Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

General Dental Practice Inspections

Annual Report 2015 - 2016

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Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

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Contents

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

Our purpose

To provide the public with independent and objective assurance of the quality, safety and effectiveness of healthcare services, making recommendations to healthcare organisations to promote improvements.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Openness and honesty: in the way we report and in all our dealings with stakeholders**
- **Collaboration: building effective partnerships internally and externally**
- **Professionalism: maintaining high standards of delivery and constantly seeking to improve**
- **Proportionality: ensuring efficiency, effectiveness and proportionality in our approach.**

Our outcomes

Through our work we aim to:

Provide assurance:	**Provide independent assurance on the quality, safety, and effectiveness of healthcare by reporting openly and clearly on our inspections and investigations.**
Promote improvement:	**Encourage and support improvements in care through reporting and sharing good practice and areas where action is required.**
Strengthen the voice of patients:	**Place patient experience at the heart of our inspection and investigation processes.**
Influence policy and standards:	**Use our experience of service delivery to influence policy, standards and practice.**

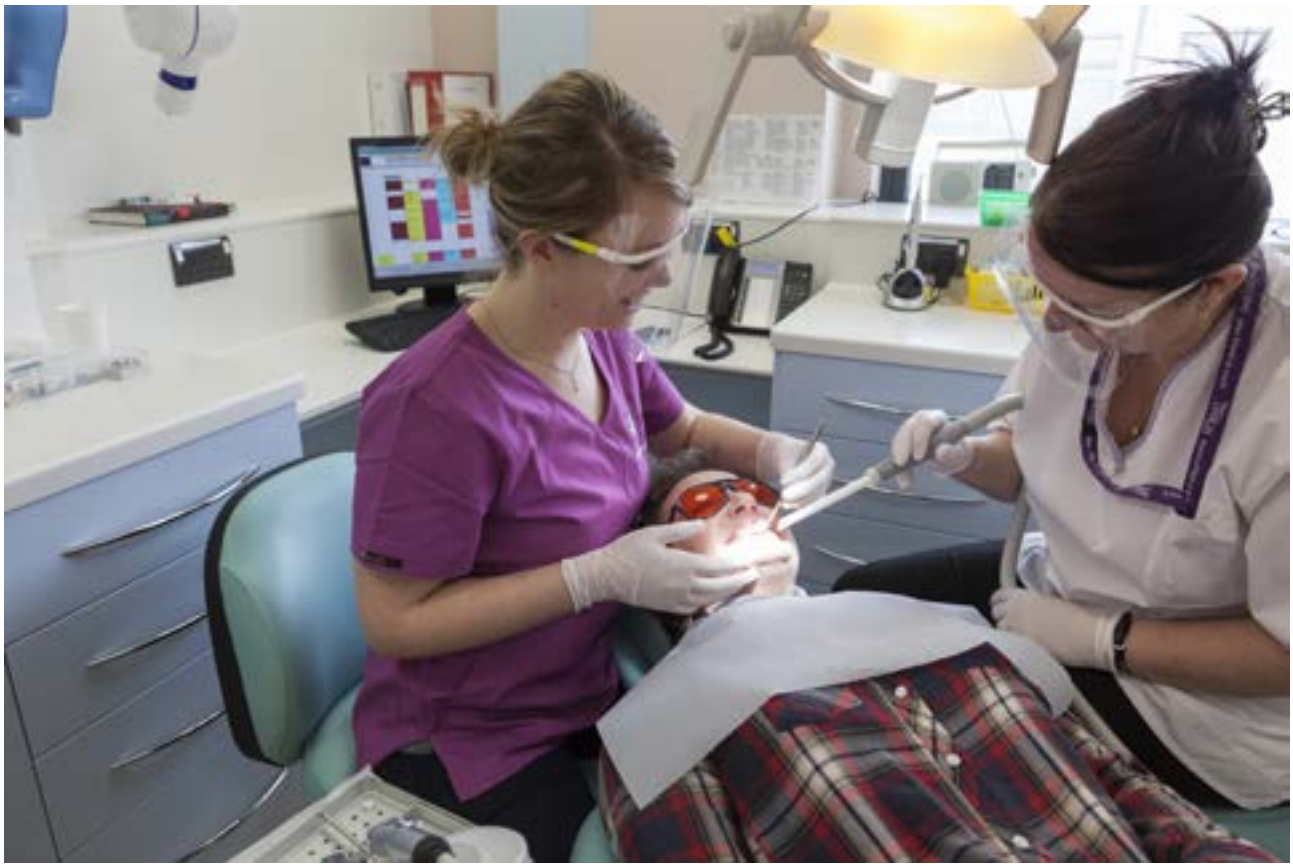
1. Foreword

The purpose of this report is to summarise our findings from our inspections during 2015-16 and to highlight the areas for improvement we have identified across services. As a result of the themes identified from our inspections, we have made overarching recommendations for services in this area (Appendix A).

HIW is responsible for the inspection of dentists in Wales. HIW also has responsibility for the registration of dentists providing private dental care in Wales under the requirements of the Private Dentistry (Wales) Regulations 2008.

Healthcare services themselves hold the primary responsibility for ensuring patients receive safe and effective treatment. Our inspections measure dental services against the standards and regulations which they operate under. The Health and Care Standards 2015 provide the quality framework against which NHS dental service provision should be delivered. The Private Dentistry (Wales) Regulations 2008 place legal obligations on service providers in this respect.

We hope that services and individuals working in this area will carefully consider the contents of this annual report and our overarching recommendations and use this to make improvements to their services.



2. Executive summary

In 2014-15 Healthcare Inspectorate Wales (HIW) began a three year programme of inspections of all general dental practices in Wales. Findings from these inspections can be found here. In 2015-16 HIW conducted 133 inspections of General Dental Practices across Wales.

Almost unanimously, patients told us they were happy with the dental services they received. All practices we inspected tried to ensure that dental care is provided in a timely way, and we saw that patients were generally provided with care in a dignified and respectful manner in the practices we inspected. Most practices we inspected were committed to making efforts to continually improve the service provided to patients.

Patients consistently told us that they felt they were provided with sufficient information about their dental treatment. However, we sometimes found information about costs or charges was missing, or was not clearly visible to patients.

Where the practice premises allowed for it, arrangements were usually in place for patients with mobility problems and those who use wheelchairs to access the practice building. In a few practices we saw that a hearing loop system was available for people with hearing difficulties. Practices should consider their responsibilities to consider the needs of all patients, including those with sensory loss.

We found that in some practices there was provision for patients to speak in Welsh, and we saw bilingual signage in a few practices. All practices should consider the language needs of their patients, and how they ensure Welsh speakers are able to express themselves in the language of their choice.

Over a third of practices we inspected did not have a system for regularly gaining patient views in any form. It is important that practices have systems in place to empower patients and their carers to provide feedback on their experiences of using the practice, as this information can be used to improve services for all patients.

Many patients told us they were unsure how to make a complaint. Practices should consider how to better ensure people are empowered to tell when things have gone wrong. We found there was frequently missing information in complaints policies. All practices should check that their complaints policies comply with the NHS patient complaints procedure known as 'Putting Things Right' and, where applicable, the Private Dentistry (Wales) Regulations 2008.

Health promotion information assists in supporting patients to take responsibility for their own health and well-being. We found that most patients were provided with health promotion information and advice to support them to achieve, and maintain, good oral health. However, some practices could improve the health promotion literature available to patients in waiting rooms.

We found most practices had taken steps to help ensure the health, safety and welfare of staff and patients. We usually found buildings to be well maintained, and we found security and safety measures were in place. We found that most practices had policies and procedures designed to ensure patient care and treatment was delivered safely. Staff were usually clear and knowledgeable about their various responsibilities within the practice, and told us they were able to access training relevant to their role.

Surgeries were generally visibly clean, tidy, well-organised, and free from clutter to enable effective cleaning. Whilst overall we were satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at most dental practices, we found areas for improvement in decontamination (cleaning and sterilisation of instruments) procedures in a number of practices, a small number of which were serious. For example, we found equipment which should have been sterilised but which was instead wiped clean; and we found practices which did not conduct appropriate testing of sterilising equipment to ensure it is in working order.

We also identified several practices which did not fully comply with the regulations surrounding the safe use of radiographic (x-ray) equipment. We identified practices where relevant documentation, including safety checks, maintenance and testing was not available.

Staff in all practices had access to some resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. However, we saw some practices that did not have the full required set of emergency drugs and in date equipment. In some practices we found that there was no appointed member of staff for first aid.

Most practices we inspected had safeguarding policies for the protection of children and vulnerable adults and staff had received training in the protection of children. However, not all staff had completed training in safeguarding adults at risk.

We looked at patient records and found that across Wales, and sometimes even between practitioners in the same practice, record keeping was variable. Some records we looked at were of a very high standard, but many could be improved. The main areas for improvement concerned: patient consent; medical histories; treatment options; mouth cancer screening and the justification, grading and clinical findings of radiographs.

3. What we did

Inspections were all announced, with practices typically receiving between 6-8 weeks notice of their inspection date. This was so that the practice could make arrangements for the necessary personnel to be present at the inspection, and to minimise disruption for patients.

During each inspection we considered and reviewed the following areas:

- Quality of the patient experience – We spoke to patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to how we inspect.
- Delivery of Safe and Effective Care – We considered the extent to which practices provided high quality, safe and reliable care centred on the person. We also consider how practices review and monitor their own performance against relevant standards and guidance.
- Quality of Management and leadership – We considered how practices are managed and led and whether the culture is conducive to providing safe and effective care.

Each inspection was carried out by an inspection team comprised of an HIW inspection manager who led the inspection and a dentist peer reviewer (a dentist currently in practice or recently retired). HIW's clinical dental lead, Dr Brent Weller had clinical oversight of the inspection programme.

We explored how each practice met the standards of care set out in the Health and Care Standards (April 2015). The Health and Care Standards are at the core of HIW's approach to inspections in the NHS in Wales. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Any dentists registered with HIW to provide private dentistry are also subject to the provisions of the Private Dentistry (Wales) Regulations 2008 and the Private Dentistry (Wales) (Amendment) Regulations 2011. Where appropriate we considered how each practice met these regulations, as well as the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000 and any other relevant professional standards and guidance, such as the General Dental Council (GDC) Standards for the Dental Team.

HIW has published its inspection methodology on its website[1].

At the end of each inspection HIW provided an overview of our main findings to representatives of the practice at a feedback meeting. Any urgent concerns regarding inspection findings which potentially posed an immediate risk to the safety of patients were brought to the attention of practices via HIW's immediate improvement process. This involves the practice being sent a letter within two days of the inspection, and the practice responding confirming that matters have been addressed within one week of the inspection. For those practices providing any NHS services, a copy of this letter was also shared with the relevant health board and the healthcare quality division of the Welsh Government. Any other improvements identified were included in individual practice inspection reports, which will all be published on HIW's website.

[1] www.hiw.org.uk. All the above regulations and standards can be found by accessing the HIW website.

HIW established a stakeholder reference group in 2014 to obtain the views of a range of stakeholders who would challenge and support the development of HIW's dental inspection programme. The group has met every 3 to 4 months since then, and is made up of representatives from the British Dental Association; the General Dental Council, health boards, Welsh Government, Public Health Wales and CHCs. HIW will build on this collaboration during 2016-17 to ensure our inspections remain credible, relevant, proportionate and effective.

This report includes references to dental practice teams and dental team members. The dental team includes dentists, dental nurses, dental hygienists and therapists, receptionists and practice managers.

4. What we found

Quality of the patient experience

Prior to each inspection, we asked the dental practice to give out HIW questionnaires to seek patients views on the dental services provided. We analysed the responses from these questionnaires and also spoke to patients present on the day of the inspection. Almost unanimously, patients told us they were happy with the dental services they received.

Timely Care

All practices we inspected tried to ensure that dental care is provided in a timely way. We found there was a flexible appointment system in place in every practice so that patients could book appointments both in advance and on an emergency basis, enabling patients to be seen quickly if required. We saw some practices which used text messages to remind patients ahead of their appointment.

The majority of patients who completed our questionnaires in practices across Wales told us they did not experience delay in being seen by their dentist or dental team. Some patients described they had experienced occasional, brief delays in being seen by the dentist on the day of their appointments but staff informed us how they made sure they kept patients informed if their dentist was running late or unexpectedly absent; with alternative arrangements then being offered.

Most people told us they knew how to access out of hours dental care. We checked that practices had a sign in the window with details of the emergency contact telephone number, and that these details were included on the practice telephone answer machine message so that patients could access emergency dental care when the practice is closed.

Dignified Care

Patients were generally provided with care in a dignified and respectful manner in the practices we inspected. We heard staff speaking to patients in a friendly and professional way. Patients consistently told us that they were satisfied with the care and treatment they received at the practice and felt welcomed by staff.

We found dental teams had usually considered the privacy of patients so that there was a private area for staff to have confidential conversations with patients, away from other patients if required.

Most patients told us that they were provided with sufficient information about their dental treatment.

The General Dental Council (GDC) Standards for the Dental Team specifies that 'You must give clear information on costs' (2.4). We checked if patients were provided with information about NHS charges and private prices they could expect to pay when they visit the dental team. We sometimes found this information was missing, or was not clearly visible to patients. Practices should ensure information on costs is readily available to patients, without patients needing to ask for it.

Individual Care

We found practices had made efforts to make their services accessible to people. Where the practice premises allowed for it, arrangements were usually in place for patients with mobility problems and those who use wheelchairs to access the practice building. For example, we saw several practices who worked flexibly, making a ground floor surgery available for people who found stairs difficult to manage. This was not always possible, as some practices were located on the first floor of older buildings, with no possibility for adaptations. In these cases, we usually found the practice informed any new patients of the limitations they faced.

In a few practices we saw that a hearing loop system was available for people with hearing difficulties. Practices should consider their responsibility to meet the needs of all patients, including those with sensory loss.

We found that in some practices there was provision for patients to speak in Welsh, and we saw bilingual signage in a few practices. However, all practices should work with their respective health boards (where appropriate) to consider the language needs of their patients, and how they ensure Welsh speakers are able to express themselves in the language of their choice.

We looked at how practices seek patient feedback:

We asked practices how they ensured patients were given the opportunity to feed back their views on the service they received. Some practices conducted patient surveys and others had a suggestions box. Several practices told us patients were encouraged to provide verbal feedback, although this was not always recorded. In order for patients to see improvements to services as a result of their feedback, it is important that patient comments are analysed and acted upon in a timely manner.

However, more than a quarter of practices we inspected did not have a system for regularly gaining patient views in any form. It is important that practices have systems in place to empower patients and their carers to provide feedback on their experiences of using the practice as this information can be used to improve services for all patients.

We looked at complaints:

The GDC Standards for the Dental Team (5.1) states that practices must have "an effective complaints procedure readily available for patients to use, and follow that procedure at all times." We saw that the practice complaints policy was commonly displayed in patient waiting areas. Despite this, when asked about making complaints, many of the patients who completed HIW patient questionnaires in practices across Wales told us they were unsure how to make a complaint. This may be because they had had no cause to make a complaint. However, practices should consider how to better ensure people are empowered to tell the service when things have gone wrong. In a fifth of practices we visited, we recommended making the complaints procedure more visible to patients.

We checked whether complaints policies complied with the NHS patient complaints procedure known as 'Putting Things Right' and gave a list of relevant organisations for patients to contact for support in the event they had a complaint. We also checked that practices offering private treatment had a complaints procedure which was compliant with the Private

Dentistry (Wales) Regulations 2008. In approximately a third of practices we visited, the complaints policy was not compliant. Most commonly, complaints policies for NHS patients did not include information about the local Community Health Council (CHC) which can help support patients with their complaint; and policies for private patients did not include the contact details of HIW.

Staying Healthy

There is currently a drive for greater emphasis on prevention of ill-health and reduction of inequalities of health. Guidance has been issued to dental teams so that consistent and correct messages are given to patients on how best to take care of their oral health (Delivering Better Oral Health 3rd edition). Health promotion information assists in supporting patients to take responsibility for their own health and well-being. Overall, patients who completed HIW's patient questionnaires told us they received enough information about their treatment.

We examined a sample of patient records at each practice and confirmed that most patients were provided with health promotion information and advice to support them to achieve, and maintain, good oral health. However, dentists and their dental teams were not always aware of the Delivering Better Oral Health document.

We saw that information leaflets and posters were available in many practices, with some practices also providing information in Welsh. We also saw more innovative health promotion information in some practices. For example, we saw a large display about the sugar content of popular drinks in one practice which was eye-catching. In another practice we saw a display of common food items and their sugar content. These displays made use of pictures which increased their accessibility to a wider range of patients.

However, we noticed a lack of health promotion information in some practices. Practices should consider providing health promotion information relevant to their patient population, such as mouth cancer awareness, smoking cessation and general information on how patients could improve their oral health.

We saw some practices which were very active in encouraging patients to consider stopping smoking. We saw information and referral forms for smoking cessation services were available for patients and were told that some staff members had attended training courses in smoking cessation.

Delivery of safe and effective care

Safe Care

We looked at how the practice manages risk and promotes health and safety:

As part of each inspection, we took a tour of the building to consider the internal and external environment. We usually found these to be well maintained, and we found security measures were in place to protect most practices against unauthorised access. We found security of patient records and the security of controlled drugs could be improved in some practices. This is for reasons of data protection and safe storage of medications in line with relevant regulations.

Overall, we found most practices had taken steps to help ensure the health, safety and welfare of staff and patients. We saw that the testing of portable appliances (PAT) had been had been conducted to check that small electrical appliances were fit for purpose and safe to use. Fire extinguishers were placed strategically in all practices and we saw contracts were in place for these to be serviced regularly.

In accordance with the guidelines from the Health and Safety Executive, we found that safety data sheets were kept in most practices for the Control of Substances Hazardous to Health (COSHH)[2]. However, we did not always find a risk assessment had been completed that was specific to the practice and environment.

Most practices had a system in place to manage waste appropriately and safely. We usually saw contract documentation was in place for the disposal of hazardous and non hazardous waste. However, we found that nearly a fifth of practices did not have safe disposal arrangements for feminine hygiene waste and we recommended this should be added to waste disposal contracts. We saw that waste had been segregated into different coloured bags/containers in accordance with correct methods of disposal. Waste was usually stored in an area of the surgery that was not used by the public, whilst waiting to be collected.

We looked at clinical facilities:

We looked at the clinical facilities in surgeries at each of the practices we inspected. Surgeries were generally visibly clean, tidy, well-organised, and free from clutter to enable effective cleaning. We visited a couple of practices where each surgery within the practice was set up and organised in exactly the same way, meaning that all staff could find materials and equipment easily regardless of which surgery they were working in. Instruments were generally stored appropriately to avoid contamination.

According to the Welsh Health Technical Memorandum 01-05 (WHTM01-05) guidelines, work surfaces and floor coverings should, where possible be seamless. Where joints are unavoidable, they should be sealed or welded. We found several surgeries where attention was required in this respect. We also found one practice which required attention throughout, including some cabinetry and furnishings which were in poor condition and could not be effectively cleaned.

[2] COSHH is the law that requires employers to control substances that are hazardous to health. More information can be found on the Health and Safety Executive website via the following link www.hse.gov.uk/coshh/index.htm

We looked at infection prevention and control (IPC) and decontamination:

We considered the arrangements for cleaning and sterilisation of instruments (otherwise known as decontamination). We checked that practices had infection prevention and control measures in place based on the Welsh Health Technical Memorandum 01-05 (Revision 1)[3] (WHTM 01-05) guidelines. We were mostly satisfied with the arrangements to protect staff and patients from preventable healthcare associated infections at the majority of dental practices. However, we found areas for improvement in decontamination procedures in a number of practices, some of which were serious. Where we found serious issues, we followed HIW's Immediate Assurance process, requiring the appropriate remedial actions to be taken within two weeks of the date of our inspection.

Examples of issues we found include:

- Daily checks of sterilisation equipment not being carried out and recorded in line with WHTM01 05, to ensure equipment is in working order.
- Ultrasonic hand pieces not sterilised between patients and were instead wiped clean. Ultrasonic hand pieces should be sterilised between patients. Practices should have a sufficient number of hand pieces for this to occur.
- Insufficient space to safely segregate dirty and clean instruments, and decontamination undertaken in close proximity to the treatment area.
- The same bowl was being used for scrubbing and rinsing instruments. There should be two sinks or bowls for the use of washing instruments prior to sterilisation.
- Staff not adhering to the dirty and clean zones. For example wrapping clean instruments near to the dirty zone and storing clean instruments on open shelves above the dirty zone. This risks re-contaminating clean instruments.
- No evidence that regular protein tests (for instruments processed in ultrasonic baths) were being undertaken.
- No evidence that regular legionella tests were being undertaken.
- Sterilised instruments not stored in sealed and dated packaging. We found unpacked dental mirrors and probes, whilst being stored in drawers, not stored in covered trays.
- No ventilation in decontamination areas.
- Instruments stored beyond the date of expiry and requiring re-sterilising/processing.
- Written logs for checks performed on the autoclave equipment did not always contain the level of detail recommended by the WHTM 01-05 guidance. More detail needed to be recorded to demonstrate validation of the sterilisation cycles of autoclaves in some practices. Practices should be aware that using TST testing strips alone does not provide validation for every cycle.
- Staff not using personal protective equipment (PPE), for example an apron or visor, as a means of protecting themselves and others, from cross infection.
- Out of date infection control policies and procedures which referenced incorrect guidance and included procedures that were not consistent with the WHTM 01-05 guidelines.
- No maintenance documents for the autoclave available therefore we were not able to determine that valid testing and maintenance work had been carried out.

[3] www.wales.nhs.uk/sites3/docopen.cfm?orgid=254&id=232444

Given our findings in respect of decontamination, all practices should ensure they understand the WHTM 01-05 guidelines and should undertake a compatible infection control audit and training. Practices should be aware that assistance in this respect is available from the Wales Postgraduate Dental Deanery and are strongly advised to use the Deanery Clinical Audit and Peer Review systems to support their work and audits against WHTM 01-05.

We looked at radiographic (x-ray) equipment and processes:

We found suitable arrangements were in place for the safe use of radiographic (x-ray) equipment in many practices. Despite this, we identified practices where relevant documentation, including safety checks, maintenance and testing certificates were not available. We also identified several practices which did not fully comply with the Ionising Radiation Regulations (IRR) 1999 and the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.

Examples of issues we found include:

- Insufficient training. Certificates or records confirming that dental team members taking and processing radiographs at the practice have the verifiable continuing professional development training required were not available for inspection in some practices. All staff who physically take radiographs must have regular training in Ionising Radiation to ensure compliance with IR(ME)R 2000. The GDC recommends this training takes place every 5 years.
- Insufficient documentation. No certificates of maintenance for radiation equipment available for inspection. No current Critical Test Certificate for X-Ray equipment (within 3 years) to prove that x-ray equipment has been checked and is safe for use.
- Insufficient evidence that all practices had notified the Health and Safety Executive (HSE) of the radiographic equipment being used on the premises. This is required under Health and Care Standards 2.9 and regulation 6(2) of the IRR 1999.
- Incomplete or missing Radiation Protection File. This information is required to demonstrate the safe use of radiographic equipment used at the practice. For example we found:
  - No named suitable radiation protection supervisor as required by IRR 1999.
  - No confirmation of the name of the Radiation Protection Advisor.
  - No radiation equipment check certification.
  - No identification of controlled areas for radiation. Practices must ensure their radiation protection file and local rules identify the controlled area in each surgery where radiographic equipment is used.
  - Local rules out of date and not sufficiently detailed.
- No checks conducted of the chemicals used to process x-ray images, to monitor the quality of the x-ray films. Without these checks, a drop in quality of the x-ray films would only be identified once a patient x-ray had been taken which may result in patients being exposed to unnecessary radiation if their x-ray needs to be retaken.

- In our review of the patient records, we found that in over a quarter of practices, the justification (why the x-ray was needed); grading (the quality of the image) and clinical findings (what the x-ray showed) were not documented. Therefore, radiographic audits were not being performed, in accordance with IR(ME)R 2000.

We looked at emergency medical equipment and drugs:

Staff in all practices had access to resuscitation equipment and medication in the event of a patient emergency (collapse) at the practice. However, we saw some practices that did not have the full required set of emergency drugs. For example, one practice had no Ventolin (Salbutamol) inhaler for use. The Resuscitation Council (UK)[4] has a published a list of emergency drugs and equipment that should be available in primary dental care practices. The GDC endorses this guidance so all practices should ensure they have the required emergency kit.

Most practices had a suitable system for ensuring that resuscitation equipment and emergency medication was regularly checked to ensure it was safe to use. However, in a quarter of practices we found emergency drugs or equipment that was out of date. For example in one practice we found syringes and needles in the emergency treatment kit which had expired in 2004. In another practice we identified that the oxygen cylinder and the defibrillator pads had expired and therefore we could not be assured these were safe to use. Practices must ensure they have an effective system for checking their emergency drugs kit to ensure all required medication and equipment is present, in date and safe to use.

We checked that practice staff were aware of their role if there was a patient emergency at the practice. In some practices we saw that there were detailed policies and procedures in place for staff to follow in the event of a medical emergency. In others, we advised the practice to ensure their resuscitation policy was practice specific and to ensure staff received training on their specific role, so that if such an emergency happened, staff would feel confident and the patient would receive prompt care.

Standard 7.1 of the Health and Care Standards expects healthcare services to ensure there are enough staff with the right knowledge and skills available at the right time to meet need. Generally, practice staff received annual training in cardiopulmonary resuscitation in accordance with guidelines. However, in some practices we found that there was no appointed member of staff for first aid. All practices should have enough staff trained to ensure a designated first aider is on duty when the practice is open.

We looked at arrangements for safeguarding children and adults who become vulnerable or at risk:

Most practices we inspected had safeguarding policies for the protection of children and vulnerable adults. In most practices, staff had received training in the protection of children. However, fewer staff had completed training in safeguarding adults at risk. In some practices, staff had not completed any safeguarding training at all. It is important that all staff receive this training to ensure they are able to identify and take steps to protect individuals who are

[4] www.resus.org.uk/quality-standards/primary-dental-care-quality-standards-for-cpr/

at risk. We were told that training in safeguarding adults is more difficult to find than child protection training as the course is not run as frequently. It is important that training providers and health boards consider this feedback, and that practices ensure their staff are adequately trained.

We checked that practices had arrangements in place to ensure pre-employment checks of any new members of staff are carried out before they join the practice, including a Disclosure and Barring Service (DBS) check where necessary. Under the Private Dentistry (Wales) Regulations, dentists who are registered with HIW to provide private dentistry must have a DBS certificate dated within the last three years. We identified a few dentists who did not have the required certificate and recommended they update this in order to comply with the regulations.

Effective Care

Most practices we inspected were committed to making efforts to continually improve the service provided to patients. Most practices engaged in some relevant audits, including infection control and radiographs. Peer review, where dentists from different practices get together to look at each other's work, was not often in place. Learning from peer review and audits contributes to the quality of care provided. The Wales Postgraduate Deanery can assist practices with audit and peer review.

We looked at record keeping:

We looked in detail at a sample of patient records for each dentist in each practice we inspected. We found that record keeping was variable across Wales, and sometimes even by practitioners within the same practice. Some records we looked at were of a very high standard, but many could be improved.

Overall, we found that the records needed improvement in the following areas in order to meet the Health and Care Standards, Standard 3.5; and GDC Standards for the Dental Team, Standard 4.1:

- Patient consent was not always recorded. Consent should be informed and should be recorded.
- Medical histories were not always taken, and were not always updated. It is crucial that dental teams are aware of a patient's medical history as patient circumstances might have changed. The recent patient safety notice (31 May 2016)[5] regarding the interaction of the medications Miconazole and Warfarin highlights the importance of knowing what medication a patient is taking.
- Medical histories were not consistently countersigned by the dentist. Countersigning is not mandatory; however, practices must have a consistent system of ensuring each medical history is checked by the dentist.

[5] www.primarycareservices.wales.nhs.uk/sitesplus/documents/1150/PSN032%20May%202016.pdf

- Treatment options and treatment planning were not always recorded in notes
- Examinations (particularly extraoral and basic periodontal examinations) were not always recorded.
- Local anaesthetic batch numbers and expiry dates were not always appropriately recorded.
- Social history, including details about smoking and alcohol consumption, diet and oral hygiene were not always recorded. This is important to identify a patient's risk of decay and mouth cancer.
- Mouth cancer screening was not always recorded.
- As noted earlier in this report, justification, grading and clinical findings of radiographs were not always recorded.

Quality of management and leadership

Governance, Leadership and Accountability

Practices we inspected were usually owned by the dentists working in them or by corporate providers. In most practices a practice manager was employed to oversee day to day management. Where there was no practice manager, we usually found that these activities were undertaken by the principal dentist, or a member of the team, in addition to their usual roles. This worked well in some practices, where dedicated time was available to that person to undertake the practice management role. Where this time was not defined, this impacted on the ability of the practice to meet the standards and regulations.

Overall, we found that most practices had relevant policies and procedures to ensure patient care and treatment was delivered safely. However, there were many practices where policies could be improved. Practices should ensure that all policies are relevant, regularly reviewed, practice specific and that staff have access to them and understand their significance.

We confirmed that relevant staff in all practices we inspected were registered with the General Dental Council.

In accordance with the Private Dentistry (Wales) Regulations, all dentists providing private treatment were registered with HIW and their registration certificates were usually available within the practice. We noticed that sometimes the certificates needed to be updated to display current information about HIW and we made arrangements for this following the inspection.

We checked the Hepatitis B immunisation status for all clinical staff working at the practice. This is because clinical staff who undertake exposure prone procedures are at greater risk of infection. All staff confirmed they had received appropriate vaccinations. Whilst we saw records to confirm this in the majority of practices, there were a few instances when records were not always available. Where records were available, we sometimes saw that a booster vaccination had been recommended and this had not always been followed-up. Practices and individuals should ensure they are aware of the latest guidance relating to vaccinations and exposure prone procedures and take action where required.

Under the provisions of the Private Dentistry (Wales) Regulations 2008, dentists registered with HIW to provide private dentistry services to have available a certificate of insurance in respect of liability which may be incurred by him or her in relation to the provision of dental services in respect of death, injury, public liability, damage or other loss. We found that all clinicians in the practices we inspected were covered by an indemnity policy, with dental team members often covered by the policy of the principal dentist. However, in a few practices, evidence of current indemnity insurance for all dental professionals was not available for HIW to inspect on the day of the inspection. In order to comply with regulations, dental professionals must make sure their certificate of indemnity is available for inspection.

Staff and Resources

In many of the practices we inspected, the staff team was well established and had worked together for a number of years. Conversations with staff in practices throughout Wales indicated they generally felt well supported in their roles. We found that staff were usually clear and knowledgeable about their various responsibilities within the practice.

Staff told us they were able to access training relevant to their role and for their continuing professional development (CPD).

We usually found there were systems in place to ensure any new staff received an induction and that they are made aware of practice policies and procedures.

In over a third of practices we saw evidence that staff had not received an annual appraisal. Appraisals are important to ensure the competency of staff and to identify any training needs. While they are not required by the Regulations, appraisals are good practice and their use is encouraged.

5. Conclusions

2015-16 was the second year of HIW inspections of general dental practices. Practices generally engaged well with the inspection process, and fed back that they found the inspection constructive and helpful.

Overall, the dental inspections we carried out during 2015-16 were positive. Staff treated patients with dignity, respect, compassion and kindness. Patients were positive about the service provided by their dental team and consistently told us that they felt they were provided with sufficient information about their dental treatment. We found that most patients were provided with health promotion information and advice to support them to achieve, and maintain, good oral health. Most patients knew how to access out of hours dental treatment.

Staff were usually clear and knowledgeable about their various responsibilities within the practice, and told us they were able to access training relevant to their role. We found that most practices had policies and procedures designed to ensure patient care and treatment was delivered safely. All practices tried to ensure that dental care is provided in a timely way. Most practices were committed to making efforts to continually improve the service provided to patients.

HIW issued immediate assurance letters in approximately a quarter of inspections during both 2014-15 and 2015-16. The majority of the issues identified in these letters related to decontamination or radiographic matters. Comprehensive guidance is available to dental teams on decontamination, together with an audit tool. Consideration should be given to ensuring practices are familiar with this guidance and comply with it on a day to day level.

No similar guidance or audit is available in respect of dental practice compliance with regulations relating to radiation. It would perhaps be of benefit for the profession to consider whether such guidance is required, and what other assistance would be helpful to ensure legal compliance.

We made a number of other recommendations for improvement and these can be found at Annex A of this report. It is intended that all individual dental practices, corporate bodies and health boards take note of these and use this learning to ensure that similar issues are not replicated within their services.

6. What next

- HIW will continue its programme of dental practice inspections in 2016-17, and aims to have inspected all practices in Wales by September 2017.
- HIW will continue to place the patient experience at the heart of what we do and will seek to improve how it obtains patient views of dental services.
- HIW will continue to publish inspection reports on our website, being open and honest in the way we report.
- We will continue to publish our inspection methodology on our website to ensure openness and transparency with regard to how we go about our work and to enable practices to access and use our inspection tools to proactively monitor their own compliance against standards and regulations.
- HIW will continue to use the expertise and professionalism of dentist peer reviewers at inspections.
- HIW will continue to meet with its stakeholder reference group to receive feedback and constructive challenge as to its ongoing dental inspection programme.
- Each practice is issued with a feedback questionnaire following their inspection. HIW continuously monitors this feedback together with feedback we receive from our stakeholders and will continue to make changes to the inspection programme where necessary. For example, in readiness for inspections during 2016-17 we have updated and revised our guidance for inspectors on issues which warrant an immediate assurance letter to aid consistency.
- HIW is consulting with the Medical Exposures Group, Radiation Assessments Department Public Health England, Centre for Radiation, Chemical and Environmental Hazards, with a view to updating our inspection methodology with regard to the Ionising Radiation Regulations 1999, the Ionising Radiation (Medical Exposure) Regulations 2000.
- HIW will continue to share information and intelligence we receive about NHS dental practices with health boards so that they can ensure that patients receive safe and effective services.

Appendix A

Recommentions

As a result of the findings from our dental practice inspections in 2015-16, we have included the following overarching recommendations for practices and health boards to consider as part of service delivery in the table below.

Recommendations	Regulation / Standard
Patient Experience	
Practices should ensure information on costs is readily available to patients, without patients needing to ask for it.	Regulation 14 (1) (b) Health and Care Standard 4.2
Practices should consider their responsibility to meet the needs of all patients, including those with sensory loss.	Regulation 14 (1) (a) Health and Care Standard 6.2
Practices should consider the language needs of their patients (working with their respective health boards where appropriate), and how they ensure Welsh speakers are able to express themselves in the language of their choice.	Regulation 14 (1) (a) Regulation 14 (1) (b) Health and Care Standard 3.2 Health and Care Standard 4.2
Practices need to ensure they have systems in place to empower patients and their carers to provide feedback on their experiences of using the practice.	Regulation 14 (2) Health and Care Standard 6.3
All practices should consider providing health promotion information relevant to their patient population, such as mouth cancer awareness, smoking cessation and general information on how patients could improve their oral health.	Regulation 14 (1) (b) Health and Care Standard 1.1

Recommendations	Regulation / Standard
Delivery of safe and effective care	
All practices should ensure they understand the WHTM 01-05 guidelines and are strongly advised to use the Deanery Clinical Audit and Peer Review (CAPR) systems to support their work in this respect.	Regulation 14 (1) (b) Regulation 14 (4) Regulation 14 (5) Health and Care Standard 2.4 Health and Care Standard 3.1
Practices must ensure they have an effective system for checking their emergency drugs kit to ensure all required medication and equipment is present, in date and safe to use.	Regulation 14 (2) Health and Care Standard 3.1
Practices should ensure patient records contain all required information, including patient consent; medical histories; and the justification, grading and clinical findings of radiographs.	Regulation 14 (1) (b) Health and Care Standard 3.5
All practices should have enough staff trained to ensure a designated first aider is on duty when the practice is open.	Regulation 14 (2) Health and Care Standard 3.1
Practices should ensure all staff are trained in safeguarding adults at risk. Training providers and health boards should consider the availability of such training to primary care staff.	Regulation 14 (1) (b) Regulation 14 (2) Health and Care Standard 2.7
Quality of management and leadership	
Dental professionals must make sure their certificate of indemnity is available for inspection.	Regulation 13 (3) (c) Schedule 2 Health and Care Standard 7.1