

General Dental Practice Inspection (Announced)

MyDentist, Abertawe Bro
Morgannwg University Health
Board

Inspection date: 3 September
2018

Publication date: 4 December
2018

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection.....	6
3.	What we found	8
	Quality of patient experience	9
	Delivery of safe and effective care	15
	Quality of management and leadership	23
4.	What next?	26
5.	How we inspect dental practices	27
	Appendix A – Summary of concerns resolved during the inspection	28
	Appendix B – Immediate improvement plan	29
	Appendix C – Improvement plan	30

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 MyDentist at 104 Alexandra Road, Gorseinon SA4 4NX, within Abertawe Bro Morgannwg University Health Board on the 3 September 2018.

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

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

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

2. Summary of our inspection

Overall we found evidence that the Gorseinon practice of MyDentist provided a friendly and professional service to their patients.

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

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. However, the practice needs to ensure all clinical staff receive up to date training relevant to their role.

The practice needs to ensure that patient records are maintained in accordance with professional standards for record keeping

This is what we found the service did well:

- The practice is committed to providing a positive experience for its patients
- There was evidence of clear lines of responsibility and strong management and leadership from the practice manager and regional managers
- 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 statement of purpose and patient information leaflets are to be amended in order to comply with current regulations
- The practice is to ensure all surgery doors are closed whilst patients are receiving treatment

- 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

MyDentist provides services to patients in the Gorseinon and surrounding area. The practice forms part of dental services provided within the area served by Abertawe Bro Morgannwg University Health Board.

The practice has a staff team which includes four dentists, one hygienist, four dental nurses, one receptionist and one practice manager.

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

Quality of patient experience

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

We found that MyDentist, Gorseinon was committed to providing a positive experience for their patients. All but one of the patients who completed the HIW questionnaire rated the service provided by the dental practice as excellent, very good or good.

The practice had a complaints policy and a robust system for capturing formal and informal complaints was in place. However, the policy needed to include contact details for the local health board and HIW. The practice actively seeks patient views by sending text messages and undertaking patient surveys but could do more to provide feedback to patients on the outcome of their comments

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. A total of 35 questionnaires 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:

I have been a patient all my life with no concerns

No very happy, always been able to see the dentist when needed. Very good when it comes to my children. Always fitted me in when needed

Courteous and sensitive treatment always

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

The only thing I think it needs to improve on is when they cancel appointments as I didn't receive any information about it and still turned up for my appointment to find out that it had been cancelled

Staying healthy

Health promotion protection and improvement

In the waiting area we saw that a selection of health promotion information was available, including leaflets about treatments and preventative advice.

The majority 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.

Dignified care

All but one of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. During the inspection 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 the practice manager's office or an empty surgery.

We found that both handwritten and electronic patient information was stored securely, ensuring that personal and sensitive information was protected. We noted the practice had a record keeping policy, information governance procedure and an information security policy.

All surgeries had doors that could be closed whilst a patient was receiving treatment affording them privacy and dignity, however, we did note during the inspection that one was not closed whilst a patient was receiving treatment. We also noted that the window in the door to surgery 4 was fitted with clear glass and we could look into the surgery whilst a patient was receiving treatment. We recommend that the glass is removed or replaced with frosted glass to ensure privacy.

The practice had in place appropriate policies to ensure patients are treated with dignity and respect. In addition, we noted that the 9 Principles as set out by the GDC¹ was displayed in waiting area. The principles apply to all members of

¹ <https://standards.gdc-uk.org/>

the dental team and set out what patients can expect from a dental professional.

Improvement needed

The glass in the door of surgery 4 is removed or replaced with frosted glass to ensure patient privacy

Clinical staff to ensure that surgery doors are closed when patients are receiving treatment.

Patient information

The vast majority 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. They also told us they had received clear information about available treatment options and that the cost of any treatment was always made clear to them before they received any treatment.

There was information displayed in the waiting area setting out both private treatment costs and NHS treatment costs. We were told that in addition the costs of any treatment were discussed with the patients during their appointment as a part of developing their treatment plans.

We noted that the practice did not have a policy specifically relating to the arrangements for acceptance of patients. We were told that the practice was not currently accepting any new patients. Even so, we recommend that in accordance with the current regulations a policy is developed. We also recommend that a policy addressing the arrangements for assessment, diagnosis and treatment of patients is developed to support the practice's consent policy.

The practice had a Patient Information Leaflet that was readily available to patients and visitors to the practice. This leaflet needed to be updated to meet the requirements of the Private Dental Regulations 2017.

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.

Improvement needed

The practice to develop policies relating to the arrangements for acceptance of patients and the arrangements for assessment, diagnosis and treatment of patients is developed to support the practice's consent policy.

The practice to update its patient information leaflet to meet current regulations.

Communicating effectively

The majority 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 provided guidance on making a complaint, details of the practice team, opening hours and how to obtain emergency dental treatment. We recommend the website is updated to include details of all clinical staff and the relevant contact numbers for obtaining emergency dental treatment.

Improvement needed

The practice to update its website to include details of all clinical staff and the relevant contact numbers for obtaining emergency dental treatment

Timely care

Over three quarters of the patients that completed the questionnaire said they found it 'very easy' or 'fairly easy' to get an appointment when they needed it. Just under half of the 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.

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 dentists are not consistently recording that they are asking patients about their medical history at the time of their visit. A recommendation regarding this is made later in the report.

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

People's rights

The practice did not have a car park but there was ample on street parking available nearby. The practice had a portable ramp to negotiate the step at the entrance, making the practice accessible for wheelchair users and people with mobility difficulties. The practice reception, waiting area, disabled toilet and two of its surgeries were on the ground floor meaning patient areas were accessible to all.

The patient toilet had handrails and was suitable for a wheelchair user.

The practice had in place appropriate policies to protect people's rights, including an equality and diversity 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 Things Right"³ and with regard to private dental treatment to the Private

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

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

Dentistry Wales 2017 Regulations⁴. The policy was displayed in both English and Welsh in the reception area. Whilst reference is made to contacting a local health board we recommend the policy is amended to refer to and provide contact details for the one relevant to this practice, i.e. Abertawe Bro Morgannwg, and to include the contact information for HIW, rather than just a link to its website.

The practice manager was the nominated lead for patient complaints. The practice maintained an electronic folder containing records of complaints received and outcomes. This information was monitored by the practice manager and centrally by head office.

The practice also records patients' verbal feedback electronically and this is regularly reviewed by the practice manager to identify any recurring themes. We were told that following a course of treatment patients are contacted via text message for feedback about their experience at the practice and treatment received. Comments are logged and reviewed by the practice manager and head office. The practice also provides a feedback form for patients to complete. All patient feedback is relayed back to staff at practice meetings for discussion and where appropriate, to action. We would advise the practice consider including a "you said: we did" style of feedback to patients' comments and suggestions in its newsletter that is being developed.

Improvement needed

The practice to amend its complaints policy to include reference to and contact details for Abertawe Bro Morgannwg, and to include the contact information for HIW.

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.

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 ensure patient medical records are completed in keeping with professional standards for record keeping at each visit.

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 an asbestos risk assessment, business continuity plan and a health and safety policy. We noted there was a health and safety poster in the practice manager's office. We also noted that there was a fire risk assessment undertaken in 2014. We were advised that the group policy is for these to be undertaken every five years. The practice manager also told us that she does a tour of the practice every morning, working to a health and safety checklist.

There were no concerns given by patients over the cleanliness of the dental practice; all but one of the 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. We observed all public access areas to be clean and uncluttered. We saw evidence of dust on top of the wall cupboards in Surgeries 1 and 2. We recommend this

is addressed and suggest an appropriate check is included in the practice manager's morning tour.

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 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. There was also an environmental cleaning and maintenance policy in place.

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 a Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) book which was completed when an accident occurred. We also noted a medical emergency policy.

Improvement needed

The practice to ensure that all areas of the clinical areas are dust free

Infection prevention and control

The practice had facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05⁵.

There was at the time of the inspection no dedicated decontamination room and manual cleaning and decontamination was undertaken in the surgeries. We noted during the inspection that the work surfaces around the sink areas were uncluttered and clean. We were told that the practice was considering turning the practice manager's office into a dedicated decontamination room for all four surgeries.

We recommend the practice procure thermometers for each surgery to ensure the water used during the cleaning of instruments is at the correct temperature and that this is maintained. When the practice manager was advised that there should be two dedicated sinks for decontamination or two bowls incorporated into a single unit, bowls were immediately purchased and installed in each surgery. We also recommend that in each surgery the "clean" and "dirty" areas are clearly marked.

Sterilisation equipment underwent maintenance checks in accordance with manufacturer guidance and we saw evidence that the log books for checking the sterilisation equipment were maintained. The practice had an infection control policy in place.

Staff had access to and used personal protective equipment (PPE).

We saw evidence that the majority of the clinical staff had certificates on file to confirm their infection control training was up to date. The exceptions were two dentists and the hygienist and we recommend that they provide evidence that they have completed appropriate training.

The practice undertakes regular infection control audits as recommended by WHTM 01-05 guidelines

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

Improvement needed

The practice purchase thermometers for each surgery to aid the cleaning of instruments and decontamination procedure.

In each surgery the "clean" and "dirty" areas are clearly marked

All staff to have undertaken training in infection control.

Medicines management

The practice had procedures in place to deal with patient emergencies, including a resuscitation policy. To ensure all members of staff know their role, in the case of a medical emergency, we would recommend the practice's medical emergencies policy is amended to include information on roles and responsibilities of staff.

Healthcare providers have an obligation to provide resuscitation skills in the event of a cardio respiratory arrest and to ensure that staff are trained and updated regularly to a level of proficiency appropriate to their role. We saw evidence that, with the exception of one dentist and hygienist, 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 an appointed first aider.

The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance⁶. We noted that the practice had a system in place to check that emergency drugs and equipment were in date and ready for use.

We noted that prescription pads were kept securely.

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

Staff confirmed their understanding of the correct procedure for reporting any problems relating to drugs or medical devices via the MHRA Yellow Card scheme⁷.

Improvement needed

The practice to amend its medical emergencies policy to include information on roles and responsibilities of staff should an emergency arise.

The practice to ensure that all clinical staff have undertaken training in medical emergencies and how to perform cardiopulmonary resuscitation (CPR)

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. With the exception of one dentist and hygienist, we saw evidence that both clinical and non-clinical staff had completed training in the protection of children and protection of vulnerable adults. We recommend all staff undertake this training. The practice manager told us that she was the safeguarding lead and we would suggest she undertake 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 staff told us they felt able to do this in the practice.

At the time of the inspection we were provided with Disclosure and Barring Service (DBS) certificates for the majority of staff and the remainder were forwarded to HIW prior to the completion of this report.

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

Improvement needed

The practice to ensure that all staff have completed training in the protection of children and the protection of vulnerable adults.

Medical devices, equipment and diagnostic systems

We saw that overall, the surgeries were visibly clean and 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. The one exception was the OPG⁸ machine which was out of order due to there being a leak into its dedicated room. The practice manager told us that arrangements were in place for the leak to be rectified and the equipment repaired. We saw documentation to show that the X-ray machines were regularly serviced. The radiation protection file was maintained and contained all the essential information. We noted that the local rules⁹ were displayed in the surgeries.

In accordance with the requirements of the General Dental Council¹⁰ and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000¹¹ all clinical staff had completed the required training.

⁸ An OPG is a panoramic or wide view x-ray of the lower face, which displays all the teeth of the upper and lower jaw on a single film

⁹ 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

¹⁰ General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

¹¹ http://www.legislation.gov.uk/uksi/2000/1059/pdfs/uksi_20001059_en.pdf

We noted the practice had in place a provision of and safe use of work equipment policy and work equipment procedure.

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 record card keeping (including smoking cessation) audit. The practice had also undertaken a MyDentist audit of antibiotic prescribing.

As referred to earlier in this report, we noted the practice did not have policies in place relating to the arrangements for acceptance of patients and the arrangements for the assessment, diagnosis and treatment of patients.

Quality improvement, research and innovation

We were told that the dentists meet regularly with the regional clinical manager to discuss clinical issues.

The practice might also wish to consider applying for the Deanery Maturity Matrix Dentistry practice development tool¹². The Maturity Matrix (MMD) Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Information governance and communications technology

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, including a record keeping policy.

Record keeping

¹² <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

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

- Basic Periodontal examination (BPE)¹³ findings
- Oral cancer screening findings
- The checking of medical histories
- The discussion of treatment options
- Patient consent

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

We recommend that patient notes are completed in accordance with current guidelines.

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.

¹³ BPE stands for 'basic periodontal examination' and it is an indication of how healthy your gums are.

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.

The practice manager was responsible for the day to day management of the practice and 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. The practice needed to put in place a procedure for staff to evidence that these have been read and understood.

There were robust management procedures in place for the benefit of staff, including annual staff appraisals and regular staff meetings.

The statement of purpose needs to be amended in order to comply with current regulations.

Governance, leadership and accountability

My Dentist, Gorseinon is part of the My Dentist group of dental practices in England and Wales. The role of responsible individual¹⁴ is held by a senior officer based in the Group head office. The practice manager is the registered

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 who also provides day to day management with the support of an area manager. We found the practice to have good leadership and 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 but we recommend the practice make provision for staff to evidence that they had read and understood these.

We had sight of the Statement of Purpose that contained all the relevant information but needed updating to reflect the current staff working at the practice and to include the contact details for Abertawe Bro Morgannwg University Health Board in the section on how to complain.

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.

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 practice to make provision for staff to evidence that they had read and understood the policies.

The Statement of Purpose to be amended to include details of all staff working at the practice and to provide contact details for the local health board in its process for dealing with patient complaints.

Staff and resources

Workforce

The practice had a number of HR related policies and procedures in place to support the recruitment and retention of staff. We also had sight of the employee handbook provided to each member of staff.

We noted that all staff had a contract of employment that were retained on staff files. We saw evidence of the practice's induction programme that included a comprehensive checklist. When agency staff were engaged on a temporary basis there was a procedure in place to make them aware of the systems and processes in place at the practice.

We saw evidence that regular staff appraisals take place which are documented. Appraisal meetings include discussion around training and development.

We saw certificates that evidenced that the majority of clinical staff had attended training on a range of topics relevant to their roles and meeting the Continuing Professional Development (CPD) requirements. Those omissions have been referred to earlier in this report.

The practice holds regular team meetings for all staff. We saw minutes relating to these meetings. We were told that following each meeting the minutes are circulated to all staff and displayed in the staff room to ensure that all staff, including those that had not attended, are made aware of issues discussed and agreed actions. We advise that all staff sign the minutes to evidence that they have been read and understood.

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 both clinical and non-clinical staff.

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 members of clinical staff, with one member awaiting the results of her recent blood test.

The practice manager in her role as registered manager confirmed that she was aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

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 during this inspection			

Appendix B – Immediate improvement plan

Service: MyDentist, Gorseinon

Date of inspection: 3 September 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
There were no immediate non compliance issues identified 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: MyDentist, Gorseinon

Date of inspection: 3 September 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 glass in the door of surgery 4 is removed or replaced with frosted glass to ensure patient privacy	4.1 Dignified Care; Private Dentistry Regulations 2017 Section 15	Contact facilities to have frosting added to glass on door of surgery 4.	Practice Manager	Completed 14/09/18
Clinical staff to ensure that surgery doors are closed when patients are receiving treatment.	4.1 Dignified Care; Private Dentistry Regulations 2017 Section 15	Speak to clinicians to ensure that they understand regulations.	Practice Manager	Completed 04/09/18
The practice to develop policies relating to the arrangements for acceptance of patients and the arrangements for assessment, diagnosis and treatment of patients is developed to support the practice's consent policy.	4.2 Patient Information, Private Dentistry Regulations 2017 Section 8	Acceptance policy now available in practice which will be updated to reflect the practice is now taking on new patients	Practice Manager	Completed 09/10/2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice to update its patient information leaflet to meet current regulations.	Private Dentistry Regulations 2017 Sections 6	Acquired editable copy of practice leaflet and update.	Practice Manager	Completed 10/09/18
The practice to update its website to include details of all clinical staff and the relevant contact numbers for obtaining emergency dental treatment	3.2 Communicating effectively; Private Dentistry Regulations 2017 Sections 6	Out of hours emergency number is available on practice answer phone and front door of practice. Request has been sent to the development team for emergency number to be placed on website	Regulatory officer – Sarah-Jane Davies	Request sent 09/10/2018 – confirmation received that it can be done. Regulatory officer to collate information for different areas and submit to developer 30/10/2018
The practice to amend its complaints policy to include reference to and contact details for Abertawe Bro Morgannwg, and to include the contact information for HIW.	6.3 Listening and Learning from feedback, Private Dentistry Regulations 2017	Regulatory officer fed back to patient support team and health board & HIW details now included	Practice Manager	01/10/2018 completed

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
	Sections 6 and 8			
Delivery of safe and effective care				
The practice to ensure that all areas of the clinical areas are dust free	2.1 Managing risk and promoting health and safety; Private Dentistry Regulations 2017 section 22	Discuss with staff members around infection control and housekeeping in surgeries. Weekly spot checks by PM to be undertaken. Quarterly audits to be completed on cleaner	Practice Manager	09/10/2018 and ongoing
The practice purchase thermometers for each surgery to aid the cleaning of instruments and decontamination procedure.	2.4 Infection Prevention and Control (IPC) and Decontamination, WHTM 01-05	Order Thermometers from Proactis and complete training with nurses and they must use	Practice Manager	Completed 04/10/2018
In each surgery the "clean" and "dirty" areas are clearly marked		Signage to be placed to clearly mark areas as clean/dirty red/green	Practice Manager	Completed 14/09/18
All staff to have undertaken training in infection control.	Private Dentistry Regulations 2017 Section 17 (3)(a)	All clinical staff to complete training in infection control	Practice Manager	Completed 11/10/2018
The practice to amend its medical emergencies policy to include information on roles and	2.6 Medicines Management;	Practice Specific policy to be completed to reflect the local arrangements in this	Practice Manager	12/10/2018

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
responsibilities of staff should an emergency arise.	Private Dentistry Regulations 2017 Section 8	practice.		
The practice to ensure that all clinical staff have undertaken training in medical emergencies and how to perform cardiopulmonary resuscitation (CPR)	Private Dentistry Regulations 2017 Section 17 (3)(a) Resuscitation Council (UK)	CPR training annually	Practice Manager	Next training 06/12/18
The practice to ensure that all staff have completed training in the protection of children and the protection of vulnerable adults.	2.7 Safeguarding children and adults at risk; Private Dentistry Regulations 2017 Section 17 (3)(a)	Staff to undertake Safeguarding training on the companies training academy	Practice Manager	Completed
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	Discussions to be held with clinical staff to ensure patient records are completed correctly. Audits to be completed monthly until practice manager satisfied with result of audit. Audits to be sent and reviewed by clinical support manager. Action plans to be put in place	Practice Manager	31/10/2018 and ongoing

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
		by clinical support manager if required		
Quality of management and leadership				
The practice to make provision for staff to evidence that they had read and understood the policies.	Governance, Leadership and Accountability; Private Dentistry Regulations 2017 section 8	All policies will be discussed in a team meeting, sign off sheets completed and uploaded to company's compliance tool	Practice Manager	30/11/2018
The Statement of Purpose to be amended to include details of all staff working at the practice and to provide contact details for the local health board in its process for dealing with patient complaints.	Private Dentistry Regulations 2017 sections 5 and 7 and Schedule 1	Statement of purpose to be updated to include details of staff, complaints information and Local Health Board.	Practice Manager and Registrations team at the support centre	12/10/18

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): RACHEL ARTHUR

Job role: PRACTICE MANAGER Date: 11/10/2018