

General Dental Practice Inspection (Announced)

Alison Jones Ltd Dental Surgery /
Cardiff and Vale University Health
Board

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2018

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

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 Alison Jones Ltd Dental Surgery at 45 Barry Road, Barry, CF63 1BA, within Cardiff and Vale University Health Board on the 17 December 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 Alison Jones Ltd Dental Surgery provided a friendly and professional service to their patients.

The practice was patient focussed and we observed staff being polite and professional. We saw evidence of good leadership and staff told us they felt supported by the management team.

We saw documentation demonstrating that the dental equipment was maintained and regularly serviced. However, we identified areas for improvement with regards to arrangements for checking of emergency drugs and equipment, first aid equipment and dental materials.

Improvements were required with regards to some fire safety arrangements.

More detailed patient records were needed in some areas to evidence the care and treatment provided to patients.

The practice needed to implement a number of policies and procedures, and some were also in need of updating.

Regular appraisals for staff needed to be introduced.

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice owner and practice manager
- Patients told us they were treated with dignity and respect by staff
- Appropriate arrangements were in place for the safe use of X-rays
- The practice undertook a number of clinical and non-clinical audits.

This is what we recommend the service could improve:

- Arrangements for the provision and availability of some patient information
- Some arrangements for fire safety
- Regular checks on emergency drugs and equipment, first aid equipment and dental materials to ensure they remain within date and fit to be used
- Areas of professional record keeping
- Creation of some policies and procedures, and updates to others
- Regular appraisals for staff.

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

3. What we found

Background of the service

Alison Jones Ltd Dental Surgery provides services to patients in the Barry area of South Wales. 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 three dentists, one hygienist, six dental nurses, one trainee dental nurse, a receptionist and practice manager.

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

Alison Jones Ltd Dental Surgery also has a branch dental practice which is located in Cardiff.

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 saw that patients were treated with dignity, respect and kindness by the whole practice team. Patients who provided comments indicated that they were very satisfied with the service offered by the practice. We found the practice to be delivering care and treatment in a very patient focussed manner.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 40 completed questionnaires. The majority of the completed questionnaires were from patients who had been a patient at the practice for more than two years.

Overall, patient feedback was positive; all of the patients that completed a questionnaire said that they would rate the service provided by the practice as 'excellent' or 'very good'. Some of the comments provided by patients on the questionnaires included:

"Very professional, friendly staff, best dentist I have visited"

"I've been coming here for a few years now I've always receive a phone call prior to my appointment. I've had no problems or complaints about my treatment, if I have a problem then I only need to call and they will endeavour to see me as soon as possible"

"I have used this dental practice for several years and never found fault with the service. Reminder service is excellent. Keep up the good work"

Patients were asked on the questionnaires how the dental practice could improve the service it provides; one patient commented:

"More realistic time management. I always have a delay, sometimes half an hour"

Staying healthy

Health promotion protection and improvement

Without exception, 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.

We saw that there was a number of health promotion leaflets, posters and books available for patients within the waiting area regarding oral health and hygiene.

Dignified care

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

Staff told us that if there was a need to hold a private conversation in person or on the telephone with a patient they would be able to use the practice manager's office to uphold the privacy of patients.

The dental surgeries had doors which could be closed when a patient received treatment, maintaining privacy and dignity.

The practice had conducted a confidentiality checklist in October 2018, to ensure they were meeting with requirements. We noted that there was a quality assurance policy that reflected the 9 Principles as set out by the GDC¹. The principles apply to all members of the dental team and set out what patients can expect from a dental professional. We suggested that the practice should display this for patients to have ease of access to.

Patient information

All patients that completed a questionnaire told us that they felt involved (as much as they wanted to be) in any decisions made about their treatment, and also, said that they had received clear information about available treatment options.

¹ <https://standards.gdc-uk.org/>

Where applicable, patients also said that the cost of any treatment was always made clear to them before they received any treatment.

Costs for NHS dental treatments were displayed in the waiting area for patients, however, the practice did not have prices for private dental treatments. The practice must ensure that these are displayed.

We saw the names and information about the dentists, and the practice's opening hours and the emergency contact telephone number displayed internally and externally. The out of hours telephone number was also available on the practice's answerphone message.

There were notice boards in the waiting area with different types of information for patients. We found, however, that they were cluttered with leaflets and posters on top of each other. The practice should reorganise the notice boards to ensure that patients had ease of access to the information available.

We recommended, for an enhanced patient experience, that additional information should be included on the practice's website. We recommended that the practice include the contact details for out of hours, their complaints policy and prices for both private and NHS dental treatments.

We saw that signage in the practice was generally adequate, for example, location of surgeries. However, there was no signage to indicate those areas that could not be accessed by patients.

Improvement needed

The practice should consider the organisation and layout of available patient information to ensure it is easily accessible and relevant.

The practice should review the content of their website to ensure it contains the most up to date and relevant information for patients.

The practice should put signage on all doors that lead to staff only areas.

Communicating effectively

All of the patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language. Staff told us that they would use a translator should there be a need to use one.

Timely care

Just over a third of the patients that completed a questionnaire said they would know how to access the out of hour's dental service if they had an urgent dental problem. Staff told us that they would endeavour to see patients on the day should an emergency appointment be deemed necessary.

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

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

Individual care

Planning care to promote independence

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

A review of patient records showed that patients are asked about their medical history at the time of their visit.

People's rights

We found the practice to be accessible from the street by wheelchair users and people with mobility difficulties. The practice reception, waiting area and one surgery were on the ground floor and were accessible to all. There was a second surgery on the first floor. Whilst the downstairs toilet was large enough to accommodate a wheelchair, there were no handrails available, and we suggested that the practice may wish to install these for the benefit of their patients.

Listening and learning from feedback

The practice had a complaints policy which was displayed on the notice board in the waiting area. We found that it was in need of updating to ensure it provided relevant information for patients. The procedure needed to include information about HIW and advocacy groups able to support patients wishing to raise a concern.

We saw that information relating to any patient complaints was stored within individual patient files. To ensure any themes or trends could be properly assessed, we suggested that the practice should consider holding complaint information in one place.

The practice carried out patient surveys on a 6-monthly basis. The information is analysed by the principal dentist and discussed with staff during staff meetings. We suggested that the practice provide feedback to patients on any actions they have taken as a result of the survey.

The practice did not record any informal feedback received, and we suggested that it puts a process in place to record this, for example a notebook in reception. We also advised the practice consider including a “you said: we did” style of feedback to patients’ comments and suggestions.

Improvement needed

The practice must update the complaints policy to ensure it contains all relevant information and is compliant with the Private Dentistry Wales 2017 Regulations.

The practice should consider the process for storing and managing complaint information, to ensure that it is able to easily monitor themes and trends.

Delivery of safe and effective care

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

We found the practice strived to provide patients with safe and effective care, however there were a number of areas that were in need of improvement.

Improvements were needed with regards to some areas of fire safety, including staff training, guidance and risk assessment.

Documentation and information was available to demonstrate that X-ray and decontamination equipment was being used safely.

More regular checks on emergency drugs and equipment, as well as first aid equipment were required. More regular checks were also needed on dental materials to ensure they remained in date.

Areas of patient record keeping needed improvement to demonstrate the care and treatment provided.

A number of policies and procedures needed to be created.

Safe care

Managing risk and promoting health and safety

Overall, we found arrangements were in place to protect the safety and well-being of practice staff working and visitors to the practice. There were a number of policies and procedures in place, including relevant risk assessments, to help ensure staff, were aware of their roles and responsibilities and that action was taken to address any issues as a result of the risk assessments. The practice, however, did not have a policy in place or procedure in place to ensure the premises were fit for purpose.

The staff only area was very small with very limited storage space. We also found that the staff room was used to store the water purifier and X-ray developer, as well being used as a stock room. We suggested that the practice consider alternative arrangements for storing equipment and stock.

Fire safety equipment was located around the practice, and we saw that it had been tested within the past 12 months, to help ensure it remained safe to use. We also saw that the fire alarms had been recently tested. However, improvements were required with regards to other fire safety arrangements. Whilst the practice had a fire risk assessment in place, it was dated June 2007 and was in need of a review. We were unable to see evidence that all staff had received fire safety training or that the practice carried out regular fire drills. The practice also needs to implement a fire safety policy. During a tour of the practice we found that a bag of rubbish was blocking one of the fire exits. The practice must ensure that fire exits are easily accessible at all times.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical), non-hazardous (household) waste. Clinical waste was stored correctly and a disposal of clinical waste policy was also in place. However we noted that there was no provision for feminine hygiene waste in the patient toilet and this needs to be rectified.

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) control checklist folder with the relevant safety data sheets. These provided relevant information on substances that are hazardous and instructions for their safe use. All materials were stored safely and securely.

Improvement needed

The practice must develop and implement a policy/procedure ensuring the premises are fit for purpose.

The practice must review their fire safety arrangements to ensure they meet with relevant legislation, including the following:

- Review the fire risk assessment
- Ensure all staff have fire safety training
- Carry out regular fire drills
- Implement a fire safety policy
- Maintain easy access to fire exits.

The practice must install a feminine hygiene bin in the patient toilet.

Infection prevention and control

There were no concerns given by patients over the cleanliness of the dental practice; the vast majority of patients that completed a questionnaire felt that, in their opinion, the dental practice was “very clean”.

The practice had designated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05². We saw that some of the paint on the walls of the decontamination room was peeling away, and was in need of refreshing. The decontamination room did not have a dedicated handwashing sink in it, as recommended by WHTM 01-05, we suggested that the practice should consider installing one.

The practice had a programme in place to clean dental equipment. We found that records of the tests on the equipment used were carried out and information retained in relation to the tests. We saw evidence to show that the practice had regular checks carried out on the equipment used, to help show they remained safe and effective.

We saw records to show that all staff had received infection control training.

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.

The practice last carried out an infection control audit in October 2018. We suggested that the practice may wish to consider using a Welsh based audit tool in the future in line with WHTM 01-05.

² 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 must ensure that the walls in the decontamination room are fit for purpose and allow for effective cleaning.

The practice should consider installing a dedicated handwashing sink in the decontamination room.

Medicines management

We saw that equipment and drugs were available for use in a patient emergency (collapse). We found, however, that the airways were out of date. Replacements were ordered by the practice manager on the day of inspection. We saw that some pieces of equipment such as the defibrillator and oxygen, were checked to help show they remained safe to use, however checks and records on the emergency drugs were not carried out. The practice must ensure this is done.

We also found that whilst the practice had a first aid kit, some items were past their expiry date. The practice must ensure that regular checks are also carried out on the first aid kit to make sure items are in date, and that out of date items are removed and replaced. We would suggest the practice uses a checklist to do this.

We saw records to show that the majority of staff had received training within the last 12 months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR). However, we found that training was out of date for one member of staff. The practice must have robust procedures in place to ensure that all staff receive CPR training on an annual basis.

The practice did not have a medical emergencies policy in place, which should outline the practices' arrangements for dealing with a medical emergency/resuscitation, and provide staff with a clear understanding of process and their roles. The practice must introduce a medical emergencies policy and ensure that it is disseminated to staff.

The practice told us that they would take expired medicines to a local pharmacy for safe disposal. The practice, however, did not obtain confirmation of receipt from the local pharmacy. The practice must ensure that they have appropriate records to demonstrate the safe transfer of expired medicines.

Improvement needed

The practice must ensure that records are maintained and regular checks are carried out on the drugs and equipment used in a patient emergency.

The practice must replace the out of date items in the first aid kit and carry out regular checks on the contents to make sure they remain within their expiry date.

The practice must ensure that all staff receive CPR training on an annual basis.

The practice must implement a medical emergencies policy and ensure that staff are aware of the details.

The practice must ensure that they obtain appropriate documentation for the transfer of expired medication for disposal.

Safeguarding children and adults at risk

The practice had a procedure in place to promote and protect the welfare of children and adults who are vulnerable or are at risk. The practice must update the procedures to include the contact details for the relevant safeguarding authorities.

We saw certificates confirming that the majority of staff had completed both adult and child protection training. The practice must ensure that all staff receive this training on a regular basis.

Improvement needed

The practice must update the safeguarding policy to include the contact details for the relevant safeguarding authorities for adults and children.

The practice must ensure that all staff received both adult and child protection training on a regular basis.

Medical devices, equipment and diagnostic systems

We found that the surgeries were in good condition and contained appropriate equipment for the safety of patients and the dental team. We did, however, find that there were some dental materials within the surgeries that were past their expiry date. The practice did not carry out regular checks of the surgeries, and we recommended that this should be done to ensure that all dental materials are suitable to be used.

We concluded that the practice had arrangements in place for the safe use of radiographic (X-ray) equipment. This is because the required documentation and information on the safe use of the X-ray equipment was available and up to date.

We saw training certificates demonstrating that most of the clinical staff were up to date with their ionising radiation training and were meeting guidance set out by the General Dental Council (GDC). Whilst we saw certificates for some, we were unable to see that all clinical staff had attended relevant ionising radiation training. The practice must ensure that all clinical staff receive ionising radiation training as recommended by the GDC.

We saw that image quality audits of X-rays had been completed as part of the quality assurance monitoring activity. These audits identify possible issues with the taking of X-rays and indicate where improvements should be made if required. We suggested that the practice may wish to use the Wales Deanery Quality Improvement Tool for Ionising Radiation³, as a way of promoting good practice in the use of ionising radiation.

Improvement needed

The practice must ensure that regular checks are carried out in the surgeries which includes ensuring that all dental materials are within their expiry dates and safe to be used. All materials past their expiry date must be safely disposed of with immediate effect.

The practice must ensure that all clinical staff receive ionising radiation training in line with the GDC recommendations.

Effective care

³ <https://dental.walesdeanery.org/quality-improvement/patient-safety-human-factors/qi-tool-ionising-radiation>

Safe and clinically effective care

The practice carried out a number of audits to monitor the quality and safety of the care and treatment provided to patients. Areas audited included radiographs, patient waiting time, access to information, COSHH controls checklist, infection control, record keeping and X-ray audits. As part of their programme of continuous improvement, we recommended that the practice should also include smoking cessation and antibiotic prescribing audits too.

The practice did not have policies in place for arrangements to accept patients or the assessment, diagnosis and treatment of patients. The practice must develop and implement these policies.

Improvement needed

The practice should consider including smoking cessation and antibiotic prescribing audits as part of their overall programme.

The practice must development and implement policies for the arrangements to accept patients and the assessment, diagnosis and treatment of patients.

Quality improvement, research and innovation

We saw in the past that the practice had carried out peer reviews, however the practice no longer did this. We were told that they intended on restarting a peer review programme for the dentists shortly. We would also suggest the dental nurses consider arranging regular meetings for the purposes discussing clinical issues.

The practice might wish to consider applying for the Welsh Deanery Maturity Matrix Dentistry⁴ practice development tool. The Maturity Matrix Tool is a dental practice team development tool that encourages the team to focus on best practice and legislative requirements and on how they work.

Information governance and communications technology

⁴ <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

Overall, we found that there were appropriate procedures in place to protect both paper and electronic patient information. However, we saw that some files containing patient data were kept on shelves in the reception area overnight. The practice must ensure that these are kept securely at all times to prevent unauthorised access.

Improvement needed

The practice must ensure that files containing personal and sensitive information is kept securely.

Record keeping

We reviewed a sample of ten patient records. We found the records we looked at to be clear and legible, however we recommended that more detail needed to be recorded to ensure the records were reflective of the care and treatment provided to patients.

Areas for improvement included:

- Recording of smoking cessation advice given
- Recording of intra-oral examinations
- Recording of cancer screening
- Health promotion advice, such as oral hygiene information
- Recording of informed consent
- Location of local anaesthetic to be recorded
- Patient recalls to be recorded in line with NICE guidelines
- Risk assessment to be recorded based on caries, perio, toothwear and oral cancer
- Indication for the antibiotic prescribing to be recorded
- Clinical findings of radiographs to be consistently recorded.

Improvement needed

The practice must ensure that records are maintained in line with professional standards for record keeping.

Quality of management and leadership

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

Staff told us they felt supported in their roles and that they had the opportunity to attend relevant training to develop their skills and knowledge.

We found there to be a strong leadership team in place, which was committed to providing a positive experience for both staff and patients.

The practice had a number of audit processes in place to help demonstrate quality improvement and development.

There were some gaps in staff training that were in need of addressing. The practice also needed to ensure that all staff receive regular appraisals.

Governance, leadership and accountability

Alison Jones Ltd Dental Surgery is owned by the principal dentist and is supported by a wider team of clinical and non-clinical staff. The principal dentist is also the registered manager⁵ and responsible individual⁶. We found the

⁵ "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

⁶ "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

practice team to be organised and proactive in their approach to providing safe and effective care to their patients. Clear lines of accountability and reporting were described by all of the practice team. Where we identified areas for improvement, the registered manager and practice manager acted promptly and demonstrated a willingness and commitment to address any issues and suggestions.

Staff working on the day of our inspection told us that they felt well supported in their roles by all members of the practice team. We found that staff were clear and knowledgeable about their roles and responsibilities. Staff told us that they felt communication within the practice was good. We saw that regular staff meetings were held, and meeting minutes produced. We recommended that the practice should share the minutes with staff rather than place copies on their personnel files.

We saw that there was a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. We saw that all policies were reviewed and dated, so all staff knew they had access to the most up to date policy.

The principal dentist confirmed 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 (Wales) Regulations 2017.

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 in the reception area.

Improvement needed

The practice should share copies of meeting minutes with staff and ask them to sign them to evidence they have read and understood them.

Staff and resources

Workforce

We saw certificates that demonstrated staff had attended training on a variety of topics relevant to their role. Staff also confirmed that they were supported and encouraged by the management team to access training opportunities. As

mentioned earlier, some staff were required to undertake specific training in line with the GDC recommendations.

We did not see any evidence to demonstrate that staff had received an appraisal of their performance within the past 12 months. We were told that there was a plan to start this in May 2019.

We found that staff had a contract of employment and job description that were retained on staff files. The practice also had a staff induction training programme in place for new members of staff.

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.

Improvement needed

The practice must ensure that staff have regular appraisals and PDP's identified as an outcome.

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, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect dental practices

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

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

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

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

Further detail about how HIW inspects [dental practices](#) and the [NHS](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection.			

Appendix B – Immediate improvement plan

Service: Alison Jones Ltd Dental Surgery

Date of inspection: 17 December 2019

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 identified on this inspection.				

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

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Alison Jones Ltd Dental Surgery

Date of inspection: 17 December 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 should consider the organisation and layout of available patient information to ensure it is easily accessible and relevant.	Health and Care Standards 4.2 Patient Information	De-cluttered notice board, only have information once on display	Joanne Tyler	Done
The practice should review the content of their website to ensure it contains the most up to date and relevant information for patients.		Website to be reviewed once a month	Joanne Tyler	1 Month
The practice should put signage on all doors that lead to staff only areas.		Ordered signs for staff toilet and other staff area	Joanne Tyler	Done
The practice must update the complaints policy	Regulation 21 (4)	Update policy	Alison Jones	3 months

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>to ensure it contains all relevant information and is compliant with the Private Dentistry Wales 2017 Regulations.</p> <p>The practice should consider the process for storing and managing complaint information, to ensure that it is able to easily monitor themes and trends.</p>	<p>(a) Regulation 16 (2) (b) (ii) Health and Care Standards 6.3 Listening and Learning from feedback</p>	<p>Place all complaints on computer</p>	<p>Joanne Tyler</p>	<p>Done</p>
<p>Delivery of safe and effective care</p>				
<p>The practice must develop and implement a policy/procedure ensuring the premises are fit for purpose.</p> <p>The practice must review their fire safety arrangements to ensure they meet with relevant legislation, including the following:</p> <ul style="list-style-type: none"> • Review the fire risk assessment • Ensure all staff have fire safety training 	<p>Regulation 8 (c) Regulation 5 (a) (b) Regulation 22 (2) (a) Health and Care Standards 2.1 Managing risk and promoting health and safety;</p>	<p>Produce a policy on premises and implement</p> <p>Fire Risk Assessment to be done by Blackwood Fire</p> <p>Staff have regular training and to update at staff meetings. Perform during staff meetings</p>	<p>Alison Jones</p>	<p>3 Months</p> <p>3 Months</p> <p>Done</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<ul style="list-style-type: none"> Carry out regular fire drills Implement a fire safety policy Maintain easy access to fire exits. <p>The practice must install a feminine hygiene bin in the patient toilet.</p>		<p>Produce fire safety policy</p> <p>Access checked daily</p> <p>Cannon Hygiene have been contacted and a bin now in place</p>	<p>Alison Jones</p> <p>Joanne Tyler</p> <p>Joanne Tyler</p>	<p>3 Months</p> <p>Done</p> <p>Done</p>
<p>The practice must ensure that the walls in the decontamination room are fit for purpose and allow for effective cleaning.</p> <p>The practice should consider installing a dedicated handwashing sink in the decontamination room.</p>	<p>Regulation 13 (6) (a) (b) (i)</p> <p>Health and Care Standards 2.4 Infection Prevention and Control (IPC) and Decontamination</p>	<p>Make repair to décor</p> <p>Fit dedicated sink</p>	<p>Alison Jones</p> <p>Alison Jones</p>	<p>3 Months</p> <p>3 Months</p>
<p>The practice must ensure that records are maintained and regular checks are carried out on the drugs and equipment used in a patient emergency.</p> <p>The practice must replace the out of date items</p>	<p>Regulation 31 (1) (2) (b) (3) (a) (b)</p> <p>Health and Care Standards 2.6 Medicines Management</p>	<p>Checklist formulated</p> <p>All items replaced and regular checks</p>	<p>Joanne Tyler</p> <p>Joanne Tyler</p>	<p>Done</p> <p>Done</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>in the first aid kit and carry out regular checks on the contents to make sure they remain within their expiry date.</p> <p>The practice must ensure that all staff receive CPR training on an annual basis.</p> <p>The practice must implement a medical emergencies policy and ensure that staff are aware of the details.</p> <p>The practice must ensure that they obtain appropriate documentation for the transfer of expired medication for disposal.</p>		<p>done and recorded</p> <p>CPR is carried out annually</p> <p>Policy to be produced</p> <p>Documentation to be obtained</p>	<p>Joanne Tyler Lubas Medical</p> <p>Alison Jones</p> <p>Joanne Tyler</p>	<p>Done</p> <p>3 Months</p> <p>6 Months</p>
<p>The practice must update the safeguarding policy to include the contact details for the relevant safeguarding authorities for adults and children.</p> <p>The practice must ensure that all staff received both adult and child protection training on a regular basis.</p>	<p>Regulation 14 (1) (b) (c)</p> <p>Health and Care Standards 2.7 Safeguarding children and adults at risk</p>	<p>Update Policy</p> <p>All staff members have been registered for E-learning Wales</p>	<p>Alison Jones</p> <p>Alison Jones</p>	<p>Done</p> <p>Done</p>
<p>The practice must ensure that regular checks</p>	<p>Regulation 13 (2)</p>	<p>All materials are now checked regularly along with monthly checks on</p>	<p>Zara Kaplan</p>	<p>Done</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>are carried out in the surgeries which includes ensuring that all dental materials are within their expiry dates and safe to be used. All materials past their expiry date must be safely disposed of with immediate effect.</p> <p>The practice must ensure that all clinical staff receive ionising radiation training in line with the GDC recommendations.</p>	<p>(a) (b)</p> <p>Health and Care Standards 2.9 Medical devices, equipment and diagnostic systems</p>	<p>instruments</p> <p>All clinical staff to receive ionising radiation training</p>	<p>Alison Jones</p>	<p>3 Months</p>
<p>The practice should consider including smoking cessation and antibiotic prescribing audits as part of their overall programme.</p> <p>The practice must development and implement policies for the arrangements to accept patients and the assessment, diagnosis and treatment of patients.</p>	<p>Regulation 16 (1) (a)</p> <p>Regulation 8 (1) (a) (b)</p> <p>Health and Care Standards 3.1 Safe and Clinically Effective care</p>	<p>Audits will be carried out and recommended</p> <p>Policy to be produced as per guidelines</p>	<p>Alison Jones</p> <p>Alison Jones</p>	<p>1 year</p> <p>3 Months</p>
<p>The practice must ensure that files containing personal and sensitive information is kept securely.</p>	<p>Regulation 20 (2) (a)</p> <p>Health and Care Standards 3.4</p>	<p>All files are kept locked over night</p>	<p>Kelly Jenkins</p>	<p>Done</p>

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
	Information Governance and Communications Technology			
The practice must ensure that records are maintained in line with professional standards for record keeping.	Regulation 20 (1) (a) (i) (ii) Health and Care Standards 3.5 Record keeping	An audit on record keeping was done and areas identified and notes made on areas of concern	Alison Jones	Done
Quality of management and leadership				
The practice should share copies of meeting minutes with staff and ask them to sign them to evidence they have read and understood them.	Health and Care Standards Governance, Leadership and Accountability	Following staff meetings all staff will be given a copy of the minutes and a record kept in their folders	Joanne Tyler	Done
The practice must ensure that staff have regular appraisals and PDP's identified as an outcome.	Regulation 17 (4) Health and Care Standards 7.1 Workforce	Appraisals and PDP to be done yearly and are currently being done	Joanne Tyler	3 Months

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): Alison Jones

Job role: Principal Dentist

Date: 20 March 2019