

General Dental Practice Inspection (Announced)

Sketty Road Dental, Abertawe
Bro Morgannwg University Health
Board

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Sketty Road Dental Practice at 17 Sketty Road, Uplands, Swansea, SA2 0EU, within Abertawe Bro Morgannwg University Health Board on the 15 October 2018.

Our team, for the inspection comprised of two HIW inspectors and a dental peer reviewer.

HIW explored how the service met the Private Dentistry (Wales) Regulations 2017, the Health and Care Standards (2015) and other relevant legislation and guidance.

Further details about how we conduct dental inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we could not be assured that the service was providing safe and effective care.

This is because we found evidence that the practice was not fully compliant with the regulations and standards in several key areas. This has resulted in HIW classifying this practice as a service of concern and the issue of a non-compliance notice identifying matters that required immediate action to address.

We were sufficiently concerned by our findings that we took the significant step of conducting an urgent follow-up inspection approximately six weeks after our initial visit, in order to assess whether the issues that we found had been resolved. As a result of this second visit, we were able to conclude that appropriate action had been taken.

This is what we found the service did well:

- The practice was committed to providing a friendly, approachable service to their patients, and the responses provided from the questionnaires was generally very positive
- The practice kept the patient waiting areas pleasant, clean and tidy.

We identified several areas of non-compliance with the regulations as follows:

- Regulation 22(2)(a) & (b) regarding the Fitness of the premises. This is because HIW could not be assured that the practice was providing a clean, safe and secure environment, or that the premises were kept in a good state of repair externally and internally
- Regulations 13(3)(b) regarding the Quality of treatment and other service provision. This is because HIW could not be satisfied that the equipment used for the sterilisation of medical devices was being tested, and therefore HIW could not be assured that the autoclaves were working in a way to ensure dental instruments are properly sterilised

- Regulation 13(2)(a) regarding the Quality of treatment and other service provision. This is because HIW was informed that root canal therapy files, designed for single use, were being sterilised after use, bagged up with the patient's name and kept for future use on that patient
- Regulations 17(1)(a) regarding staffing and 18(2)(a),(c) and (e) regarding the Fitness of workers. This is because HIW could not be satisfied that the staff were appropriately qualified, and had the relevant checks to carry out their roles. These are critical pieces of training and evidence defined by the Private Dentistry (Wales) Regulations 2017 and General Dental Council standards to ensure safe delivery of care to patients.

These are serious matters and resulted in the issue of a non-compliance notice to the service. At the time of publication of this report, HIW has received sufficient assurance of the actions taken to address the improvements needed. Further details can be found in Appendix B.

Due to the significance of the concerns identified during the initial inspection and their potential risk to patient safety, HIW conducted a follow up inspection on 21 November 2018 to test specifically whether the written assurances we had been provide with had been actioned. Our findings for this additional visit can be found in Appendix D and overall we were able to conclude that appropriate action had been taken.

3. What we found

Background of the service

Sketty Road Dental Surgery provides services to patients in the Uplands and Sketty area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes three dentists, three dental nurses and a receptionist.

The practice provides a range of NHS and private general dental services.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Overall we found evidence that Sketty Road Dental Surgery provided a friendly and supportive service to their patients.

The practice was focussed on providing a positive experience for its patients. We saw evidence of good staff patient relationships and the practice had a range of policies and procedures in place to support the patients and staff.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 38 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

The majority of patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"All the staff are very pleasant and extremely professional. If I've had any problems, such as a painful tooth, they do their utmost to treat me as soon as possible, despite it being a very busy surgery"

"I have only been a patient at this practice for a short time. The dentist is always ready to answer my questions and explain his findings and offer advice when necessary. Telephone and reception enquiries are always well dealt with"

"All staff are helpful and work hard to fit in appointments when an emergency occurs. They are friendly and welcoming. Thanks"

Patients were asked on the questionnaires how the dental practice could be improved; some patients mentioned that the upkeep of the building could be improved, including the outside decoration of the building and a new modern

toilet for staff and patients to use at the practice. Other comments provided by patients included:

“Keep appointment times as close to arranged as possible”

“Full time dentist for continuity”

Staying healthy

Health promotion protection and improvement

All but one of the patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

We saw a range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health.

Dignified care

All of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice.

Staff told us that if there was a need to hold a private conversation with a patient, they would either take them to one of the surgeries or the back of the practice to prevent conversations being overheard. We noted that the practice had a confidentiality policy in place.

We noted that the door to the surgery remained open when treatment was being provided. Whilst the layout of the practice meant that other patients could not see into the surgery or hear the conversations taking place we would advise that the surgery door is closed at all times when treatment is being provided to ensure the privacy of patients is protected. We noted that the 9 Principles as set out by the General Dental Council (GDC)¹ was visible in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

¹ <https://standards.gdc-uk.org/>

Patient information

Where applicable, all of the patients that completed a questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment, and said they had received clear information about available treatment options. Patients that completed a questionnaire also said that the cost of any treatment was always made clear to them before they received any treatment.

We found the patient information leaflet was available to patients in the waiting area, and gave comprehensive information about the practice. We saw posters showing private treatment costs and NHS treatment fees displayed in the waiting area, as well as a number of leaflets about dental treatments and issues. These helped patients to make informed decisions about their oral health and treatment options.

A poster containing details of the dental practitioners working at the practice was created and displayed during the inspection, satisfying HIW that appropriate information on the dentists was available.

Communicating effectively

All but two of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

There were no Welsh speakers at the practice, and the information available was all through the medium of English. Given that the service operates in Wales, arrangements should be made to provide information in Welsh and to help staff make an 'Active Offer'².

Timely care

Details of how patients could access emergency dental care when the practice was closed was displayed at the entrance to the practice and provided on the

² An 'Active Offer' means providing a service in Welsh without someone having to ask for it. <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>

practice's answerphone message. However, just under a third of the patients that completed a questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. The practice may want to consider how it advertises the service so more patients feel confident in knowing how to access out of hours services.

All of the patients that completed a questionnaire told us that it was "very easy" or "fairly easy" to get an appointment when they needed it.

The practice made efforts to ensure patients were seen in a timely manner. Staff told us that if a dentist was running late they would advise the patient waiting of any delay.

Individual care

Planning care to promote independence

Where applicable, all of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

People's rights

The practice was accessible for wheelchair users as it was located on the ground floor. The patient toilet, however, was not wheelchair accessible.

We found that there were a number of policies in place to support staff and patients, including an equal opportunities policy. This meant that the practice was able to deliver on its commitments under the Equality Act 2010.

Listening and learning from feedback

The practice had a questionnaire where patients could score the service they had received and leave comments. We suggested that any changes made as a result of the comments should be communicated to patients.

We found there was a complaints policy in place that was compliant with NHS Putting Things Right³ and the Private Dentistry Regulations. The practice kept a complaints file and we advised that all correspondence be kept in one place, both from the complainant and the practice.

³http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we could not be assured that the service was providing safe and effective care.

This is because we found evidence that the practice was not fully compliant with the regulations and standards in several key areas. HIW found concerns with regard to the upkeep and cleanliness of the surgeries and the protocols for the sterilisation of equipment.

HIW issued a non-compliance notice and identified a number of improvement areas below.

Safe care

We identified a number of concerns during our inspection, which related to the environment, infection control processes and the safety of staff, which were dealt with under our non-compliance process. This meant that we wrote to the practice immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy. An environmental risk assessment had been completed and there was a checklist for regular updates. The practice did not have a risk management policy and this must be put in place.

We saw that fire extinguishers were available and had been regularly serviced. We also saw that the fire alarm system had been regularly serviced. The fire risk assessment was a general map of the site and we advised that it should be developed further to include specific fire related risks and the procedures and actions to be taken to minimise these. We found that the staff had not received fire training, and recommended that training is sought to ensure that there is a member of staff in the practice at all times with appropriate fire training

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) waste, however non-hazardous (household) waste was disposed of via the Local Authority domestic waste collections. Clinical waste was stored in a bin within a locked outside storage area. However, there was a secondary marked clinical waste bin in the outside rear area, which was being used for general waste. We advised that to avoid staff confusing the two bins, a general waste bin should be used instead.

Under the Control of Substances Hazardous to Health Regulations 2002⁴, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a mercury spillage kit but this was out of date. The practice must ensure that all equipment is suitable for use and within their expiry dates. Any out of date equipment must be replaced. The practice did not have a mercury handling policy, and we recommended that this is put in place to ensure staff are aware of their responsibilities.

We saw that the electrical (PAT) testing for small electrical items was up to date and that there were recent gas boiler and electrical wiring service certificates in place.

There was a unisex toilet for use by patients and staff on the ground floor of the premise. These facilities were clearly signposted; with sanitary disposal bin in place. However, we saw that this was not suitably clean and would recommend that the bathroom was given a deep clean as a matter of urgency.

Improvement needed

The practice must put a risk management policy in place

The practice must ensure that staff are suitably trained in fire safety as per the regulations.

The practice must ensure that all equipment is suitable for use and within their expiry dates

⁴ http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/

The practice must ensure that a deep clean is undertaken of the bathroom area.

Infection prevention and control

All of the patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean” or “fairly clean”.

However, upon inspection of the surgeries we found that one surgery required a deep clean and needed to be treated for damp. This needs to be completed as soon as possible and evidence given to HIW that this has been actioned. We also found that there was no seal between the floor and the wall in the surgery which would inhibit effective cleaning to ensure infection prevention. We recommended that this was sealed as soon as possible. We also found within this surgery that files and books were kept on open shelves, and recommended that these must be kept elsewhere to allow for the surgery to be cleaned effectively. Finally, we noted that although the surgery appeared to have been modern and fairly new, we voiced concern over some of the fittings, such as the tiles behind the "dirty" sink, which were porous, rough textured and could not be properly cleaned. We recommended that these were replaced with wipe clean surfaces as per WHTM 01-05⁵.

Within the second surgery we found similar issues. We saw that the surgery equipment was significantly older and cupboards, shelves and drawers were all damaged. We could not be assured that a deep clean would be sufficient to ensure infection prevention within this surgery and recommended that the surgery fittings needed to be replaced with undamaged, wipe clean fittings. We also saw that the damp was significantly worse within this surgery and would need to be addressed as a matter of urgency prior to patients receiving treatment in this room. We also recommended that the same actions as the first surgery with regards to sealing the floor and ensuring clutter was removed were applicable.

⁵ www.wales.nhs.uk/sites3/documents/254/WHTM_01-05_Revision_1.pdf

The surgeries were both equipped with an autoclave⁶ and the cleaning and sterilisation of dental instruments took place within each surgery itself. The front surgery had an autoclave with a memory stick record of the cycles, which was then stored on the computer to ensure that the autoclave was sterilising equipment effectively. We could not be assured on the day that this was the case as there were no members of available staff trained to access this information. We recommended that all staff are trained on this process and that regular checks on the information be conducted. The rear surgery held an autoclave with a printer to provide records, however this element of the machine was broken. As no logbook was kept for this machine, there was no way for HIW to be assured that this autoclave was sterilising equipment properly. This must be fixed or a manual log must be kept of all cycles with immediate effect.

We found that endodontic drill bits and reamers⁷ were being cleaned and kept for the same patients for future treatments. The WHTM 01-05 guidance document states that endodontic drill bits and reamers should be single use only, and disposed of after use. We recommend that these are disposed of after use and new drill bits are used for each treatment.

We noted that there was confusion items that have been sterilised and bagged. Specifically, it was clear that some nurses were date stamping bagged instruments with the sterilisation date and others the expiry date. We recommended that a standardised approach be taken across the practice to date stamping bags as per WHTM 01-05, to ensure out of date sterilised equipment is not used in error.

Contract documentation was in place for the disposal of non-hazardous and hazardous waste. Sharps containers were safely stored. The dentist was

⁶ An autoclave is a pressure chamber used to carry out processes requiring elevated temperature and pressure different from ambient air pressure. Autoclaves are used in medical applications to perform sterilization.

⁷ Endodontic drill bits and reamers are specific pieces of equipment used during root canal treatments.

advised to consider the use of re-sheathing devices⁸ for used needles as good practice to ensure the safety of staff.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. At the time of the inspection HIW could not be assured that this had been carried out within the last 5 years. The practice was asked to provide evidence of this within 48 hours, but did not provide this.

We noted that the practice did not have an infection control audit in place, and recommended that this is undertaken as soon as possible.

Improvement needed

The practice must ensure a protocol is put in place to clarify the date stamping of sterilised equipment

The practice should consider the use of re-sheathing devices for needles.

The practice must ensure that all staff are protected against Hepatitis B.

The practice must ensure an infection control audit is undertaken.

Medicines management

We could not be assured on the day that staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation. HIW requested that the practice provide evidence of this within 48 hours of the inspection which the practice was able to provide for all members of staff currently in work. There was no resuscitation policy in place and we recommended that this was created.

⁸ Re-sheathing devices are instruments used for the purpose of minimising the risk of needle stick injuries. For further information please visit <http://www.hse.gov.uk/biosafety/blood-borne-viruses/avoiding-sharps-injuries.htm>

The practice did not have any trained first aiders, and we recommended that training is sought so a first aider is available in the practice in the event that this is necessary.

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁹. The practice's first aid kit was complete and in date. However, we did not see evidence of how regularly these were checked, and recommend that a log is maintained of all checks completed. .

The practice had a medication policy in place.

We were told that all drug-related adverse incidents are recorded via the MHRA Yellow Card¹⁰ scheme.

Improvement needed

The practice must put a resuscitation policy in place

The practice must ensure that there is a trained first aider on site at all times

The practice must ensure that all staff files are kept up to date with the latest training to ensure staff are fit to work.

The practice must ensure that evidence is retained of the regular checks that are undertaken of the emergency resuscitation and first aid equipment.

Safeguarding children and adults at risk

We saw that the practice had comprehensive policies and procedures in place to promote and protect the welfare of children and vulnerable adults, containing the contact details for the relevant safeguarding agencies.

⁹ The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration might want to ad

¹⁰ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

At the time of the inspection, we could not be assured that staff had received appropriate safeguarding training.

We suggested that the safeguarding lead for the practice consider attending a higher level of safeguarding training to other staff members to ensure they have the appropriate skills and understanding of safeguarding issues to provide advice and guidance to other members of staff.

Improvement needed

The practice must ensure that all staff have received safeguarding training at a level that is appropriate for their role.

Medical devices, equipment and diagnostic systems

The radiological equipment was in working order and controlled areas had been identified. The radiation protection file was maintained and comprehensive, containing all the essential information apart from the personal radiation dose badges. We noted that the local rules¹¹ were displayed in the surgeries. We saw that the isolation switch for the rear surgery was within the controlled area and should be placed further away from the machine.

We did not have evidence on the day of the inspection that all staff had completed appropriate training in accordance with the requirements of the General Dental Council¹² and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹³. The practice must ensure that all staff have received appropriate training.

¹¹ Local rules (or safe working procedures) should reflect safe working practices and relate to the day-to-day safety management of lasers, IPL systems and LEDs. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf

¹² General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹³ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

Improvement needed

The practice must seek professional advice regarding the location of the isolation switch for the x-ray equipment within the rear surgery.

The practice must provide evidence that all staff have carried out sufficient IR(ME)R training.

Effective care

Safe and clinically effective care

We saw evidence that the practice had a number of sporadic clinical audits in place, and we recommended that audits such as record keeping, infection control and smoking cessation should also be carried out. The practice could consult organisations such as the British Dental Association¹⁴ and the Welsh Deanery¹⁵ for advice and support on effective clinical audit.

Improvement needed

The practice must ensure that appropriate audits, such as infection control and record keeping, are carried out.

Quality improvement, research and innovation

We were told that the dentists do not meet routinely to discuss clinical issues, but there was opportunity during the team meetings. We advised that a process should be formalised such as a peer review process. We also suggested that a similar arrangement is put in place for the dental nurses within the practice.

¹⁴ <https://bda.org>

¹⁵The Welsh Deanery provides information, guidance and support to dental practices in Wales <https://www.walesdeanery.org/deanery-homepage>

We were told that the practice was not using the Welsh Deanery Maturity Matrix Dentistry practice development tool¹⁶. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Information governance and communications technology

We found that the electronic patient information was stored on computers without password protection. Passwords must be in place on all computers to ensure electronic patient information is kept secure. Paper records were kept in filing cabinets behind the reception area; these were not locked. The practice must ensure that patient records, both paper and electronic, are appropriately protected to prevent unauthorised access.

Improvement needed

The practice must ensure that electronic and paper copies are secured appropriately in line with appropriate legislation.

Record keeping

We reviewed a sample of patient records. We found that in some cases there were omissions, with the following not always recorded in patient records:

- Inconsistent and infrequent Basic Periodontal Examination readings
- Infrequent recording of Oral Hygiene Instruction/prevention
- Inconsistent and infrequent grading of radiographs
- No evidence of cancer screening recorded

¹⁶ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Improvement needed

The practice must ensure patient records are completed in keeping with professional standards for record keeping.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

Sketty Road Dental Surgery is owned by the principal dentist, who is also the responsible individual and registered manager. He is supported by two associate dentists and three dental nurses.

Given the significant non-compliance issues identified in this inspection we were not assured that there were sufficient governance arrangements in place to ensure services were being provided safely and effectively.

Furthermore given the size and complexity of the dental practice the principal dentist must consider whether additional management support is required to ensure that the responsibilities of the registered manager can be discharged effectively. There appeared to be good relationships between the principal dentist and staff.

Governance, leadership and accountability

Sketty Road Dental Surgery is owned by the principal dentist. He also has the role of registered manager¹⁷ and responsible individual¹⁸. He was one of three

¹⁷ "registered manager" means a person who is registered under Part 2 of the Private Dentistry (Wales) Regulations 2017 as the manager of a private dental practice

dentists at the practice. There was also three dental nurses and one receptionist, although at the time of the inspection two dental nurses were on maternity leave and agency nurses were being used on a daily basis to cover these roles. Given the size and complexity of the dental practice and the significant non-compliance issues identified the principal dentist must consider whether additional management support is required to ensure that the responsibilities of the registered manager can be discharged effectively.

We noted the range of policies and procedures that were in place to ensure the safety of both staff and patients. However, several required updating to meet the standard required and some policies required by the regulations needed to be developed. The Statement of Purpose did not contain all of the relevant information required by the Private Dentistry Regulations, and as such this needs to be amended. The Patient Information Leaflet contained all the relevant information required by the regulations.

The registered manager confirmed that he was aware of his duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW¹⁹.

At the time of the inspection the practice did not have sufficient evidence that all clinical staff were registered to practise with the General Dental Council; this was provided within 48 hours of the inspection. All practitioners had appropriate indemnity insurance cover in place. We noted the practice's public liability insurance certificate was displayed in the reception area.

¹⁸ "responsible individual" means an individual who is the director, manager, secretary or other officer of the organisation and is responsible for supervising the management of a private dental practice

¹⁹ Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

Improvement needed

The practice must ensure it retains documentation to demonstrate that all staff are registered with the General Dental Council.

The practice must ensure that the statement of purpose is updated to include all information required by the regulations.

The principal dentist must consider whether additional management support is required to ensure that the responsibilities of the registered manager around assessing and monitoring the quality of service provision can be discharged effectively

Staff and resources

Workforce

The practice had a number of personnel related policies and procedures in place including a recruitment policy. Staff were not undertaking regular appraisals and no personal development plans were in place for the upcoming year. The practice must ensure that regular appraisals take place for all staff.

As mentioned within previous sections of the report, where we found gaps in staff training a recommendation has been made.

We were told that the practice holds meetings regularly. We saw minutes relating to these meetings on a variety of topics.

The Regulations for Private Dentistry require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) Certificate issued within the previous three years. At the time of the inspection, we could not be assured that this had been carried out for all staff. The practice provided evidence of this within 48 hours.

Improvement needed

The practice must ensure that regular appraisals take place for all staff

4. What next?

Where we have identified improvements and immediate non compliance issues 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 issued a non compliance notice asking the service to tell 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
- Appendix D: Includes details of the follow up inspection carried out as a result of the concerns HIW had regarding the service following the initial inspection

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a non-compliance notice. The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- 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.

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.

5. How we inspect dental practices

Dental practice inspections are usually announced. Dental practices receive up to twelve weeks notice of an inspection. This is so that arrangements can be made to ensure that the practice is running as normal, and that the inspection causes as little disruption to patients as possible.

Feedback is made available to practice representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

We check how dental practices are meeting the [Health and Care Standards 2015](#) and, where private dentistry is provided, the [Private Dentistry \(Wales\) Regulations 2017](#). Where appropriate we consider how the practice meets these regulations, as well as the [Ionising Radiations Regulations 1999](#), the [Ionising Radiation \(Medical Exposure\) Regulations 2000](#) and any other relevant professional standards and guidance such as the [General Dental Council Standards for the Dental Team](#).

These inspections capture a snapshot of the standards of care within dental practices.

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our 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
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Appendix B – Immediate improvement plan

Service: Sketty Road Dental

Date of inspection: 15 October 2018

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.

Description of non-compliance / Action to be taken	Regulation	Service action	Responsible officer	Timescale
The practice must ensure that suitable levels of cleanliness are adhered to in all areas of the surgery, and the building is kept in a good state of repair.	Regulation 22(2)(a) & (b)	<p>Deep clean of all practice undertaken within 48 hours by specialist service.</p> <p>Paperwork removed to more appropriate storage area.</p> <p>Surgery cleaning protocols to be established including staff training with establishment of Cross Infection Control Lead (CIL).</p> <p>Closure of 2nd Surgery until full assessment and agreement plan with HB.</p> <p>Building and refurbishment plan to be established and agreed with HB.</p>	PJ	<p>Confirmed deep clean undertaken 17th October and standards achieved confirmed by DPA visit on 19th October</p> <p>Paperwork move immediate and confirmed by 19th October 2018</p> <p>Building and surgery replacement /refurbishment plans to be shared with HB by 26th October 2018 and timelines and</p>

		Cross infection control lead identified		plans agreed
The practice must ensure that the autoclaves can be regularly tested to ensure it is sterilising dental instruments appropriately, and that an accurate log is kept for each autoclave.	Regulation 13(3)(b)	To review decontamination and sterilisation protocols and processes. To include purchase external hard drive/printer for autoclave 2 and to ensure all staff are suitably trained on use of associated software for autoclave 1 All actions to be confirmed with HB	PJ	Protocols and processes reviewed and agreed with HB by 16 th of October. Confirmed by HB External hardware purchase by 26 th of October 2018 All staff to be suitably trained on use of autoclave software by 26 th October with programme commencing 22 nd October 2018
The practice must follow relevant guidelines and ensure that endodontic instruments such as reamers and files are treated as single use.	Regulation 13(2)(a)	The Practice will establish and apply with agreed protocols to comply with the standards associated with the use of endodontic instruments. Used files will be discarded. Cessation of use of files outside	PJ	Immediate affect from 17 th October 2018 and confirmed with HB

		agreed standards		
<p>The practice must ensure that it is sufficiently assured that the staff are appropriately qualified and safe to carry out their roles, by gathering evidence of CPD requirements, professional obligations and relevant checks to ensure both theirs and patient safety.</p>	<p>Regulations 17(1)(a) and 18(2)(a),(c) and (e)</p>	<p>To provide evidence to HB and HIW in the following areas to confirm compliance with Regulations and professional standards:</p> <ul style="list-style-type: none"> DBS GDC Certification IC training CPR training IRMER training Hep B immunity Safeguarding and POVA training First Aid and Fire training 	<p>PJ</p>	<p>Evidence with HB and HIW within 48 hours.</p> <p>Where evidence does not exist then requirement to provide evidence or an agreed plan with the HB by 26TH of October</p>

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

Service representative: Paul James

Name (print): Mr Paul James

Job role: Registered Manager

Date: 19 October 2018

Appendix C – Improvement plan

Service: Sketty Road Dental

Date of inspection: 15 October 2018

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The practice must put a risk management policy in place	2.1 Managing risk and promoting health and safety;	Risk management policy has been written and is in a risk management folder	Paul James	13/12/2018
The practice must ensure that staff are suitably trained in fire safety as per the regulations.	Private Dentistry Regulation 8(e)	A fire safety contract has been taken out with Chubb with immediate effect.	Paul James	8/01/2019
The practice must ensure that all equipment is suitable for use and within their expiry dates	Private Dentistry Regulations 22(4)	All current equipment is within expiry dates	Paul James	16/10 /2018
The practice must ensure that a deep clean is undertaken of the bathroom area.	Private Dentistry Regulations 8(d) Private Dentistry Regulations 22(2)	Bathroom area is cleaned daily and a deep clean performed twice a week by an outside contracted cleaner	Paul James	16/10/2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must ensure a protocol is put in place to clarify the date stamping of sterilised equipment</p> <p>The practice should consider the use of re-sheathing devices for needles.</p> <p>The practice must ensure that all staff are protected against Hepatitis B.</p> <p>The practice must ensure an infection control audit is undertaken.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05</p>	<p>protocol has been put in place</p> <p>Re-sheathing devices are under consideration</p> <p>All staff have been immunised apart from a trainee who has had two parts of the three stage process</p>	<p>Paul James</p> <p>Paul James</p> <p>Paul James</p>	<p>13/12/2018</p> <p>01/03/2019</p> <p>08/05/2019</p>
<p>The practice must put a resuscitation policy in place</p> <p>The practice must ensure that there is a trained first aider on site at all times</p> <p>The practice must ensure that all staff files are kept up to date with the latest training to ensure staff are fit to work.</p> <p>The practice must ensure that evidence is</p>	<p>2.6 Medicines Management; Private Dentistry Regulations 31</p> <p>Private Dentistry Regulations 8(k)</p> <p>Private Dentistry Regulations 17(1)</p> <p>Private Dentistry</p>	<p>Resuscitation policy put in place</p> <p>Two full time members of staff have undertaken first aider training</p> <p>All files are up to date</p>	<p>Paul James</p> <p>Paul James</p> <p>Paul James</p>	<p>13/12/2018</p> <p>22/11/2018</p> <p>13/12/2018</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
retained of the regular checks that are undertaken of the emergency resuscitation and first aid equipment.	Regulations 31(2)	Log is kept of regular checks of emergency resuscitation and first aid equipment	Paul James	16/10/2018
The practice must ensure that all staff have received safeguarding training at a level that is appropriate for their role.	2.7 Safeguarding children and adults at risk; Private Dentistry Regulations 17(1)	All staff have completed appropriate training	Paul James	16/11/2018
<p>The practice must seek professional advice regarding the location of the isolation switch for the x-ray equipment within the rear surgery.</p> <p>The practice must provide evidence that all staff have carried out sufficient IR(ME)R training.</p>	2.9 Medical devices, equipment and diagnostic systems; Ionising Radiations Regulations 2017 Private Dentistry Regulations 17(1)	<p>Isolation switch has been relocated to outside the controlled area</p> <p>All staff have completed IR(ME)R training</p>	Paul James	17/11/2018
The practice must ensure that appropriate audits, such as infection control and record keeping, are carried out.	3.1 Safe and Clinically Effective care; Private Dentistry Regulations 8(n)	Appropriate audits have commenced .	Paul James	16/11/2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	3.3 Quality Improvement, Research and Innovation;			
The practice must ensure that electronic and paper copies are secured appropriately in line with appropriate legislation.	3.4 Information Governance and Communications Technology; Private Dentistry Regulations 8(f)	All computers have password protection. Paper copies are kept in a secured area	Paul James	22/10/2018
The practice must ensure patient records are completed in keeping with professional standards for record keeping.	3.5 Record keeping; Private Dentistry Regulations 20	All dental records are completed according to professional standards for record keeping	Paul James	14/12/2018
Quality of management and leadership				
The practice must ensure it retains documentation to demonstrate that all staff are registered with the General Dental Council.	Governance, Leadership and Accountability; Private Dentistry	All documentation is now retained in staff folders	Paul James	15/10/2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must ensure that the statement of purpose is updated to include all information required by the regulations.</p> <p>The principal dentist must consider whether additional management support is required to ensure that the responsibilities of the registered manager in terms of assessing and monitoring the quality of service provision can be discharged effectively</p>	<p>Regulations 17 Private Dentistry Regulations Schedule 1 Private Dentistry Regulations 16 1 & 2</p>	<p>The practice is updating the statement of purpose in line with regulations</p> <p>The principal dentist has engaged a practice manager who is currently on maternity leave but will commence on her return.</p>	<p>Paul James</p> <p>Paul James</p>	<p>15/01/2019</p> <p>01/09/2019</p>
<p>The practice must ensure that regular appraisals take place for all staff</p>	<p>7.1 Workforce; Private Dentistry Regulations 17(4)</p>	<p>Regular appraisals will commence the first week in January.</p>	<p>Paul James</p>	<p>02/01/2019</p>

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

Service representative

Name (print): Paul James

Job role: Registered Manager Date: 18/12/2018

Appendix D – Findings of Follow-Up Inspection

Service: Sketty Road Dental Practice

Date of inspection: 20 November 2018

HIW attended the practice six weeks after the initial inspection, to conduct a focussed follow up on the actions taken as a result of the non-compliance notice. HIW was satisfied that the practice has made significant improvements, which would ensure the safety of patients. There had been significant refurbishment within the practice, and the registered manager had made considerable changes to ensure the practice was compliant with the regulations.

The table below records the findings of a follow-up inspection that was undertaken to test specifically that the written assurances we had been provided with, on actions taken to address the concerns raised in the non-compliance noticed issued following the inspection conducted on 15 October, had been actioned.

The service is non compliant with Regulation 22(2)(a) & (b) regarding the Fitness of the premises

HIW could not be assured that the practice was providing a clean, safe and secure environment, or that the premises were kept in a good state of repair externally and internally.

<p>There was extensive dirt in both surgeries, with visible soiling and spillages on the walls, worktops and sinks which had not been cleaned. The clean and dirty sinks in both surgeries showed evidence that they had not been cleaned, despite only a small number of patients being treated on the day of the inspection. There were cobwebs in both surgeries and significant dust on the tops of pictures and clocks.</p>	<p>During the follow up we noted that there was a significant improvement in the condition of the practice. A cleaning contract had been put in place and both the clinical and non-clinical areas were noticeably cleaner. Clinical areas were now compliant with WHTM 01-05.</p> <p>We noted that the drawers within the first surgery were quite cluttered with various instruments and materials, and we recommended that these should be tidied and reorganised to ensure that it is easy to use and use by dates can be clearly seen.</p> <p>We noted that the staff and storage areas were still cluttered, and needed further attention. The registered manager told us that much of this was as a result of the refurbishment of the rear surgery. We recommend that once these refurbishment works are completed, time be given to sorting and tidying the non-clinical areas to ensure they are not cluttered.</p>
<p>Paperwork had been stored in open shelves within the surgery, and there was no evidence that this area had been cleaned.</p>	<p>The open shelving within the surgery had been cleared, and all of the paperwork was being stored elsewhere. There was clear evidence that this shelving area had been thoroughly cleaned. Paperwork was currently being kept at the home of the registered manager during the refurbishment, but must be returned to the practice as soon as possible to ensure information such as staff files are kept in an appropriate manner to ensure confidentiality.</p>
<p>Within the rear surgery the cupboards and worktops were worn, rusty and damaged, inhibiting cleaning.</p>	<p>The rear surgery was undergoing a complete refurbishment and all of the cupboards, worktops, shelving and drawers were being replaced. There were clear signs that this was being completed to a high standard, with infection control at the heart of the decision making process. It was anticipated by the registered manager that the works would be completed by</p>

	the end of the week, with patients expecting to use the rear surgery from the beginning of December 2018.
There were no seals between the walls and the floor in either surgery.	During the follow up inspection it was noted that seals had been placed in the front surgery, between the floor and the walls. We were assured by the registered manager that the flooring and the walls were being sealed as part of the refurbishment within the rear surgery.
There was significant damage from damp on the walls of both surgeries. The front surgery exhibited “bubbling” walls and peeling wallpaper, and the rear exhibited significant cracks and disintegration of the wall in one open cupboard.	<p>We saw that action had been taken to address the damp issues and the walls had been repaired in the rear surgery. Specialist paint was also being used during the redecoration process to protect from further problems in the future.</p> <p>The registered manager informed us that once the rear surgery had reopened, they would be redecorating and repairing the wall in the front surgery which had also been damaged by damp. This had already been treated. Given the high standard of refurbishment within the rear surgery, we advised that removing the wallpaper to repair the wall and painting the front surgery instead may be a good option as this would support effective cleaning.</p>
<p>The service is non-compliant with Regulation 13(3)(b) regarding the Quality of treatment and other service provision</p> <p>This is because HIW could not be satisfied that the equipment used for the sterilisation of medical devices was being tested, and therefore HIW could not be assured that the autoclaves were working in a way to ensure dental instruments are properly sterilised.</p>	

<p>The autoclave in the front surgery had a memory stick, but there were no members of suitably qualified staff during the inspection who could gather the electronic records of the autoclave testing. The practice must ensure there are suitably trained members of staff at the practice to undertake testing of the autoclaves.</p>	<p>During the follow up inspection, we saw evidence of the autoclave records that had been downloaded within the front surgery. However these records were being downloaded sporadically and the practice must implement a more regimented approach to downloading and reviewing these records.</p>
<p>The registered manager stated that the autoclave in the rear surgery was faulty, and was not printing out the recordings of the cycles. This had come to light during the maintenance and service check which had happened earlier in the year. In spite of being told by the maintenance technician that this could not be fixed, and the only way to resolve this problem was to purchase a new autoclave, the registered manager told us that instead of replacing the autoclave as advised, he had continued to use this, without taking any other log of the cycles. During the inspection there was no data for this autoclave available.</p>	<p>We noted that a new autoclave had been purchased for the rear surgery, and we saw evidence of appropriate certification. As per the autoclave in the front surgery, downloads must be undertaken and checked weekly and records kept.</p>

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
<p>Non-clinical areas must be kept clear to ensure a safe and clutter free environment</p>	<p>Private Dentistry Regulations 22</p>	<p>Non- clinical areas decluttered now that new cabinetry in place in surgery 2</p>	<p>Paul James</p>	<p>26/11/2018</p>

Autoclave testing should be undertaken regularly and records kept as per WHTM 01-05	WHTM 01-05	Autoclaves tested at every cycle and records retained	Paul James	26/11/2018
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