

General Dental Practice Inspection (Announced)

Cox and Hitchcock Dental Group,
Cardiff and Vale 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 The Cox and Hitchcock Dental Group, 9 Rhyd-Y-Pennau Road, Cardiff, CF23 6PX, within Cardiff and Vale University Health Board on the 20 August 2018.

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

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 found evidence that the Cardiff practice of the Cox and Hitchcock Group provided a friendly and professional service to their patients.

The practice was clearly patient focused and had appropriate policies and procedures in place to ensure the safety of both staff and patients.

We noted that the practice was clean and tidy and we saw documentation demonstrating that the dental equipment was maintained and regularly serviced.

We saw evidence of good leadership and the practice had the necessary policies and procedures in place to support the practice, patients and staff. At the time of the inspection there were a number of staff that did not have relevant training but, with the exception of radiological training, this was rectified at the time of drafting this report.

This is what we found the service did well:

- There was evidence of clear lines of responsibility and strong management and leadership from the practice owner and practice manager.
- All patients that completed a questionnaire told us they had been treated with dignity and respect by staff when visiting the practice
- Appropriate arrangements were in place for the safe use of X-rays
- The practice had a good range of policies and procedures in place

This is what we recommend the service could improve:

- The practice to ensure that surgery computers are locked when the surgeries are empty to ensure patient confidentiality.

- The practice to put in place a process for checking that all non-emergency medication is in date.
- The practice to develop a patient information leaflet setting out risks, benefits, describing treatment and side effects of receiving treatment from the surgical laser.
- Patient records are to be maintained in accordance with professional standards for record keeping, namely the Private Dentistry (Wales) Regulations 2017 and the General Dental Council Guidance

There were no areas of non compliance identified at this inspection.

3. What we found

Background of the service

The Cox and Hitchcock Dental Group provide services to patients in the Cardiff area. The practice forms part of dental services provided within the area served by Cardiff and Vale University Health Board.

The practice has a staff team which includes eleven dentists, eight dental nurses, three trainee dental nurses, three hygienists, one general manager, one practice manager and five reception staff.

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

The practice also has a surgical laser, and is registered to provide the following treatments:

- Hard tissue
- Soft tissue including pulpal tissue
- Periodontal

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.

We found the practice was committed to providing a positive experience for their patients. All the people who completed a questionnaire rated the service as excellent, very good or good.

We found that the majority of patients who completed a questionnaire felt that it was easy to get an appointment when they needed it, and all patients told us that they felt involved, as much as they wanted to be, in any decisions made about their treatment

The practice has a system for capturing feedback from patients by inviting patients to complete a feedback form or survey.

Prior to the inspection, we invited the practice to distribute questionnaires to patients to obtain views on the dental services provided at the practice. A total of 26 were completed. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years. Patient comments included the following:

"Staff are always polite and helpful"

"Had problems getting appointments at the times that suited my family around school"

"I have not been at the practice long, but I have seen the dentist twice now. I like that I can see the same dentist, who can put me at ease and discuss my treatment so there are no surprises."

Patients were asked on the questionnaires how the dental practice could improve the service it provides; comments included:

"Need more options available for appointments around school times."

Staying healthy

Health promotion protection and improvement

We saw a limited selection of information about private treatments in the ground floor waiting area. A wider selection of information about private treatments and oral health advice was available in the first floor waiting area. We recommend that additional health promotion information, including leaflets about treatments and preventative advice are made available in both waiting areas.

All 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.

Improvement needed

The practice should make available for patients a selection of health promotion information, including leaflets about treatments and preventative advice.

Dignified care

Without exception, all patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. We observed staff treat patients courteously and professionally.

Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would use a quiet area or free surgery, if one was available. We noted that the practice had a confidentiality policy.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected. We observed during the inspection that during the lunch hour the computers in three of the surgeries had not been locked and we were able to see patient information. We recommend all staff ensure that before leaving a surgery unattended that the computers are locked to ensure patient information cannot be accessed. We noted the practice had a records management policy and a data security policy.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the 9 Principles as set out by the GDC¹ was displayed in the staff room. The principles apply to all members of the dental team and set out what patients can expect from a dental professional. We suggest the practice might wish to display these in the reception and/or waiting areas.

Improvement needed

Staff to ensure that all computers are locked to ensure no unauthorised access to patient information

Patient information

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. Patients also said that they had received clear information about available treatment options and all but one patient said the cost of any treatment was always made clear to them before they received any treatment.

For those patients who are treated with surgical laser, we noted that there was no written information about possible risks, benefits and side effects. We recommend the practice provide a patient information leaflet setting out risks, benefits, describing treatment and side effects. We also noted that there was no separate patient consent form relating to receiving laser treatment and recommend this is rectified. We suggest these two forms are combined.

We saw posters displaying private treatment costs and NHS treatment costs displayed in the reception area.

Outside the practice we saw that the practice's opening hours and the emergency contact telephone number, together with the names and qualifications of all of the dentists was on the window by the front door.

¹ <https://standards.gdc-uk.org/>

Improvement needed

The practice to provide a patient information leaflet setting out risks, benefits, describing treatment and side effects of receiving treatment from the surgical laser.

Communicating effectively

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

The practice has a website, which was in line with General Dental Council (GDC) ethical advertising guidance and contained details of the private dental treatments that it provides, together with a price list. It also provides details of the practice team, opening hours and how to obtain emergency dental treatment. We were told by staff during the inspection that the website is being updated to allow for electronic booking of appointments. We recommend the website is updated to include details of the complaints process.

Improvement needed

The website is updated to include details of the practice's complaints process.

Timely care

The majority of the patients that completed the questionnaire said they found it 'very easy' or 'fairly easy' to get an appointment when they needed it. One of the respondents commented that they had found it difficult to get an appointment around school hours. Only a small number of patients that completed the questionnaire said they would not know how to access the out of hours dental service if they had an urgent dental problem. Details of how patients could access emergency dental care when the practice was closed were displayed at the entrance to the practice and provided on the practice's answerphone message and website.

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

The practice provides treatments as set out in their Statement of Purpose².

A review of patient dental records showed that patients are asked about their medical history at the time of their visit. A review of patient records relating to treatment received using the surgical laser did not evidence that patients are asked about any changes to their medical history. We recommend that the laser operator records that the patient has been asked and any changes recorded as necessary.

All of the patients who completed a questionnaire told us that the dentist asked them about their medical history before undertaking any dental treatment.

Improvement needed

The practice to ensure that patients receiving laser treatment are asked about any changes to their medical histories and that this is recorded in the patient notes

People's rights

The practice was accessible on the ground floor for wheelchair users, and this included access to 4 surgeries. The patient toilet was situated on the ground floor and was wheelchair accessible. There was also a disabled parking space on site and a slope leading to the main entrance.

The practice had in place appropriate policies to protect people's rights, including an equality policy.

Listening and learning from feedback

The practice had a complaints policy for both NHS and private dental treatment. Where relevant the policy was aligned to the NHS complaints process "Putting

² A statement of purpose is a legally required document that includes a standard set of information about a provider's service.

Things Right"³ and with regard to private dental treatment to the Private Dentistry Wales 2017 Regulations⁴. The policy was displayed in both English and Welsh in the reception area.

Whilst the practice did have a system in place for capturing formal complaints it was not comprehensive and we recommend it maintain a complaints folder, ensuring the nature of the complaint, action taken and outcome are recorded.

The practice had a system in place to capture verbal/informal concerns and these are reviewed and any recurring themes discussed during non-clinical staff meetings and fed back to the clinical staff meetings for information and/or if action is required.

Improvement needed

The practice to maintain a complaints folder, ensuring the nature of the complaint, action taken and outcome are recorded

³ "Putting Things Right" is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible body in Wales

⁴ <http://www.legislation.gov.uk/wsi/2017/202/made>

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 found evidence that patients were provided with safe and effective dental care.

We found the clinical facilities to be well equipped and there were arrangements in place for the safe use of X-ray equipment and there was evidence of ongoing and regular maintenance. We also saw evidence of servicing and calibration of the surgical laser. The practice has been asked to confirm the date of the LPA's last inspection and provide a copy of the LPA's report.

Resuscitation equipment and emergency drugs were available at the practice and there were systems in place to help ensure they were safe for use. The practice needs to put in place a system for reviewing the expiry dates of its non-emergency medication.

Safe care

Managing risk and promoting health and safety

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. We noted there were a number of relevant policies in place, including a maintenance and safety of facilities policy and a health and safety policy that identified staff members to take responsibility for specific areas, including infection control and radiation protection. We noted there was a health and safety poster in the staff room. The practice undertakes a health and safety assessment every year and a fire risk assessment every three to five years. An environmental risk assessment was undertaken earlier this year.

There were no concerns given by patients over the cleanliness of the dental practice; all patients that completed a questionnaire felt that, in their opinion, the dental practice was either 'very clean' or 'fairly clean'. The building appeared to be well maintained both internally and externally. During the inspection we did note that the floor in surgery 1 showed signs of slight damage

and recommend that this is rectified. We observed all public access areas to be clean and uncluttered.

We noted that regular testing of portable appliances (PAT) was undertaken to help ensure the safe use of small electrical appliances within the practice. We saw fire extinguishers were available at various locations around the building and we noted that servicing had been carried out within the last twelve months to ensure that the equipment and emergency lighting worked properly. We also noted the appropriate signposting of the fire exits.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) and amalgam waste. Clinical waste was stored correctly. In response to our advice to review the storage of waste amalgam by the end of the inspection the practice had arranged for the installation of dedicated amalgam waste in each surgery.

Under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce staff exposure to substances that are hazardous to their health. We saw that the practice had a 'Control of Substances Hazardous to Health' (COSHH) controls checklist and relevant safety data sheets, providing information on substances that are 'dangerous for supply' and instructions for safe use in respect of other substances used within the practice.

The practice had an accident reporting policy and an accident and incident reporting file. We also noted the practice had both a resuscitation policy and a business continuity policy in place.

Improvement needed

The practice to repair the damage to the flooring in surgery 1

Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health

Technical Memorandum (WHTM) 01-05⁵. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy and sharps safety policy in place. There was also a sharps injury action plan displayed on a wall in each surgery and relevant occupational health contact details displayed in the staff room.

Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

We were told that the practice had training in infection prevention and control organised for the week of the inspection. Following the inspection evidence was provided to HIW confirming that this had been completed.

We saw evidence that the practice undertakes regular infection control audits in accordance with WHTM 01-05. The last audit had been conducted by non-clinical staff and we would advise that future audits are undertaken by the decontamination lead.

We were told that the washer disinfectant in the decontamination room was no longer in use. We suggested that this is removed.

Medicines management

The practice had in place procedures to deal with patient emergencies including a comprehensive medical emergency policy. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). The practice had nine appointed first aiders.

The staff held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁶. We noted

⁵ The Welsh Health Technical Memorandum (WHTM 01-05) (Revision 1) document provides professionals with guidance on decontamination in primary care practices and community dental practices

that the practice had in place a system to check that emergency drugs and equipment were ready for use.

When we inspected the practice's first aid kit we found that it contained an abundance of triangular bandages but few plasters. We recommend the contents are reviewed to ensure that appropriate numbers of each item are available.

When reviewing the surgeries, we noted that some of the anaesthetic capsules were out of date and these were removed before the end of the inspection. We also noted that some composite capsules did not have an expiry date and these need to be removed. We recommend regular checks are undertaken to ensure all medication is in date. We also recommend a log book is maintained for this purpose and it is reviewed by the practice manager.

The practice had in place a medication policy. At the time of the inspection, in surgeries 2 and 3, prescription pads were kept in unlocked drawers. We recommend that at all times prescription pads are kept securely.

On the day of the inspection a clinical nurse prepped a surgery before lunch. This was too early as the dental putty was left open. We recommend that each surgery is prepared for each patient at an appropriate time to ensure that medication and equipment is not unnecessarily exposed to any risk of infection.

We were told that all drug-related adverse incidents are recorded in the practice's accident book and in patient records. We recommend the practice report problems experienced with medicines or medical devices via the MHRA Yellow Card⁷ scheme.

⁶ 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

⁷ <https://yellowcard.mhra.gov.uk/the-yellow-card-scheme/>

Improvement needed

The practice to review the contents of its first aid kit to ensure there are sufficient numbers of each item available

The practice to ensure regular checks are undertaken, and recorded in a log book, of its non-emergency medication to ensure it is in date.

The practice to ensure that prescription pads are kept securely at all times

The practice to ensure that the surgeries are prepared for each patient at an appropriate time to ensure that medication and equipment is not unnecessarily exposed to any risk of infection

The practice to report any adverse drug reactions to the MHRA through its Yellow Card Scheme.

Safeguarding children and adults at risk

We saw that the practice had 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. At the time of the inspection, with the exception of one dental nurse and the receptionists, the majority of staff had completed training in the protection of children and protection of vulnerable adults. Prior to the completion of this report HIW was provided with evidence that all staff had completed the relevant training. In addition, as the practice's safeguarding lead, the practice manager, before the completion of this report, completed training in the protection of children and protection of vulnerable adults to level 3.

There were arrangements in place for staff to raise any concerns, and we were told they were encouraged to do this in the practice. We advise the practice to liaise with the health board's occupational health department as to the well-being and support services it provides.

We noted that safeguarding advice flowcharts were displayed in the staff room as well as annexed to the safeguarding policy, which also contained supporting guidance and the contact information for the local safeguarding agencies.

With the exception of one dental nurse, both clinical and non-clinical staff held Disclosure and Barring Service (DBS) certificates.

Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team.

The radiological equipment was in working order and controlled areas had been identified. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and comprehensive, containing all the essential information. We noted on the day of the inspection that the local rules⁸ were not displayed in the surgeries. This was brought to the practice manager's attention and rectified by the end of the day.

In accordance with the regulations, the practice had a maintenance and safety of facilities policy that included the testing of equipment, the undertaking of appropriate risk assessments and the reporting of incidents.

In accordance with the requirements of the General Dental Council⁹ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹⁰ all dentists had completed the required training. We recommend that all dental nurses undertake radiological training appropriate to their role.

We saw evidence that the surgical laser machine had been regularly calibrated¹¹ and serviced in line with the manufacturer's guidelines. We were told that the operator would undertake routine equipment checks before each use. We noted a checklist for this on the wall of the treatment room.

There was no treatment protocol in place for the laser machine. We recommend this is rectified in accordance with the Private Dentistry Regulations that stipulate that the practice must have in place a professional protocol drawn

⁸ 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

⁹ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹⁰ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

¹¹ Regular calibration can help insure the laser machine's performance stays consistent over time, ensuring top performance and output quality.

up by a trained and experienced dentist or dental care professional that is applicable to the treatments being provided.

We saw that there was a contract in place with a named Laser Protection Adviser (LPA). It was not clear when the LPA had visited the practice in 2016. We noted there was a risk assessment report but did not see the LPA report. We recommend that this is forwarded to HIW.

We saw the local rules in respect of the laser, detailing the safe operation of the machine, but noted that they had not been updated to reflect that only one surgical laser was now on the premises. The document also needs to be signed by all the operators.

We examined the protective eyewear that the operator and patient must wear when the laser is in use and noted that they were in good condition.

The surgical laser was kept in a surgery on the ground floor. On the day of the inspection the key was inserted in the machine. The key should never be left unattended with the equipment and formal arrangements should be in place for its safe custody away from the equipment and we recommend arrangements are put in place for the key to be kept securely.

On the day of the inspection we saw evidence that all but one of the authorised operators had received up to date Core of Knowledge¹² training. The final certificate was provided before the completion of this report. In addition, we saw evidence that the operators had received up to date machine specific training.

Improvement needed

The practice to ensure that all dental nurses undertake radiological training appropriate to their role.

The practice to put in place a treatment protocol in relation to the treatments being provided with the surgical laser.

¹² Core of Knowledge training is intended for operators using lasers and IPL systems for various skin treatments. The training includes information and guidance on the safe use of lasers and IPL systems.

The practice to confirm the date of the LPA's last visit to the practice and forward his last report to HIW

The local rules are to be updated and all laser operators to review and sign them.

The practice to ensure that the key to the equipment is kept secure at all times.

Effective care

Safe and clinically effective care

Patients benefit from a practice that seeks to continuously improve the services it provides. We saw evidence that the practice had in place a programme of clinical audits. The programme included radiograph audit, infection control audit and clinical notes audit. We were told that arrangements are in place for an antibiotic prescribing audit and smoking cessation audit to be undertaken.

We noted the practice had a new patient procedure and an assessment, diagnosis and treatment of patients policy in place.

Quality improvement, research and innovation

We were told that the dentists meet quarterly to discuss clinical and practice issues but these were not for the purposes of peer reviews and we recommend that a programme of formal peer reviews are put in place. We would also suggest that a similar arrangement is put in place for the dental nurses.

We were told that the practice had just signed up to undertake the Welsh Deanery Maturity Matrix Dentistry practice development tool¹³. 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

¹³ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Improvement needed

The dentists to arrange formal and regular meetings for the purpose of peer review.

Information governance and communications technology

The practice had electronic and paper records and we noted that the storage of these was appropriate to ensure the safety and security of personal data. Electronic files were regularly backed up.

The practice had a number of appropriate policies and procedures in place

Record keeping

We reviewed a sample of patient records. We found in some cases there were omissions, namely there was no record as to the following:

- Smoking cessation advice
- The administering of anaesthetic was recorded but not the batch number and area treated
- The discussion of treatment options

In addition, we did find in some cases there was no justification for the use of and grading of X-rays which was not in accordance with current guidelines.

We recommend that patient notes are completed in accordance with current guidelines. We noted that some dentists had "personalised" their patient record software and suggest that for consistency and ease of reference, the electronic records are "standardised" across the practice.

Improvement needed

In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.

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.

Cox and Hitchcock Group is owned by two principal dentists who are supported by the general/HR manager who oversaw the three practices, and a practice manager who was responsible for the day to day management of the practice. We found evidence of good leadership and lines of accountability.

The practice had in place a comprehensive range of relevant policies and procedures that were reviewed annually and we noted that provision was made for the staff to evidence that they have read and understood these.

At the time of writing the report staff had received the necessary training for their roles and responsibilities.

Governance, leadership and accountability

Cox and Hitchcock Dental Group is owned by the two principal dentists since November 2017. This is one of three practices, the other two based in Newport. One of the principal dentists is the responsible individual¹⁴ and the general/HR

¹⁴ “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

manager is the registered manager¹⁵. Day to day management is provided by the practice manager. We found the practice to have good leadership and all staff understood their roles and responsibilities.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. Staff had signed these to evidence that they had read and understood them.

The Statement of Purpose contained all the relevant information but information relating to both the responsible individual and registered manger needed amending to provide practice information rather than personal information. A reference to HIW was also required in its complaints procedure. In addition, the Patient Information Leaflet also needed amending to ensure the information provided matched that contained in the Statement of Purpose.

The registered manager confirmed that she was aware of her duties regarding notifications, including serious injury to patients and absence or changes to the registered manager that must be sent to HIW under regulations 25-29 of the Private Dentistry Regulations. The responsible individual was not present on the day of the inspection.

All clinical staff were registered to practice with the General Dental Council and had appropriate indemnity insurance cover in place. We noted the practice's public liability insurance certificate was displayed.

Improvement needed

The Statement of Purpose and Patient Information Leaflet are to be amended to meet the requirements of the current regulations

¹⁵ "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

Staff and resources

Workforce

The practice had a number of HR related policies and procedures in place including an appraisal policy and recruitment policy. These were signed by staff to evidence that they had been read and understood.

We saw evidence that all staff had contracts of employment that were retained on individual staff files. We also noted that the practice had an induction policy programme and a staff training policy in place. As staff were often rotated between the three branches to ensure sufficient staff numbers and to support staff development, it was felt there was no need for temporary staff training plans.

We noted that staff appraisals had not taken place since 2015. We were told by the registered manager who had recently joined the Group that arrangements are already in place for these to be conducted annually. We noted that all dentists have Personal Development Plans.

We saw certificates that evidenced all clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. The exceptions referred to earlier in this report were addressed by the time this report was written. We also noted the practice's CPD policy.

The practice does not hold whole practice meetings. Instead, it organises separate, regular team meetings for the dentists; the nurses; and non-clinical staff. A number of topics are discussed at these meetings, including training, practice related issues, any policy changes and patient feedback. The general manager would feedback pertinent information to the other groups and we saw minutes relating to these meetings. Staff unable to attend are updated by the practice manager verbally, on discussions and action points. We advise that the minutes are circulated for staff to sign to evidence that they have been read and understood. We were told that the practice meets as a whole on training days and we recommend that time is allocated on those days for a whole practice meeting.

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. We saw evidence that DBS clearance checks had been carried out for all but one dental nurse. We were advised that in addition to a DBS certificate, this one

member of staff had failed to provide the practice with evidence of having completed training in accordance with her CPD requirements.

Clinical staff are required to be immunised against Hepatitis B to protect patients and themselves against infection. The practice provided proof of immunity for all but one member of its permanent clinical staff. This needs to be rectified.

The registered manager and responsible individual confirmed that they were aware of their duties and obligations as set out in the Private Dentistry Regulations 2017.

Improvement needed

The practice to ensure that all members of staff undertake a disclosure barring check and provide HIW with evidence of a current certificate in respect of one dental nurse

The practice to provide HIW with proof of immunity from Hepatitis B in respect of one dental nurse.

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

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, measureable, 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
No immediate concerns were identified on this inspection			

Appendix B – Immediate improvement plan

Service: Cox and Hitchcock Dental Group

Date of inspection: 20 August 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
No immediate non-compliance issues were raised during this inspection				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Cox and Hitchcock Dental Group

Date of inspection: 20 August 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
Quality of the patient experience				
The practice makes available for patients a selection of health promotion information, including leaflets about treatments and preventative advice.	1.1 Health promotion, protection and improvement; Private Dentistry Regulations 2017 Sections 6 and 8	Completed- we have leaflets from the oral health foundation on dental decay, gum disease, oral hygiene. We also have smoking cessation leaflets.	Emily Jefferies	Completed 08/10/18
Staff ensure that all computers are locked to ensure no unauthorised access to patient	4.1 Dignified Care; Private Dentistry	Completed- This message was communicated to all staff including dentists during staff meetings held on	Emily Jefferies	Completed 13/09/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
information	Regulations 2017 Section 13 (9)(c)	13/09/18		
The practice to provide a patient information leaflet setting out risks, benefits, describing treatment and side effects of receiving treatment from the surgical laser.	4.2 Patient Information, Private Dentistry Regulations 2017 Sections 6 and 8	We have included this information within our patient consent form.	Emily Jefferies	Completed 08/10/18
The website is updated to include details of the practice's complaints process.	3.2 Communicating effectively; Private Dentistry Regulations 2017 Section 6(2)	The new website is set to go live by 05/01/19	Emily Jefferies	05/01/19
The practice to ensure that patients receiving laser treatment are asked about any changes to their medical histories and that this is recorded in the patient notes	6.1 Planning Care to promote independence; Private Dentistry	Completed- we have created a specific form, once completed this is scanned on to the patient records. This has been communicated to all users of the laser.	Lisa Small LPS	08/10/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 Sections 20 (a) (ii)			
The practice to maintain a complaints folder, ensuring the nature of the complaint, action taken and outcome are recorded	6.3 Listening and Learning from feedback, Private Dentistry Regulations 2017 Sections 6 and 8	Completed- there is now a complaints log in place – details included are the patients name, nature of the complaint, the date and how it was resolved.	Helen Gardner	Completed- 21/08/18
Delivery of safe and effective care				
The practice to repair the damage to the flooring in surgery 1	2.1 Managing risk and promoting health and safety; Private Dentistry Regulations 2017 section 22	Completed- flooring repaired	Emily Jefferies	Completed 21/09/18
The practice to review the contents of its first aid kit to ensure there are sufficient numbers of	2.6 Medicines Management;	We now have an eye bath and a sufficient amount of plasters for the	Emily Jefferies	Completed

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
each item available	Health and Safety (First Aid) Regulations 1981	number of staff we employ.		23/08/18
The practice to ensure regular checks are undertaken, and recorded in a log book, of its non-emergency medication to ensure it is in date.	Private Dentistry Regulations 2017 Section 13 (4)	Monthly checks are now carried out for non-emergency medication at the same time as emergency medication monthly checks by Stephanie Sheehan.	Stephanie Sheehan	Completed 21/09/18
The practice to report any adverse drug reactions to the MHRA through its Yellow Card Scheme	Private Dentistry Regulations 2017 Section 13 (4)(e)	Completed- there is a reporting system now in place.	Helen Gardner	23/08/18
The practice to ensure that all dental nurses undertake radiological training appropriate to their role.	2.9 Medical devices, equipment and diagnostic systems; Private Dentistry	All nurses will complete 1hour radiation training a year online training with pro dental CPD. The majority of the staff have already completed this.	Emily Jefferies	21/09/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Regulations 2017 Section 17 (3)			
The practice to put in place a treatment protocol in relation to the treatments being provided.	Private Dentistry Regulations 2017 Section 32 (1)	There is now a treatment protocol in place for use of the laser. This has been implemented and reviewed by our LPA.	Lisa Small LPS	08/10/18
The practice to confirm the date of the LPA's last visit to the practice and forward his last report to HIW	Private Dentistry Regulations 2017 Section 32	Evidence of the LPA report has already been forwarded to Jo Morgan. The visit took place- 05/03/18.	Emily Jefferies	22/08/18
The local rules are to be updated and all laser operators to review and sign them.	Private Dentistry Regulations 2017 Section 32	The local rules were reviewed by Mathew agar (LPA) during his last visit 05/03/18 and signed. No update needed. All users of the laser have read and signed the local rules	Lisa Small LPS	31/08/18
The dentists to arrange formal and regular meetings for the purpose of peer review.	3.3 Quality Improvement, Research and Innovation;	Dentist were all given a peer review audit form to complete during the meeting held 13/09/18. These will be	Emily Jefferies/Robert Hitchcock.	13/12/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Private Dentistry Regulations 2017 section 16	reviewed in 8-12 weeks.		
In keeping with professional standards for record keeping, the practice should ensure that patient records are completed at each patient visit to record comprehensive information on examination, advice and treatment provided and relevant X-ray information.	3.5 Record keeping; Private Dentistry Regulations 2017 section 20	Record keeping is the main subject of our peer review. The importance of comprehensive record keeping was discussed during the meeting 13/09/18.	Emily Jefferies/Robert Hitchcock	Clinical record keeping audits will be reviewed 13/12/18
Quality of management and leadership				
The Statement of Purpose and Patient Information Leaflet are to be amended to meet the requirements of the current regulations	Governance, Leadership and Accountability; Private Dentistry Regulations 2017 sections 5 and 7 and Schedule 1	The patient information leaflet and statement of purpose are in the process of being rewritten.	Emily Jefferies	20/09/18

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to ensure that all members of staff undertake a disclosure barring check and provide HIW with evidence of a current certificate in respect of one dental nurse	Private Dentistry Regulations 2017 Section 18	This dental nurse has now left the practice. All current staff members have an in db's check. The recruitment policy states that all staff will have a DBS check prior to joining the practice.	Emily Jefferies	20/09/18
The practice to provide HIW with proof of immunity from Hepatitis B in respect of one dental nurse.	Private Dentistry Regulations 2017 Section 18	This nurse has now left the practice. All clinical staff members have provided proof of immunity from Hepatitis B. All new clinical staff members must provide evidence of hepatitis b vaccination prior to their start date as per the recruitment policy.	Helen Gardner	20/09/18

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): Emily Jefferies

Job role: Clinical/HR Manager

Date: 08/10/18