staff.

We were told that performance management was done informally and that formal staff appraisals were not being carried out.

The registered manager must ensure that staff have regular appraisals.

Workforce

Skilled and enabled workforce

We reviewed the training records of all three clinical staff 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 saw evidence that clinical staff were appropriately 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

The practice had a suggestion box in the waiting area. Any feedback received was reviewed regularly and discussed during monthly staff meetings. We recommended a 'you said, we did' board or poster be displayed, to show patients how feedback was acted upon.

The registered manager should consider putting a 'you said, we did' board on display to encourage further patient feedback.

There was a clear procedure in place for handling complaints. This included appropriate response times in line with NHS Putting Things Right. Details of some external bodies were included, regarding escalation. However, the process did not include reference to HIW. We noted that there was also no reference to advocacy services.

The registered manager must update the complaints procedure to include information and contact details about HIW, and about LLAIS as an advocacy service for patients.

Staff told us that any verbal complaints would be logged in a book at reception.

We saw that the practice did not have a policy about the Duty of Candour and staff had not received training.

The registered manager must put a policy in place on the Duty of Candour and ensure all staff receive appropriate training.

Information

Information governance and digital technology

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

Learning, improvement and research

Quality improvement activities

We found that the practice had carried out some clinical audits, notably smoking cessation and antibiotic prescribing. However, the number of audits was limited

and notably did not include infection control, record keeping, clinical waste or radiographic image quality.

The registered manager must ensure a program of audits is implemented, including both clinical and non-clinical audits.

The practice did not have a 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 or 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 GDC code of ethics was not displayed to patients.	This is a regulatory requirement.	This was raised with the practice manager.	Suitable posters were put on display during the inspection.
Information about the clinical team was on display and in the patient information leaflet. However, this did not include GDC registration numbers.	GDC registration numbers demonstrate to patients that the clinical staff are suitably registered professionals.	This was raised with the practice manager.	A suitable poster was put on display during the inspection.
The practice opening hours and how to access emergency treatment were not visible outside the practice.	Insufficient information available to aid patients visiting the practice out of hours or in an emergency.	This was raised with the practice manager.	Suitable posters were put on display during the inspection.
The fire risk assessment included an action that had not been addressed, about alerting deaf	Deaf patients may be put at higher risk in the event of a fire.	This was raised with the practice manager.	Additional instructions were added to the fire evacuation procedure during the inspection.

patients in the event of a fire alarm.			
We recommended that a poster be put on display, advising patients to notify staff of any changes to their medical history.	Changes to medical history could be relevant to a patient's treatment.	This was raised with the practice manager.	A suitable poster was put on display during the inspection.
Some items in the medical emergency equipment were missing or out of date.	This could compromise the effectiveness of treating patients in the event of a medical emergency.	This was raised with the practice manager.	The relevant items were either replaced or replacements ordered during the inspection.
Safeguarding procedures did not include flowcharts about reporting issues.	Flowcharts enable staff to deal with potential safeguarding issues more easily and quickly.	This was raised with the practice manager.	During the inspection, appropriate flowcharts were put on display for staff to use.
There were Local Rules for the use of X-ray equipment, but these were not on display.	It is a requirement that Local Rules be available to staff.	This was raised with the practice manager.	A copy of the Local Rules was put on display in a suitable location.
The practice did not use the Local Standards for Invasive Procedures (LocSSIPs) checklists.	LocSSIPs checklists are considered good practice to reduce the risk of wrong site tooth extraction.	This was raised with the practice manager.	Appropriate checklists were put on display during the inspection, in clinical areas. Staff assured us that the checks would be adopted as good practice.
The clinical waste bin to the rear of the building was not locked.	This posed a risk of unauthorised access.	This was raised with the practice manager.	The clinical waste bin was immediately locked.

Appendix B - Immediate improvement plan

Service: Llanfyllin Dental Practice

Date of inspection: 2 July 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): N/A

Job role: N/A

Date: N/A

Appendix C - Improvement plan

Service: Llanfyllin Dental Practice

Date of inspection: 2 July 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. There was no voicemail message for patients telephoning the practice out of hours, to inform them of the opening hours and how to access treatment in an emergency.	The registered manager must ensure an appropriate voicemail message is provided for patients calling the practice outside of opening hours.	The Private Dentistry (Wales) Regulations 2017, Regulation 9(a)	The registered manager called the phone and internet provider and the voicemail message is in place now.	Dr. Crizantema-Livia Ichim	29/07/2024
2. The 'Active Offer' of Welsh was not offered at the practice	The registered manager must implement the 'Active Offer'.	The Welsh Language (Wales) Measure 2011	The Local Health Board has been contacted for advice and support about how to implement the Active Offer.	Dr Crizantema-Livia Ichim	Ongoing

3.	Staff were unclear about how to access translation services in the event of a patient being unable to speak English.	The registered manager must ensure that the practice has access to translation services.	The Private Dentistry (Wales) Regulations 2017, Regulation 9	Language Line Insight Translation Services have been implemented on the Practice Tablet, with help from Powys Teaching Local Health Board.	Dr Crizantema-Livia Ichim	Completed
4.	Documents relating to equality and diversity required review and updating.	The registered manager must put an equality and diversity policy in place, for both patients and staff, referencing the Equality Act 2010 and the protected characteristics within it.	The Private Dentistry (Wales) Regulations 2017, Regulation 15	The documents will be reviewed and updated	Dr Crizantema-Livia Ichim	30/08/2024
5.	The Health and Safety risk assessment could be improved by tracking progress on identified actions.	The registered manager must implement a system to track and regularly review progress on any actions identified in the Health and Safety risk assessment.	The Private Dentistry (Wales) Regulations 2017, Regulation 8 (1)(k)	A system to track and regularly review progress on such actions will be implemented.	Dr Crizantema-Livia Ichim	30/08/2024
6.	There was no evidence that a routine audit of infection control had been carried out.	The registered manager must ensure that an infection control audit is carried out in accordance with Welsh Health Technical	The Private Dentistry (Wales) Regulations 2017, Regulation 13(5)	A routine audit of infection control will be carried out.	Nurse Tamzyn Orme	30/08/2024

		Memorandum WHTM 01-05 requirements.	Welsh Health Technical Memorandum WHTM 01-05			
7.	Expired medicines were disposed of at a local pharmacy. No records were kept about the disposals.	The registered manager must arrange for pharmaceutical waste to be appropriately disposed of via waste disposal contract, with records kept for reference.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	The waste disposal contract for pharmaceutical waste was signed	Dr Traian Ichim	31/07/2024
8.	The clinical waste bin to the rear of the building could be accessed or removed by unauthorised persons.	The registered manager must ensure that the clinical waste bin to the rear of the building is kept locked and secured.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)(a)	The clinical waste bin to the rear of the building was locked and secured	Dr Traian Ichim	24/07/2024
9.	Some items of equipment for dealing with medical emergencies were missing or out of date.	The registered manager must implement a tracking system to ensure the timely replacement of emergency equipment and drugs.	The Private Dentistry (Wales) Regulations 2017, Regulation 31	A tracking system to ensure the timely replacement of emergency equipment and drugs will be implemented.	Dr Crizantema-Livia Ichim	30/08/2024
10.	Glucagon was stored in a fridge, but the temperatures were	The registered manager must ensure that the fridge temperature is checked and recorded daily.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(4)(a)	The registered manager ensures that the fridge temperature is	Dr Crizantema-Livia Ichim	24/07/2024

	not checked or recorded.			checked and recorded daily		
11.	Safeguarding policies and procedures did not refer to the All Wales national safeguarding procedures.	We advise that safeguarding policies and procedures are updated to refer to the All Wales national safeguarding procedures.	The Private Dentistry (Wales) Regulations 2017, Regulation 14	The safeguarding policies and procedures will be updated to refer to All Wales national safeguarding procedures.	Dr. Traian Ichim	30/08/2024
12.	The practice did not have an adequate quality assurance programme regarding X-rays.	The registered manager must ensure a quality assurance programme is put in place which includes regular audits on radiographic equipment and image quality.	The Private Dentistry (Wales) Regulations 2017, Regulation 13(2)	A quality assurance programme regarding X-rays will be put in place	Dr Crizantema-Livia Ichim	30/08/2024
13.	Language preference was not routinely recorded in patient records and the system used for grading radiographic images was out of date.	The registered manager must ensure that patient records routinely record language preference and use the updated system for grading radiographic image quality.	The Private Dentistry (Wales) Regulations 2017, Regulation 19	The patient records will routinely record language preference and use the updated system for grading radiographic image quality.	Dr Crizantema-Livia Ichim	30/08/2024
14.	There was no robust system to ensure Policies and	The registered manager must put systems in place to ensure policies and	The Private Dentistry (Wales) Regulations 2017, Regulation 8	A robust system to ensure Policies and procedures were	Dr Crizantema-Livia Ichim	30/08/2024

	procedures were regularly reviewed and to record that staff had read and understood them.	procedures are regularly reviewed and read by staff as required.		regularly reviewed and to record that staff had read and understood them will be put in place		
15.	Minutes from staff meetings were not recorded and routinely shared.	The registered manager must ensure minutes of staff meetings are recorded and made available to all staff.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(1)	The registered manager will ensure minutes of staff meetings are recorded and made available to all staff.	Dr. Crizantema-Livia Ichim	30/08/2024
16.	Staff appraisals were not being carried out.	The registered manager must ensure that staff have regular appraisals.	The Private Dentistry (Wales) Regulations 2017, Regulation 17(4)	The registered manager will ensure that staff have regular appraisals.	Dr. Crizantema-Livia Ichim	30/08/2024
17.	There was no mechanism to show patients how feedback had been acted upon.	The registered manager should consider putting a 'you said, we did' board on display to encourage further patient feedback.	The Private Dentistry (Wales) Regulations 2017, Regulation 16(2)	The registered manager will put a 'you said, we did' board on display to encourage patient feedback.	Dr. Crizantema-Livia Ichim	30/08/2024
18.	Some information was missing from the complaints procedure.	The registered manager must update the complaints procedure to include information and contact details about HIW, and	The Private Dentistry (Wales) Regulations 2017, Regulation 21	The registered manager will update the complaints procedure to include information and	Dr Crizantema-Livia Ichim	30/08/2024

		about LLAIS as an advocacy service for patients.		contact details about HIW and LLAIS		
19.	The practice did not have a policy about the Duty of Candour and staff had not received training.	The registered manager must put a policy in place on the Duty of Candour and ensure all staff receive appropriate training.	Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20.	The registered manager will put in place a policy about the Duty of Candour and staff will receive training.	Dr Crizantema-Livia Ichim	30/08/2024
20.	The number and type of audits being carried out required improvement.	The registered manager must ensure a program of audits is implemented, including both clinical and non-clinical audits.	The Private Dentistry (Wales) Regulations 2017, Regulation 16	The registered manager will ensure a program of audits is implemented, including both clinical and non-clinical audits.	Dr. Crizantema-Livia Ichim	30/08/2024
21.	The practice did not have a process in place to deal with 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)	The registered manager will put a process in place to record patient safety incidents or significant events.	Dr. Crizantema-Livia Ichim	30/08/2024

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): Dr Traian Ichim

Job role: Principal

Date: 1 August 2024