

## **General Dental Practice Inspection (Announced)**

N Dental

Cardiff and the Vale University  
Health Board

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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](mailto:hiw@gov.wales)  
Fax: 0300 062 8387  
Website: [www.hiw.org.uk](http://www.hiw.org.uk)**

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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 N Dental Ltd at The Dental Surgery - Corporation Road, 99 Corporation Road, CF11 7AQ, within Cardiff and Vale University health Board on the 24th October 2018.

Our team, for the inspection comprised of a HIW inspector 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 N Dental Ltd provided a professional service to their patients.

The practice has recently been taken over and is experiencing a significant period of change. It is evident that the owner and manager have a very good knowledge of what is required and a long term plan for the future.

Clinical records were maintained to a very high standard. All policies and procedures are being revisited and reviewed after the take over which is a significant amount of work for the practice manager

This is what we found the service did well:

- There was evidence of strong management and leadership from the practice manager, having taken over a long standing practice in the last twelve months
- Most patients who completed a HIW questionnaire told us they were treated with dignity and respect
- The practice was able to communicate with patients in a number of languages, specific to the local community

This is what we recommend the service could improve:

- The practice must make arrangements for the improvement in the state of the current premises which is in need of investment and repair, or expedite the search for a new premises within the local area
- The practice must ensure that patients' paper records that have been removed from the archive for upcoming appointments are stored securely until returned to archive.

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

### 3. What we found

#### **Background of the service**

N Dental provides services to patients in the Grangetown area of Cardiff. The practice forms part of dental services provided within the area served by the Cardiff and Vale University Health Board

The practice has a staff team which includes four dentists, three dental nurses, one hygienist, one trainee dental nurse, one receptionist and a practice manager who is also a registered dental nurse.

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

## Quality of patient experience

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

Overall we found evidence that N Dental Practice provided a friendly and professional service to their patients.

The practice was patient focussed. We saw evidence of strong leadership, and the practice had the necessary policies and procedures in place to support the patients and staff.

Clinical records were maintained to a good standard, as were staff files and practice information

During our inspection we distributed HIW questionnaires to patients to obtain their views on the service provided at the practice. In total, we received 21 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; the majority of the patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good'. Some did rate it as 'Good' or 'fair'. Some of the comments provided by patients within the questionnaires included:

*"Always kind and helpful"*

*"Since the change of ownership, I am very impressed at the service appearance of the consulting rooms and the friendliness and professional manner of my dentist"*

*"The staff at this dental practice make me feel comfortable as I'm very nervous about any treatment"*

Patients were asked within the questionnaires how the dental practice could improve the service it provides; some of the comments provided include

*"The service the dental practice provides is good"*

*"The dental practice has improved a lot since I was last here"*

*“always had no problem getting appointments, but over the last twelve months almost impossible. Change of dentists and a lack of appointments, not good”.*

## **Staying healthy**

### **Health promotion protection and improvement**

With the exception of one, 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 a wide range of information available to patients within the waiting area, covering private and NHS treatments as well as general information around oral health for both adults and children. The practice had a display board demonstrating the amount of sugars in a variety of common drinks. This was a good example of the practice supporting patients to maintain their oral health and hygiene.

## **Dignified care**

All of the patients that completed a questionnaire felt that they had been treated with dignity and respect by staff when visiting the practice. One patient told us that the reception staff did but the dentist did not

Staff told us that if there was a need to hold a private conversation with a patient, they would take them into the area off reception to prevent conversations being overheard.

The practice also had appropriate policies to ensure patients are treated with dignity and respect. We noted that the nine Principles as set out by the General Dental Council (GDC)<sup>1</sup> was visible in the reception area. The principles apply to all members of the dental team and set out what patients can expect from a dental professional.

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<sup>1</sup> <https://standards.gdc-uk.org/>

## Patient information

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

Where applicable, all but one of the patients that completed a questionnaire said that the cost of any treatment was always made clear to them before they received any treatment.

We found the patient information leaflet was available in the waiting area for patients to view and gave comprehensive information about the practice. We saw posters providing details of private treatment costs and NHS treatment fees displayed in the waiting area. Leaflets containing information about dental treatments and issues were also available to help patients to make informed decisions about their oral health and treatment options

## 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

Whilst some of the posters on the notice boards provided information bilingually, written information available in the reception area was predominantly presented in English. Arrangements should be made to provide more information in Welsh and to help staff make an 'Active Offer'.

### Improvement needed

Make more information displayed at the practice available in Welsh and English

## Timely care

All but one of the patients that completed a questionnaire said they would 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 were clearly displayed in the front window of the practice and on the 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**

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

### **People's rights**

The surgeries and waiting area are all located on the ground floor. The whole building is spacious and accessible to people with mobility issues and in a wheelchair; this includes the toilet.

### **Listening and learning from feedback**

Responses to our questionnaire about how easy it is to get an appointment ranged from “very easy” to “not very easy”; One patient stating it was “*not at all easy*”.

The practice manager was asked about the appointments system. This had gone through some change with the new ownership and some patients were having difficulty getting used to the change.

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

We found there was a complaints policy in place that was compliant with NHS Putting Things Right<sup>2</sup> and the Private Dentistry Regulations.

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<sup>2</sup>[http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166\\_Putting%20Things%20Right\\_a5%20leaflet\\_English\\_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf](http://www.wales.nhs.uk/sites3/Documents/932/Healthcare%20Quality%20-%2030166_Putting%20Things%20Right_a5%20leaflet_English_WEB%20VERSION%20-%20FINAL%20-%202017%2003%2001.pdf)

## Delivery of safe and effective care

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

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

Medical records were maintained to a high standard.

We noted that clinical facilities were well equipped, although due to the equipment in the surgeries being left from the previous owners some of it is in need of repair or replacement.

We recommend the practice ensures that the surgeries are kept in line with WHTM 01-05<sup>3</sup>

### Safe care

#### Managing risk and promoting health and safety

There were no concerns raised by patients over the cleanliness of the dental practice; all of the patients that completed a questionnaire felt that, in their opinion, the dental practice was "fairly clean" or "very clean".

Overall we found arrangements were in place to protect the safety and well-being of staff working at, and people visiting the practice. The outside of the building was in need of some attention with peeling paint, but the practice owner assured us that plans were in place to address this. Inside, the building was light and spacious, there was ample access for people with mobility issues and the entrance being at street level provided level access for people using wheelchairs.

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<sup>3</sup> <http://www.wales.nhs.uk/sites3/documents/254/WHTM%2001-05%20Revision%201.pdf>

We saw that there were a number of policies in place relating to the fitness of the premises, including a health and safety policy and policies for the safe use of equipment. Policies and risk assessments were readily available to all staff and noted at team meetings. An environmental risk assessment had been carried out recently and covered all aspects of the environment including the small slopes on the floor down into both surgeries. The waiting room was spacious but looked well used. It was noted however that redecoration may not be viable due to the owner seeking new premises.

It was noted that new policies would be discussed at six weekly team meetings. The policies however were not signed by staff to demonstrate that they had been read and understood. The practice was advised to put this into action. The practice is in the process of revising all policies and procedures having taken over from previous management within the last 18 months.

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. We noted that these were secured appropriately to a wall to prevent the likelihood of injury to patients, visitors or staff.

The building had a fire alarm system fitted. Appropriate maintenance contracts were in place and there was evidence of regular fire drills being carried out to ensure staff were confident with how to react should a building evacuation be required. The fire exits were clearly identified with large signs and emergency lights. The fire risk assessment had been completed within the last twelve months in line with the Regulatory Reform (Fire Safety) Order 2005<sup>4</sup>.

We saw that contracts were in place for the safe transfer and disposal of hazardous (clinical) and non-hazardous (household) waste. Clinical waste was stored in a shed at the back of the premises which was initially unlocked. Arrangements were made immediately by the practice to rectify this. This shed must remain locked to ensure clinical waste cannot be accessed by the public.

Under the Control of Substances Hazardous to Health Regulations 2002<sup>5</sup>, employers need to either prevent or reduce staff exposure to substances that

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<sup>4</sup> <http://www.legislation.gov.uk/ukxi/2005/1541/contents/made>

<sup>5</sup> [http://www.hse.gov.uk/foi/internalops/ocs/200-299/273\\_20/](http://www.hse.gov.uk/foi/internalops/ocs/200-299/273_20/)

are hazardous to their health. The practice were unable to provide a 'Control of Substances Hazardous to Health' (COSHH) protocol and a mercury handling policy. There was evidence however that the practice had the appropriate kits to deal with mercury handling. The practice must ensure that this policy is in place.

#### Improvement needed

The practice must ensure that the clinical waste storage remains locked at all times.

The practice must ensure it completes its COSHH protocol and mercury handling policy to be included in its policy file.

#### Infection prevention and control

The practice had a designated room for the cleaning and sterilisation (decontamination) of dental instruments within the surgery, as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>. This room was located at the rear of surgery two. The room was relatively clean but cluttered. The cupboards contained numerous items that were not required during the decontamination process. The practice must ensure that this room is de-cluttered and thoroughly cleaned. Some of the cupboard doors were in a poor state of repair with broken hinges and one of the doors having come completely off the cupboard. The practice must ensure these are repaired or replaced. Some of the flooring around the edges of the room was lifting and in need of re-sealing.

It was also identified that the taps within the decontamination room did not comply with WHTM 01-05. The practice must ensure these are replaced.

There were two autoclaves in use within the decontamination room. The logs for these were both up to date. An administrative error by the servicing contractor meant that a servicing certificate could not be produced for one of the autoclaves. However there was sufficient supporting documentation to

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<sup>6</sup> 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.

demonstrate that servicing was up to date. The practice must ensure it thoroughly checks these documents in the future for accuracy.

We saw evidence that the protocol for checking the sterilisation equipment was available. There was an infection control policy and a sharps safety policy in place for staff to refer to, meaning both staff and patients were being sufficiently protected from needle stick injuries and infection<sup>7</sup>. The practice also had a cleaning schedule for staff to follow to ensure all areas were kept clean and tidy. Staff were able to describe the decontamination process to the team.

Staff had access to, and used personal protective equipment (PPE) when undertaking decontamination activities.

We saw evidence that all staff had up to date infection control training. We also saw evidence that the practice carried out regular infection control audits in accordance with WHTM 01-05. However, we noted that protein testing<sup>89</sup> was not being done. This was highlighted to the practice manager who implemented this process immediately.

We noticed that both surgeries had flooring that was torn and lifting away from the walls so there was no seal. This could inhibit effective cleaning. There were also signs of significant wear and tear on both treatment chairs in both surgeries. Although covered with plastic tape this could inhibit effective cleaning. The surgery must either repair these items or expedite their decision on moving premises where it would be the intention to replace these items.

#### Improvement needed

The practice must ensure maintenance documentation for the autoclaves are scrutinised and up to date.

The practice must ensure that Infection Control audits comply with WHTM 01-05

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<sup>7</sup> <http://www.hse.gov.uk/healthservices/needlesticks/>

<sup>8</sup> <https://www.isopharm.co.uk/dental/htm-01-05-protein-residue-test>

<sup>9</sup> <http://www.wales.nhs.uk/sites3/documents/254/WHTM%2001-05%20Revision%201.pdf>

The practice must ensure that the wear and tear of both treatment chairs is repaired or replaced on moving premises.

The practice must ensure that the floors in both surgeries are properly repaired to an acceptable standard whilst waiting for a move to alternative premises.

### Medicines management

The practice did not have a specific policy in place to deal with patient emergencies, it did however have an action plan in place for staff to follow in such circumstances with relevant contact numbers. All staff had received training within the last twelve months, on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR)<sup>10</sup>. The practice must ensure that a specific policy covering medical emergencies is in place and must be reviewed annually.

The practice had two appointed first aiders, ensuring staff and patients had appropriate access to first aid care in the event of an accident or injury.

The practice had appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>11</sup>. However, the defibrillator did not have a set of paediatric pads. The practice ordered these during the inspection.

Some items within the first aid kit were found to be out of date. This was brought to the attention of the practice who replaced the items immediately. The practice must ensure that the first aid kit is checked regularly and out of date items replaced.

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<sup>10</sup> <https://www.bhf.org.uk/how-you-can-help/how-to-save-a-life/how-to-do-cpr>

<sup>11</sup> The Resuscitation Council (UK) exists to promote high-quality, scientific, resuscitation guidelines that are applicable to everybody, and to contribute to saving life through education, training, research and collaboration might want to ad

### Improvement needed

The practice must ensure there is a specific policy in place covering medical emergencies and cardiopulmonary resuscitation.

The practice must ensure that all items within the first aid kit are up to date.

### Safeguarding children and adults at risk

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

At the time of the inspection, all staff had appropriate safeguarding training. A safeguarding lead had been nominated at the practice.

### 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 (X-ray) 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 that the local rules<sup>12</sup> were displayed in the surgeries, these were however out of date as the machine in surgery one had been replaced recently. The practice must ensure these are updated.

The practice owner was identified as the Radiation Protection Supervisor<sup>13</sup>. We found that the equipment inventory at the practice was out of date and that

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<sup>12</sup> 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](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/474136/Laser_guidance_Oct_2015.pdf)

<sup>13</sup> <http://www.hse.gov.uk/pubns/irp6.pdf>

quality assurance audits were not available for 2018. The practice must ensure that these documents are kept up to date in accordance with the regulations.

In accordance with the requirements of the General Dental Council<sup>14</sup> and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000<sup>15</sup> all dental nurses had completed the required training.

#### Improvement needed

The practice must ensure that the local rules displayed in the surgeries are up to date and relevant for the equipment being used.

The practice must ensure equipment audits are up to date and quality assurance audits are carried out and available for inspection.

### Effective care

#### Safe and clinically effective care

This practice has recently been taken over by its current owner and there is a lot of restructuring required to bring the practice up to date. We found that the practice manager and staff are working extremely hard to get this work done.

We noted that antibiotic prescribing and smoking cessation audits had not been carried out. We would advise that the practice expand their audits to ensure they are meeting with best practice in a wide range of areas.

#### Improvement needed

The practice should undertake a broad range of audits, to ensure they are meeting with best practice

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<sup>14</sup> General Dental Council - <http://www.gdc-uk.org/Pages/default.aspx>

<sup>15</sup> [http://www.legislation.gov.uk/uksi/2000/1059/pdfs/ukxi\\_20001059\\_en.pdf](http://www.legislation.gov.uk/uksi/2000/1059/pdfs/ukxi_20001059_en.pdf)

## Quality improvement, research and innovation

We were told that the practice had carried out peer review audits using the Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>16</sup>. This included an audit on X-rays and completion of medical records held at the practice.

### Improvement needed

The practice should look to apply the MMD development tool across all aspects of its work.

## Information governance and communications technology

We found that on the whole patient information was stored securely. However numerous records were held on reception for patients who had appointments coming up and for ongoing treatment. The practice has recently moved across to a digital record keeping system which will gradually negate the need for these paper records.

The practice must ensure that all patient records are stored securely to ensure that personal and sensitive information is protected.

### Improvement needed

The practice must implement a more secure system of holding records out of the archive for upcoming appointments.

## Record keeping

We reviewed a sample of patient records. We found that generally the records were clear and legible, and of a good standard. The notes were thorough however we found in a small number of cases there were omissions in recording, namely in the following areas:

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

- Smoking cessation advice (on some)
- Cancer screening (carried out but not recorded)

The practice has recently moved across to electronic record keeping which will only improve the current records. The electronic system is backed up off site and stored securely.

As mentioned earlier some records are held on reception whilst patients are awaiting appointments in the near future or follow up appointments. These need to be stored more securely.

#### Improvement needed

The practice must ensure consistent recording of the above information by all staff at the practice to maintain the high standard of 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.*

The practice manager was responsible for the day to day running of this practice. We found evidence of good knowledge and leadership with lines of accountability for staff at this site.

The practice had a comprehensive range of policies and procedures in place. These have been taken from the previous owner and are all currently under review by the practice manager.

There are robust management procedures in place. There was evidence of staff appraisals being conducted and the practice supporting continual professional development requirements. The practice is also introducing Personal Professional Development plans for staff..

## Governance, leadership and accountability

N Dental is a stand alone dental practice. The daily running of the practice is undertaken by the practice manager.

We noted the wide range of policies and procedures that were in place to ensure the safety of both staff and patients. The Statement of Purpose and Patient Information Leaflet contained all the relevant information required by the regulations.

It was evident that the practice manager is in the process of updating all of the policies and procedures for the practice, having taken over within the last twelve months. All relevant areas of the regulations are covered by these policies but need to be specifically signposted to show which area of the regulations they are dealing with.

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<sup>17</sup>.

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

#### Improvement needed

The practice must ensure that when updating the practice policies and procedures they signpost which area of the regulations they are covering.

## Staff and resources

### Workforce

The practice had a number of human resources related policies and procedures in place including a recruitment policy. Staff also completed regular appraisals and all had personal development plans for the upcoming year. We also saw evidence that all staff had contracts of employment.

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.

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<sup>17</sup> Under regulations 25-29 of the Private Dentistry (Wales) Regulations 2017, the registered provider must notify HIW of significant events, including serious injury to patients and absence or changes to the registered manager.

We were told that the practice holds staff meetings on a six weekly basis. We saw minutes relating to these meetings and staff unable to attend were updated by the practice manager via email. The practice may wish to consider asking staff to sign the minutes to show that they have read and understood them, the same for any new policies that are discussed in these meetings.

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 members of staff<sup>18</sup>.

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 of the clinical staff.

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<sup>18</sup> <https://www.gov.uk/government/organisations/disclosure-and-barring-service>

## 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:** N Dental

**Date of inspection:** 24th October 2018

The table below includes any immediate non-compliance concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
Insert issue				
There are no immediate non compliance issues identified in 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:** N Dental

**Date of inspection:** 24th October 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<b>Quality of the patient experience</b>				
Make information displayed at the practice available in Welsh and English	4.1 Dignified Care;			
<b>Delivery of safe and effective care</b>				
The practice must ensure that the clinical waste storage remains locked at all times.  The practice must ensure it completes its COSHH protocol and mercury handling policy to be included in its policy file.	2.1 Managing risk and promoting health and safety; 22 P.D.R.			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The practice must ensure maintenance documentation for the autoclaves are scrutinised and up to date.</p> <p>The practice must ensure that Infection Control audits comply with WHTM 01-05</p> <p>The practice must ensure that the wear and tear of both treatment chairs is repaired or replaced on moving premises.</p> <p>The practice must ensure that the floors in both surgeries are properly repaired to an acceptable standard whilst waiting for a move to alternative premises.</p>	<p>2.4 Infection Prevention and Control (IPC) and Decontamination, 13 (3) (b) PDR 22 PDR</p>			
<p>The practice must ensure there is a specific policy in place covering medical emergencies and cardiopulmonary resuscitation.</p> <p>The practice must ensure that all items within the first aid kit are up to date.</p>	<p>2.6 Medicines Management; 13 (2) PDR</p>			
<p>The practice must ensure that the local rules</p>	<p>2.9 Medical devices,</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>displayed in the surgeries are up to date and relevant for the equipment being used.</p> <p>The practice must ensure equipment audits are up to date and quality assurance audits are carried out and available for inspection.</p>	<p>equipment and diagnostic systems;</p> <p>13 (2)PDR</p>			
<p>The practice should undertake a broad range of audits, to ensure they are meeting with best practice</p>	<p>3.1 Safe and Clinically Effective care</p> <p>13 PDR</p>			
<p>The practice should look to apply the MMD development tool across all aspects of its work</p>	<p>3.3 Quality Improvement, Research and Innovation</p> <p>16 PDR</p>			
<p>The practice must implement a more secure system of holding records out of the archive for upcoming appointments.</p>	<p>3.4 Information Governance and Communications Technology;</p> <p>20 PDR</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The practice must ensure consistent recording of the above information by all staff at the practice to maintain the high standard of record keeping.	3.5 Record keeping 20 PDR			
Quality of management and leadership				
The practice must ensure that when updating the practice policies and procedures they signpost which area of the regulations they are covering.	Governance, Leadership and Accountability;			

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:**