

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

168 Dental Practice/Aneurin  
Bevan University Health Board

Inspection date: 27 November  
2018

Publication date: 28 February  
2019

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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 168 Dental Practice, 168 Caerleon Road, Newport, NP19 7FY, within Aneurin Bevan University Health Board on the 27 November 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 168 Dental Practice was working hard to provide a high quality experience to their patient population.

The environment was clean and tidy and there had been some renovation work undertaken to make the dental surgeries modern and well equipped.

Feedback received from HIW questionnaires confirmed that the majority of patients rated the service provided at the practice as excellent or very good.

The patient records we reviewed were mostly detailed, but we identified some areas where improvement must be made to ensure full information regarding patient care is evidenced.

The practice had a suite of policies and procedures that enabled staff to obtain information to help them with their day to day work.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas and this ensured they had up to date skills and knowledge to assist them with their work.

This is what we found the service did well:

- The staff team appeared happy in their roles and had a strong commitment to providing a high quality service
- Appropriate arrangements were in place for the safe use of X-rays
- Clinical facilities were well-equipped and visibly clean
- All the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good

- Waste was seen to be stored appropriately and locked to prevent unauthorised access.

This is what we recommend the service could improve:

- Patient notes need to have better recording of valid consent and dentists need to record the justification for the recall interval between oral health reviews. Where applicable, patient notes need to be personalised
- All staff need to receive an annual appraisal
- Improved processes are required to ensure appropriate clinical audits are taking place and improvements being made as a result
- See Appendix C for the full improvement plan

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

### 3. What we found

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

168 Dental Practice provides services to patients in the Newport and surrounding area. The practice forms part of dental services provided within the area served by Aneurin Bevan University Health Board.

The practice has a staff team which includes three dentists, one hygienist/therapist, six dental nurses 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.*

Overall, we found 168 Dental Practice was committed to providing a positive experience for patients. All of the patients who completed a HIW questionnaire rated the service provided by the dental practice as excellent or very good.

The practice had one of their surgeries located on the ground floor that enabled anyone with a mobility difficulty to be treated at the practice.

Relevant patient information was displayed in the reception/waiting area.

A patient suggestion box was in place which provided the practice with a means of identifying themes with a view to making improvements to services.

Prior to the inspection, we invited the practice to distribute HIW questionnaires to patients to obtain views on the dental services provided. 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; the majority of patients that completed a questionnaire said that they would rate the service provided by the practice as either 'excellent' or 'very good' Patient comments included the following:

*"Always helpful, engaging and make me feel welcome and cared for. Good environment and knowledgeable staff"*

*"I have always received excellent treatment"*

*“The dentist has always been so helpful with the dental treatment I have received - he has improved my teeth dramatically over the years for which I am so grateful!”*

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

*“Maybe text reminders of appointments where possible”*

*“Accept card payment without charge”*

*“Access to the clinic is difficult for disabled people. Replace step with ramp”*

## **Staying healthy**

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

The majority of patients that completed a questionnaire told us that the dental team had spoken to them about how to keep their mouth and teeth healthy.

Health promotion information was available in the reception/waiting area, including practice specific information leaflets and various health and cosmetic promotion leaflets.

A sign displaying the practice name, telephone number, opening hours and emergency out of hours telephone number were located on the main entrance and windows of the dental practice.

A sign displaying 'No Smoking' was displayed by the main entrance which confirmed the emphasis placed on compliance with smoke free premises legislation<sup>1</sup>.

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<sup>1</sup> The Smoke-free Premises etc. (Wales) (Amendment) 2015 - Legislation to ban smoking in enclosed public places was introduced in 2007 to protect the public from second-hand smoke.

## Dignified care

We saw evidence that patients were provided with care in a dignified and respectful manner and we heard staff speaking to patients in a friendly and professional way. All 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:

*“I have been a patient here for a long time. Staff are very friendly and very professional”*

Staff were able to have private conversations with patients within the dental surgeries and there was also a private office space available, if required.

The General Dental Council's (GDC) 9 principles<sup>2</sup> were displayed in the waiting area and therefore in line with the Private Dentistry (Wales) Regulations 2017.

We found that there were sufficient systems in place to ensure the security of patient information. Electronic records were backed up daily and paper files were kept securely in a locked cabinet.

## Patient information

Where applicable, 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 said that they had received clear information about available treatment options.

Patients also said that the cost of any treatment was always made clear to them before they received any treatment. A price list for NHS and private treatments was displayed in the reception/waiting area.

The practice had its own information leaflet which was available in the reception area, along with a Welsh version, freedom of information and complaints, comments and compliments. A review of the patient information leaflet showed

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<sup>2</sup> The GDC 9 principles set out the standards of conduct, performance and ethics that govern dental professionals in the United Kingdom. This means that the principles apply to all the dental team members and sets out what patients can expect from a dental professional.

it to contain all the information required by the Private Dentistry (Wales) Regulations 2017.

The statement of purpose<sup>3</sup> provided on the day of the visit contained all the areas required by the Private Dentistry (Wales) Regulations 2017 and is available to patients upon request.

We found policies and procedures in place detailing the arrangements for consent.

### **Communicating effectively**

All patients that completed a questionnaire told us that they were always able to speak to staff in their preferred language.

There was some patient information displayed in Welsh and English. In addition, staff told us that they had used a translation service for patients whose first language was not English.

Of the patient records we reviewed, we saw evidence of written treatment plans on file. This ensures that patients are provided with information to make informed choices about their treatment.

### **Timely care**

Staff at the practice told us that appointments were provided in a timely way and we observed this during the inspection.

All patients that completed a HIW questionnaire told us that it was “very easy” or “fairly easy” to get an appointment when they needed it.

Staff described a process for keeping patients informed about any delays to their appointment times.

Almost half of patients that completed a questionnaire said they would not know how to access the out of hour’s dental service if they had an urgent dental

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<sup>3</sup> Every service provider is required by law to have a Statement of Purpose and it should include specific details about the service, what treatments are provided, to who (age), by whom and any equipment used. For more information visit [hiw.org.uk](http://hiw.org.uk)

problem. However, staff told us that the out of hours telephone number was on their answer machine message and it was also displayed on a poster in the window of the dental practice.

## **Individual care**

### **Planning care to promote independence**

All but one of the patients that completed a questionnaire confirmed that the dentist enquires about their medical history before undertaking any treatment.

We saw evidence of treatment plans, and feedback from the patients who completed our questionnaire confirmed that the dental team had advised how to keep their mouths and teeth healthy. They also told us that they were involved as much as they wanted to be, in any decisions about their treatment.

The treatments and services offered by 168 Dental were in accordance with the statement of purpose.

### **People's rights**

We noted that the practice had a dedicated equal opportunities policy in place. This meant that the practice was committed to ensuring that everyone had access to the same opportunities and to the same fair treatment.

Access to the practice was via a step and there was one surgery on the ground floor which was accessible for patients with mobility difficulties. Doorways were wide enough to accommodate mobility aids.

The staff/patient toilet facilities were located on the first floor and were clearly signposted. The toilet provided hand washing and drying facilities and handrails were fitted to provide additional support. Staff told us of an arrangement they had with the GP surgery located nearby for any patient who may need to use facilities situated on the ground floor.

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

The practice had a complaints policy and procedure in place. A complaints, comments and compliments leaflet was available for all patients, which included

response timescales and details of organisations that could be contacted to assist patients with their concerns regarding both NHS and private treatments.

We saw that Putting Things Right<sup>4</sup> information was displayed in the waiting area to support a patient who may have a NHS concern.

The practice had a complaints file which was used to record, monitor and respond to any complaints received. Staff told us that they would review any complaints to identify any themes with a view to making improvements to the services provided.

A suggestion box was located in the waiting room for patients to provide any comments and/or feedback. We were told that regular analysis would take place to ensure any comments/feedback is reviewed and where applicable changes made to the service.

In addition, staff told us they circulate annual questionnaires to patients to obtain their views. These are then reviewed and discussed at team meetings to identify any themes arising.

Staff used the electronic patient record system for capturing verbal comments or general feedback from patients. Staff told us that all verbal comments/concerns would be dealt with at the time and used as an additional means of identifying improvements to the service.

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<sup>4</sup> Putting Things Right is the process for managing concerns in NHS Wales.

## 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 that the practice was being run with the intention of meeting the relevant regulations and standards associated with the health, safety and welfare of staff and patients.

The practice provided a clean and tidy environment and facilities for staff and visitors. We saw evidence of various maintenance contracts in place to ensure the environment and facilities were safe and well maintained.

The patient records we reviewed were mostly detailed, but we identified a few areas where improvement must be made to ensure full information regarding each patient is evidenced.

### Safe care

There were no immediate assurance issues identified during this inspection visit.

### 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.

The practice occupied the whole building, with two floors providing dental facilities to treat patients. The second floor also accommodated a staff office and kitchen/changing area. The practice had an open plan reception/waiting room, which was bright, clean and tidy. There were three dental surgeries at 168 Dental Practice. All of them had been modernised and updated so facilities were new and all surgeries suitably equipped.

The building was visibly well maintained both internally and externally and we were told of the plans to further modernise the practice. All areas within the practice were clean, tidy and free from trip hazards.

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

Fire safety equipment was available at various locations around the practice and we saw this had been serviced within the last 12 months. All staff had up to date fire safety training. Emergency exits were visible and a Health and Safety poster was displayed within the practice.

The practice had various policies and procedures, as well as risk assessments in place, which were current for ensuring the premises were fit for purpose.

The practice had a resuscitation policy in place and all staff were up to date regarding their cardiopulmonary resuscitation (CPR)/emergency resuscitation training. The practice had a named, appointed first aider. The practice held appropriate emergency drugs and emergency resuscitation equipment in accordance with Resuscitation Council (UK) guidance<sup>5</sup>.

### Infection prevention and control

The practice had dedicated facilities for the cleaning and sterilisation (decontamination) of dental instruments as recommended by the Welsh Health Technical Memorandum (WHTM) 01-05<sup>6</sup>. The room was visibly clean and tidy and we saw evidence that appropriate infection prevention and control measures were in place.

We saw evidence that the log books for checking the sterilisation equipment were maintained and there was an infection control policy in place. Staff had access to and used personal protective equipment (PPE) when working in the decontamination areas.

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<sup>5</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.

<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

We saw evidence that an infection control audit took place in 2018 using recognised audit tools, including the Wales Deanery audit tool which is aligned to the Welsh Health Technical Memorandum (WHTM) 01-05 guidance. We recognised this as good practice due to the comprehensive scope of the audit.

A contract was in place for the safe transfer and disposal of hazardous (clinical) waste produced by the practice. We saw hazardous waste being stored appropriately in secure bins outside of the practice. Collections by the local council were in place for the disposal of non hazardous (household) waste.

An infection control policy was in place, which included reference to hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training.

The practice had appropriate arrangements in place with the local occupational health service to deal with any sharps injuries. We saw records relating to Hepatitis B immunisation status for all clinical staff working in the practice. This meant that appropriate measures were being taken to ensure that patients and staff were protected from this blood borne virus.

### **Medicines management**

The practice had appropriate procedures in place to deal with (patient) emergencies; resuscitation equipment being available for use. We saw records to show that staff had received training on how to deal with medical emergencies and how to perform cardiopulmonary resuscitation (CPR).

Emergency drugs kept at the practice were seen to be stored appropriately for ease of access in an emergency situation. The practice had a system to evidence that checks were being carried out to check and replace expired drugs and syringes, in accordance with standards set out by the Resuscitation Council (UK)<sup>7</sup>.

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<sup>7</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.

The practice had a policy in place relating to the ordering, recording, administration and supply of medicines to patients. Prescription pads were kept securely.

Staff evidenced their knowledge of the procedures to take if there was a medical emergency or had to report an untoward drug related incident.

### **Safeguarding children and adults at risk**

We found the practice had taken steps to promote and protect the welfare and safety of children and adults who are vulnerable or at risk. There was a safeguarding policy for the protection of children and vulnerable adults in place. A flowchart was available which contained details of who to contact and the actions required by staff should a safeguarding issue arise. The flowchart was also displayed in every surgery.

We saw that staff had up to date training in adult and child safeguarding. The practice had a member of staff who was the nominated safeguarding lead. They take responsibility for ensuring that the safeguarding policy is adhered to and can provide some guidance on safeguarding issues.

Staff we spoke with confirmed they felt able to raise any work related concerns they may have with the principal dentist and/or practice manager and were confident those concerns would be acted upon.

Staff told us of the pre-employment checks that would be undertaken for any new members of staff before they joined the practice. This included undertaking Disclosure and Barring Service<sup>8</sup> (DBS) checks. Staff confirmed that DBS checks would be renewed every three years for all staff and we recognised this as good practice.

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<sup>8</sup> The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA).

## Medical devices, equipment and diagnostic systems

We saw that the surgeries contained appropriate equipment for the safety of patients and the dental team. Staff told us that the clinical team were adequately trained to use the equipment.

The surgeries were clean and organised. Floors and surfaces within the surgeries were easily cleanable to reduce the risk of cross infection. We found that the dental instruments were in excellent condition and sufficient in number.

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 the local rules<sup>9</sup> displayed by the X-ray equipment to identify the key working instructions to ensure that exposure to staff is restricted.

We saw training certificates demonstrating that the dentists had up to date ionising radiation training and were meeting guidance set out by the General Dental Council and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017.

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.

## Effective care

### 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. However, we suggested that this area is developed further because the results of the audits will help to identify areas for improvement and support any changes to dental team practises. Specifically, we suggested that more patient records were audited to justify

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<sup>9</sup> Local rules are a set of rules and protocols for the practice which help staff follow the regulations in dentistry. They are intended to identify the key working instructions to ensure that exposure to staff is restricted.

what the practice are doing and reasons why. (see the record keeping section below for specifics)

Staff told us they obtain up to date guidance via circulars from external bodies and from staff being members of the local health board committee. Any information relevant is communicated to staff and/or circulated.

#### Improvement needed

The registered provider should review the programme of audits the practice currently carry out to ensure they are relevant and meet the needs of the practice.

#### Quality improvement, research and innovation

The practice had a clinical audit policy in place and we were told of the audits the practice undertake. Staff told us of the changes that had been made as a result of completing audits. This enabled the practice to demonstrate best practice in providing dental care.

The practice does not undertake any research so there was no policy/procedure.

As the practice had only recently registered with HIW, we reminded staff that visits by the registered provider need to be undertaken in accordance with the regulations.

The practice might wish to consider the Welsh Deanery Maturity Matrix Dentistry practice development tool<sup>10</sup>. 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

The storage of patient information was appropriate, to ensure the safety and security of personal data. For example, all electronic files were being backed up regularly.

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<sup>10</sup> <https://dental.walesdeanery.org/improving-practice-quality/maturity-matrix-dentistry>

The practice had a number of appropriate policies and procedures in place including a data protection and data security policy. This meant that staff had access to suitable guidance with regard to their day to day work.

### Record keeping

We considered a sample of patient dental records to assess the quality of record keeping. The notes we reviewed were mostly detailed and demonstrated that care and treatment had been planned to promote the wellbeing and safety of patients.

We found however, some areas where records needed to be improved:

- More detail required for the recording of valid consent
- Dentists need to record the justification for recall intervals between oral health reviews that are appropriate to the needs of individual patients, based on agreed risk categories<sup>11</sup>
- Where applicable, the templates used as a basis for the records need to be individualised for each patient
- There were inconsistencies regarding Basic Periodontal Examination<sup>12</sup> (BPE) recording

### Improvement needed

The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that recall reasons and valid consent are recorded. In addition, BPE recording needs to be consistent and patient notes to be personalised.

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<sup>11</sup> NICE Guidance: Dental checks - intervals between oral health reviews <https://www.nice.org.uk/guidance/cg19/chapter/1-Guidance>

<sup>12</sup> A periodontal examination is a clinical examination of the periodontium (gums).

## 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.*

This is a well established practice owned and led by the principal dentist and supported by a practice manager. There was strong evidence that this was a patient focussed dental practice.

We saw a range of policies and procedures in place with the aim of ensuring the safety of staff and patients. The policies and procedures were reviewed annually, or when required, to ensure practises remained current. For consistency we recommended that review and issues dates are clearly documented.

Staff said they felt supported and worked well together. We saw that staff had completed training in a number of areas.

## Governance, leadership and accountability

168 Dental Practice is owned by the principal dentist who is also the nominated responsible individual<sup>13</sup>. We found the practice to have clear lines of accountability and staff told us they understood their roles and responsibilities.

All of the staff told us they worked well together and this was evidenced by their rapport and their interaction with the patients. Staff were aware of the whistleblowing policy and told us that they were confident in raising any issues

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<sup>13</sup> “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 (Private Dentistry regulations 2017)

or concerns about the delivery of care to patients, either directly with the dentist/s or practice manager, or an alternative appropriate body if required.

All the staff were committed to providing a high standard of care for their patients and this was supported by a range of policies and procedures.

We saw that all staff had signed to evidence they had read and understood the policies and procedures. Staff told us that all policies were reviewed annually or as and when required.

Some policies had review and issue dates on them, but there were some without these. We therefore recommended all policies and procedures have issue and review dates clearly documented to ensure the most up to date document is available to staff.

The practice's statement of purpose and patient guide are documented under the patient information section in the quality of patient experience part of this report. The documents reviewed ensured adherence to 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. The practice also had a current public liability insurance certificate.

To adhere to the Private Dentistry (Wales) Regulations 2017, we reminded the registered individual of their responsibility to complete visits in accordance with regulation 23. This means they have overall responsibility for supervising the management of the regulated service and for ensuring the quality of the services provided.

#### Improvement needed

The registered provider must review all policies and procedures to ensure issue and review dates are clearly documented.

## Staff and resources

### Workforce

The practice had a number of human resources (HR) related policies in place. These include the recruitment of staff policy, equal opportunities policy, and whistleblowing policy.

We noted that staff had a contract of employment that was retained on staff files. Due to the length of service some staff had working at the practice there was a lack of employment information available. However, staff described to us what information would be requested for any new starter, including references, identification checks, interview and induction. A review of the newest member of staff did highlight some recruitment information missing which needs to be obtained. This included a disclosure barring service (DBS) certificate and references. The induction form on file had been signed but the areas covered had not been ticked to confirm competence and/or understanding. We recommended therefore, that the practice improve this area and ensure that information is obtained and completed fully in line with regulations and standards.

The practice had an appraisal system in place and most staff had received an appraisal, however, there were some clinical staff that required an appraisal.

We saw some certificates for staff that evidenced they had attended a range of topics relevant to their roles and meeting the continuing professional development (CPD) requirements.

Staff told us that the practice held formal team meetings every three months and we saw minutes relating to these meetings. In between the formal meetings, staff said that they discussed issues daily but in an informal way. In addition, the team used a daily journal, in which written messages for the team were captured. All of these methods ensured that staff were made aware of the issues and discussions taking place regarding the practice.

The Private Dentistry (Wales) Regulations 2017 require that at the time of registration, all dentists providing private dental services in Wales have a Disclosure and Barring Service (DBS) certificate issued within the previous three years. We saw evidence that DBS clearance checks had been carried out for all but one clinical members of staff. We recommended that the DBS certificate we did not locate on the day of the visit is submitted to HIW.

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 clinical staff.

The registered provider confirmed that they were aware of their duties and obligations as set out in the Private Dentistry (Wales) Regulations 2017.

### Improvement needed

The registered provider must ensure all staff receive an annual appraisal.

The registered provider must provide confirmation that the DBS certificate unavailable on the day of the visit has been received and that full employment information is requested and kept on file

## 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:** 168 Dental Practice

**Date of inspection:** 27 November 2018

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

Description of non compliance/ Action to be taken	Regulation	Service action	Responsible officer	Timescale
No immediate non compliance issues were 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:** 168 Dental Practice

**Date of inspection:** 27 November 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>				
No improvements identified on this inspection				
<b>Delivery of safe and effective care</b>				
The registered provider should review the programme of audits the practice currently carry out to ensure they are relevant and meet the needs of the practice.	Regulation 8 (1) (n) & 16 (2) (d) (i) (ii) (iii)  Health & Care Standards Governance, leadership & accountability			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
<p>The registered provider must ensure that dentists working at the practice complete patient dental records fully in accordance with professional standards for record keeping. Specific attention must be given to improving patient records so that recall reasons and valid consent are recorded. In addition BPE recording needs to be consistent and patient notes to be personalised.</p>	<p>Regulation 20 (1) (a) (i) (ii)  Health &amp; Care Standards 3.5 Record Keeping</p>			
<p><b>Quality of management and leadership</b></p>				
<p>The registered provider must review all policies and procedures to ensure issue and review dates are clearly documented.</p>	<p>Regulation 8 (6)</p>			
<p>The registered provider must ensure all staff receive an annual appraisal.</p>	<p>Regulation 17 (4) (a) &amp; (b)  Health &amp; Care Standards 7.1 Workforce</p>			
<p>The registered provider must provide confirmation that the DBS certificate unavailable on the day of the visit has been received and</p>	<p>Regulation 18 (2) (e)</p>			

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
that full employment information is requested and kept on file	Health & Care Standards 7.1 Workforce			

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:**